



U.S. Department of State  
**NONIMMIGRANT VISA APPLICATION**

Approved OMB 1405-0018  
Expires 09/30/2007  
Estimated Burden 1 hour  
See Page 2

**PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM**

|   |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| 1. Passport Number  |   | 2. Place of Issuance:<br>City _____ Country _____ State/Province _____   |   |  | <b>DO NOT WRITE IN THIS SPACE</b><br>B-1/B-2 MAX    B-1 MAX    B-2 MAX<br>Other _____ MAX<br>Visa Classification _____<br>Mult or _____<br>Number of Applications _____<br>Months _____<br>Validity _____<br>Issued/Refused _____<br>On _____ By _____<br>Under SEC.    214(b)    221(g)<br>Other _____ INA<br>Reviewed By _____ |  |
| 3. Issuing Country  |   | 4. Issuance Date (dd-mmm-yyyy)   |   | 5. Expiration Date (dd-mmm-yyyy)   |  |  |
| 6. Surnames (As in Passport)  |   |  |   |  |  |  |
| 7. First and Middle Names (As in Passport)  |   |  |   |  |  |  |
| 8. Other Surnames Used (Maiden, Religious, Professional, Aliases)   |   |  |   |  |  |  |
| 9. Other First and Middle Names Used  |   |  |   | 10. Date of Birth (dd-mmm-yyyy)  |  |  |
| 11. Place of Birth<br>City _____  |   | Country _____  |   | State/Province _____   |  |  |
| 12. Nationality   |   |  |   |  |  |  |
| 13. Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   | 14. National Identification Number<br>(If Applicable) |  | 15. Home Address (Include Apartment Number, Street, City, State or Province, Postal Zone and Country) |  |  |  |
| 16. Home Telephone Number   |   | Business Phone Number  |   | Mobile/Cell Number   |  |  |
| Fax Number  |   | Business Fax Number  |   | Pager Number   |  |  |
| 17. Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married)<br><input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |   | 18. Spouse's Full Name (Even if divorced or separated, include maiden name.)   |   | 19. Spouse's DOB (dd-mmm-yyyy)   |  |  |
| 20. Name and Address of Present Employer or School<br>Name _____ Address _____  |   |  |   |  |  |  |
| 21. Present Occupation (If retired, write "retired". If student, write "student".)  |   | 22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known)   |   | 23. E-Mail Address   |  |  |
| 24. At What Address Will You Stay in The U.S.?  |   |  |   | <b>BARCODE</b><br><br><b>DO NOT WRITE IN THIS SPACE</b><br><br>50 mm x 50 mm<br><br>PHOTO<br><br>staple or glue photo here |  |  |
| 25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business   |   |  |   |  |  |  |
| Name _____  |   | Home Phone _____   |   |  |  |  |
| Business Phone _____  |   | Cell Phone _____   |   |  |  |  |
| 26. How Long Do You Intend To Stay in The U.S.?   |   | 27. What is The Purpose of Your Trip?  |   |  |  |  |
| 28. Who Will Pay For Your Trip?   |   | 29. Have You Ever Been in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>When? _____<br>For how long? _____ |   |  |  |  |

|   |  |
|---|--|
| <p>30. Have You Ever Been Issued a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____</p> <p>Where? _____</p> <p>What type of visa? _____</p> | <p>31. Have You Ever Been Refused a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? _____</p> <p>Where? _____</p> <p>What type of visa? _____</p> |
|---|--|

|  |  |
|--|--|
| <p>32. Do You Intend To Work in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>(If YES, give the name and complete address of U.S. employer.)</i></p> | <p>33. Do You Intend To Study in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>(If YES, give the name and complete address of the school.)</i></p> |
|--|--|

34. Names and Relationships of Persons Traveling With You

  
  
  

|  |   |
|--|---|
| <p>35. Has Your U.S. Visa Ever Been Cancelled or Revoked?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? _____</p> |
|--|---|

37. Are Any of The Following Persons in The U.S., or Do They Have U.S. Legal Permanent Residence or U.S. Citizenship?  
Mark YES or NO and indicate that person's status in the U.S. (i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.).

|  |                         |  |                          |  |
|--|-------------------------|--|--------------------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Husband/<br>Wife _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fiance/<br>Fiancee _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Father/<br>Mother _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | Son/<br>Daughter _____   | Brother/<br>Sister _____                                 |

38. **IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM.**  
A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you?

- Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes?  Yes  No
- Have you ever been refused admission to the U.S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?  Yes  No
- Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide?  Yes  No
- Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States?  Yes  No
- Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation?  Yes  No
- Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict?  Yes  No

While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.

39. Was this Application Prepared by Another Person on Your Behalf?  
(If answer is YES, then have that person complete item 40.)  Yes  No

40. Application Prepared By

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Signature of Person Preparing Form \_\_\_\_\_ Date (dd-mmm-yyyy) \_\_\_\_\_

41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.

Applicant's Signature \_\_\_\_\_ Date (dd-mmm-yyyy) \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Statements**

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, DC 20520.



