



SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

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 Number</u>		<u>Job Title</u>		<u>Supervisor's Name</u>
							<u>Dates of Employment</u> <i>(mm-dd-yyyy) or "Present"</i>	
							<u>From</u> <u>To</u>	
13. List all Professional, Social and Charitable Organizations to Which You Belong <i>(Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).</i>					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, complete below.								
<u>Name of Country</u>		<u>Branch of Service</u>		<u>Rank/Position</u>		<u>Military Specialty</u>		<u>Dates of Service</u> <i>(mm-dd-yyyy) or "Present"</i>
							<u>From</u> <u>To</u>	
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> <i>(mm-dd-yyyy) or "Present"</i>	
							<u>From</u> <u>To</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 documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202