

PASSPORT AND VISA SUBMISSION SHEET

CIBT CHICAGO: 180 North Stetson Avenue, Suite 1470, Chicago, IL 60601, (800) 394-2428

CIBT HOUSTON: two Greenway Plaza, Suite 650, Houston, TX 77046. (800) 883-2428

CIBT LOS ANGELES: 6300 Wilshire Boulevard, Suite 1520, Los Angeles, CA 90048 (800) 381-2428

CIBT MIAMI: 1500 Bay Road, Suite L124, Miami Beach FL 33139. (800) 883-2428

CIBT NEW YORK: 25 West 43rd street. Suite 1420, New York, NY 10036 (800) 925-2428

CIBT SAN FRANCISCO: 100 First Street. Suite 2260, San Francisco, CA 94105 (800) 578-2428

CIBT WASHINGTON: 3201 New Mexico Avenue, Suite 210, Washington, DC 20016 (800) 424-2429

From: _____
Los Alamos National Labs
Bikini Atoll Road
TA-3, SM 30
Los Alamos, NM 87545
Account # _____

Return to: Same

Alternate Address

Please find enclosed visa/passport applications materials for our client.

Name: _____
Citizenship: _____ Billing Reference: _____
Company Name: _____

Please provide the following services by the dates indicated.

| | | | |
|--------------------|-------------|------------------------------------|-------|
| Passport Services: | | Visas for: (please list countries) | |
| First Time | Renewal | _____ | _____ |
| Pages | Name Change | _____ | _____ |
| Departure Date: | _____ | Date Needed (if different) | _____ |

Please indicate payment methods for applicable fees:

| | | | |
|-------------------------|---------|--------------------|------------------|
| Passport Service Fees: | Invoice | Charge Credit Card | Payment Enclosed |
| Visa Service Fees: | Invoice | Charge Credit Card | Payment Enclosed |
| Rush Fees (if any): | Invoice | Charge Credit Card | Payment Enclosed |
| Consular Fees (if any): | Invoice | Charge Credit Card | Payment Enclosed |

Name of Card: _____
Card Number: _____
Expiration Date: ____ / ____

Please note the following special
Instructions: _____
