

U.S. Department of State

SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134 Expires 02/28/2015 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								
Last Name(s) (List all spellings)		2. First Name	(s) (List all s	pellings)	3. Full Name (In I	3. Full Name (In native alphabet)		
4. Clan or Tribe Name (If applicable)				5. Spouse's Full Name (If married)				
6. Father's Full Name				7. Mother's Full Name				
8. Full Name and Address of Contact Person or Organization in the United States (Include telephone number)								
9. List all countries you have (Give the year of each visit)	ears. 10. List all countries that have ever issued you a passport. 11 or			11. Have you ever lost a passport or had one stolen?				
12. Not including current em	ployer, list your last two e		ne Number	Job Title	Supervisor's Name	Dates of Ending (mm-dd-yyyy) From	mployment) or "Present" To	
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? Yes No If YES, please explain.								
15. Have you ever performed military service? Yes No If yes, complete below.								
Name of Country Bran		Service	R	ank/Position	Military Specialty		Dates of Service (mm-dd-yyyy) 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		dress Te		phone Number	Course of Study	Dates of Attendance (mm-dd-yyyy) or "Present" From To		
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.								
	CONFIDEN	ITIALITY AND	PAPERWO	RK REDUCTION A	CT STATEMENTS			
Confidentiality Statement - II						rmulation, amendment, a	dministration, 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								

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/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202