



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

Approved OMB 1405-0134  
Expires 06/30/2002  
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 <i>(Give the Year of Each Visit)</i>	10. List All Countries That Have Ever Issued You a Passport	11. Have You Ever Lost a Passport or Had One Stolen? <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 No.</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 Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).	14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience? <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 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 No.</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 dates, flight information, specific location you will visit, and a point of contact at each location.		

**Paperwork Reduction Act Statement**

\*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.



**U.S. Department of State**  
**CONTACT INFORMATION AND WORK HISTORY**  
**FOR NONIMMIGRANT VISA APPLICANT**

OMB APPROVAL NO. 1405-0144  
 EXPIRES: 01/31/03  
 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

<b>1. Last Name(s)</b>	<b>First Name(s)</b>	<b>Middle Name</b>
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<b>2. Date of Birth (mm-dd-yyyy)</b>	<b>3. Place of Birth</b> Country	City/Town	State/Province
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**4. Permanent Home Address and Telephone Number (include apartment number, street, city, state or province, postal zone, and country)**

<b>5. Full Name and Address of Spouse (if applicable) (postal box number unacceptable)</b>		
<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Telephone Number</u>

<b>6. Full Names and Addresses of Children, Parents, and Siblings (postal box number unacceptable)</b>			
<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Relationship</u>	<u>Telephone Number</u>

<b>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 number unacceptable)</b>		
<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Telephone Number</u>

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**WORK EXPERIENCE - PRESENT**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

**WORK EXPERIENCE - PREVIOUS**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

**WORK EXPERIENCE - PREVIOUS**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

**WORK EXPERIENCE - PREVIOUS**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) 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) \_\_\_\_\_