

**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.

| Name | Address | Telephone Number | Job Title | Supervisor's Name | Dates of Employment <i>(mm-dd-yyyy)</i> or "Present" From To | |
|------|---------|------------------|-----------|-------------------|--|--|
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|---|--|--|--|
| 13. List all professional, social and charitable organizations to which you belong <i>(belonged)</i> or contribute <i>(contributed)</i> or with which you work <i>(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? Yes No If yes, complete below.

| Name of Country | Branch of Service | Rank/Position | Military Specialty | Dates of Service <i>(mm-dd-yyyy)</i> or "Present" From To | |
|-----------------|-------------------|---------------|--------------------|---|--|
| | | | | | |
| | | | | | |

16. Have you ever been in an armed conflict, either as a participant or victim? Yes No If YES, please explain.

17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools.

| Name of Institution | Address | Telephone Number | Course of Study | Dates of Attendance <i>(mm-dd-yyyy)</i> or "Present" From To | |
|---------------------|---------|------------------|-----------------|--|--|
| | | | | | |
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18. Have you made specific travel arrangements? Yes 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.

CONFIDENTIALITY AND PAPERWORK REDUCTION ACT STATEMENTS

Confidentiality Statement - 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.

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