

This form must be typed. See DoD 1000.21-R for form completion instructions.

<b>AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA</b>		<b>1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT</b>	<b>2. MAJOR SERVICE COMPONENT</b>	
<b>3. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME</b>		<b>4. APPLICANT'S DATE OF BIRTH</b>	<b>5. APPLICANT'S PLACE OF BIRTH</b>	
<b>6. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME</b>  <input type="checkbox"/> (If same as Item 3, X block)		<b>7. SPONSOR'S MILITARY RANK/CIVILIAN GRADE</b>	<b>8. SPONSOR'S SSN</b>	
<b>9.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP Code)</b>		<b>b. HOME TELEPHONE NUMBER (Include area code)</b>		
		<b>c. OFFICE TELEPHONE NUMBER (Include area code/DSN)</b>		
<b>10.a. INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 (Include ZIP Code)</b>		<b>b. NAME OF PERSON WITH WHOM RESIDING</b>		
		<b>c. TELEPHONE (Incl. area code)</b>	<b>d. AGENT ID CODE (If applicable)</b>	
<b>11. DESTINATION (Country or Countries)</b>	<b>12. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)</b>	<b>13. PASSPORT WILL BE FORWARDED TO: (Include complete mailing address, building number, room number, ZIP Code, and telephone number/DSN)</b>		
<b>14. ESTIMATED DATE OF DEPARTURE (From country in which applicant is currently residing)</b>	<b>15. PROPOSED LENGTH OF STAY</b>	<b>16. AUTHORIZING OFFICIAL</b>		
		<b>a. NAME (Last, First, Middle Initial)</b>		
<b>17. ADDITIONAL INFORMATION (Attach continuation sheets if necessary)</b>		<b>b. GRADE</b>	<b>c. TITLE</b>	
		<b>d. COMPLETE MAILING ADDRESS (Include ZIP Code)</b>		
		<b>e. TELEPHONE NUMBER (Include area code/DSN)</b>		
		<b>f. SIGNATURE OF AUTHORIZING OFFICIAL</b>	<b>g. DATE</b>	
<b>FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)</b>				
<b>18. DATE APPLIED FOR PASSPORT</b>	<b>19. PLACE APPLIED FOR PASSPORT</b>	<b>20. NAME OF COURT OR PASSPORT AGENT</b>		
<b>21. DATE PASSPORT RECEIVED FROM DEPARTMENT OF STATE</b>	<b>22. PASSPORT NUMBER</b>	<b>23. DATE OF PASSPORT ISSUE</b>	<b>24. PASSPORT EXPIRATION DATE</b>	
<b>25. DOCUMENT(S) INCLUDED WITH PASSPORT</b>	<b>26. COUNTRY AND DATE VISA REQUESTED</b>	<b>27. DATE PASSPORT RECEIVED WITH VISA</b>	<b>28. DATE PASSPORT MAILED</b>	

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Sections 3012, 8012, 5031, Title 10 USC; 22 CFR 51.63; EO 9397.

**PRINCIPAL PURPOSE:** To provide authority for issue of "No-Fee" passport and/or request for a visa which is an endorsement stamped or written on a passport, showing that it has been examined by the proper officials of a country and granting entry into that country. The Social Security Number is required to verify and/or identify the applicant.

**ROUTINE USES:** Information is used in conjunction with application for passport/visa and foreign travel. Information may be released to other DoD agencies, various activities within the Department of State, foreign embassies and consulates.

**DISCLOSURE:** Voluntary; however, if applicant does not provide information, a "No-Fee" passport cannot be authorized.

**\*NOTE:** If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."