



CONSULATE GENERAL FOR THE REPUBLIC OF TRINIDAD AND TOBAGO
125 MAIDEN LANE, 4TH FLOOR
NEW YORK, NY 10038
(212) 682-7272

Official Use Only

Address: _____

Contact Number: () _____

Dated: _____

To whom it may concern:

My name is _____

My Application I.D. No. is _____
(Application I.D. on passport receipt)

I hereby authorize _____

to collect my Machine Readable Passport on my behalf.

His/Her valid State Issued I.D. No. is _____

which will be presented along with the
receipt and my previous passport when picking up.

Signature _____

*Please have this document notarized and forwarded with your previous passport.
Copies of the above recorded I.D. must also be presented.*