# Authentication Transmittal Form

Complete both pages on screen or print clearly.

**Serving clients since 2003.**


**COURIER / MAIL TO**

**Authxperts LLC**

One Research Court, Suite 450

Rockville, MD 20850, USA

**866-721-0746**

info@authxperts.com

Mon-Fri, 9 AM-5 PM
Eastern Time (US)


**Contact our team and confirm instructions before mailing original documents.**

## 1 CONTACT & REQUEST

**Contact name**

**Company / organization (if applicable)**

**Email**

**Phone (include country code)**

**Quote / case reference (optional)**

**Country of issue**

**Country of use**

**Service requested**

○ Apostille ○ Embassy / consular legalization ○ Please advise

**Intended use / receiving organization**

**Requested completion date**

Requested dates are subject to confirmation by Authxperts.

## 2 DOCUMENTS ENCLOSED

List each document separately. Attach another sheet if needed.

| | DOCUMENT DESCRIPTION | QUANTITY |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Include the recipient's document checklist or instructions when available.

# Return Delivery & Instructions

Keep both pages together with your documents.

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**Client name / case reference**

## 3 RETURN DELIVERY

**Recipient name**

**Company / organization (if applicable)**

**Return street address**

**Address line 2 / suite / unit (optional)**

**City / town**

**State / province / region**

**Postal / ZIP code**

**Country**

**Return-delivery contact email**

**Return-delivery contact phone**

**Return delivery choice**

○ Prepaid return label enclosed

○ Ask Authxperts to arrange

**Courier name (optional)**

**Tracking number (optional)**

## 4 SPECIAL INSTRUCTIONS

Translation, recipient, deadline or handling instructions

**ENCLOSURE CHECKLIST**

☐ Completed form ☐ Documents ☐ Return label ☐ Recipient instructions

I confirm that the contact and document details supplied on this form are correct.

**Name / signature**

**Date**