# CONTACT INFORMATION AND WORK HISTORY FOR NONIMMIGRANT VISA APPLICANT

Please Type or Print Your Answers in the Space Provided Below Each Item  
Please Attach an Additional Sheet if You Need More Space to Continue Your Answers

|                        |                      |                    |
|------------------------|----------------------|--------------------|
| <b>1. Last Name(s)</b> | <b>First Name(s)</b> | <b>Middle Name</b> |
|------------------------|----------------------|--------------------|

|                                      |                          |           |                |
|--------------------------------------|--------------------------|-----------|----------------|
| <b>2. Date of Birth (mm-dd-yyyy)</b> | <b>3. Place of Birth</b> |           |                |
|                                      | Country                  | City/Town | State/Province |

**4. Permanent Home Address and Telephone Number (Include Apartment Number, Street, City, State or Province, Postal Zone, and Country)**

**5. Full Name and Address of Spouse (If Applicable) (Postal box numbers are unacceptable.)**

|                            |                  |
|----------------------------|------------------|
| Name (Last, First, Middle) | Telephone Number |
| Address                    |                  |

**6. Full Names and Addresses of Children, Parents, and Siblings (Postal box numbers are unacceptable.)**

|                            |              |
|----------------------------|--------------|
| Name (Last, First, Middle) | Relationship |
| Address                    |              |
| Telephone Number           |              |

|                            |              |
|----------------------------|--------------|
| Name (Last, First, Middle) | Relationship |
| Address                    |              |
| Telephone Number           |              |

|                            |              |
|----------------------------|--------------|
| Name (Last, First, Middle) | Relationship |
| Address                    |              |
| Telephone Number           |              |

|                            |              |
|----------------------------|--------------|
| Name (Last, First, Middle) | Relationship |
| Address                    |              |
| Telephone Number           |              |

|                            |              |
|----------------------------|--------------|
| Name (Last, First, Middle) | Relationship |
| Address                    |              |
| Telephone Number           |              |

**7. List at Least Two Contacts in Applicant's Country of Residence Who Can Verify Information About Applicant (Do not list immediate family members or other relatives. Postal box numbers are unacceptable.)**

|                            |                  |
|----------------------------|------------------|
| Name (Last, First, Middle) | Telephone Number |
| Address                    |                  |

|                            |                  |
|----------------------------|------------------|
| Name (Last, First, Middle) | Telephone Number |
| Address                    |                  |

**Paperwork Reduction Act Statement**

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**Work Experience - Present**

|           |                           |                         |
|-----------|---------------------------|-------------------------|
| Job Title | Date (mm-dd-yyyy)<br>From | Date (mm-dd-yyyy)<br>To |
|-----------|---------------------------|-------------------------|

Employer's Name and Address

Telephone Number

Describe Your Duties

**Work Experience - Previous**

|           |                           |                         |
|-----------|---------------------------|-------------------------|
| Job Title | Date (mm-dd-yyyy)<br>From | Date (mm-dd-yyyy)<br>To |
|-----------|---------------------------|-------------------------|

Employer's Name and Address

Telephone Number

Describe Your Duties

**Work Experience - Previous**

|           |                           |                         |
|-----------|---------------------------|-------------------------|
| Job Title | Date (mm-dd-yyyy)<br>From | Date (mm-dd-yyyy)<br>To |
|-----------|---------------------------|-------------------------|

Employer's Name and Address

Telephone Number

Describe Your Duties

**Work Experience - Previous**

|           |                           |                         |
|-----------|---------------------------|-------------------------|
| Job Title | Date (mm-dd-yyyy)<br>From | Date (mm-dd-yyyy)<br>To |
|-----------|---------------------------|-------------------------|

Employer's Name and Address

Telephone Number

Describe Your Duties

I certify that I have read and understood all the questions set forth in this form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States.

Applicant's Signature \_\_\_\_\_

Date (mm-dd-yyyy) \_\_\_\_\_



U.S. Department of State  
**SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION**

Approved OMB 1405-0134  
Expires 09/30/2008  
Estimated Burden 1 Hour\*

**PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM  
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS**

|  |   |  |
|--|---|--|
| 1. Last Name(s) <i>(List all Spellings)</i>  | 2. First Name(s) <i>(List all Spellings)</i>  | 3. Full Name <i>(In Native Alphabet)</i>   |
| 4. Clan or Tribe Name <i>(If Applicable)</i>   | 5. Spouse's Full Name <i>(If Married)</i>   |  |
| 6. Father's Full Name  | 7. Mother's Full Name   |  |
| 8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i>  |   |  |
| 9. List All Countries You have Entered in the Last Ten Years<br><i>(Give the Year of Each Visit)</i>   | 10. List All Countries That Have Ever Issued You a<br>Passport  | 11. Have you ever lost a<br>passport or had one<br>stolen?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Not Including Current Employer, List Your Last Two Employers   |   |  |
| <u>Name</u>  | <u>Address</u>  | <u>Telephone Number</u>  |
| <u>Job Title</u>   | <u>Supervisor's Name</u>  | <u>Dates of Employment</u>   |
| 13. List all Professional, Social and Charitable Organizations to Which You<br>Belong (Belonged) or Contribute (Contributed) or with Which You Work<br>(Have Worked).  | 14. Do you have any specialized skills or training, including firearms,<br>explosives, nuclear, biological, or chemical experience?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please explain |  |
| 15. Have you ever performed military service? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give name of country, branch of service, rank/position, military specialty, and dates<br>of service.   |   |  |
| 16. Have you ever been in an armed conflict, either as a participant or victim? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please explain.  |   |  |
| 17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools.   |   |  |
| <u>Name of Institution</u>   | <u>Address/Telephone Number</u>   | <u>Course of Study</u>   |
| <u>Dates of Attendance</u>   |   |  |
| 18. Have you made specific travel arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please provide a complete itinerary for your travel, including arrival/departure<br>dates, flight information, specific location you will visit, and a point of contact at each<br>location. |   |  |

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