



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

Approved OMB 1405-0018  
Expires 08/31/2004  
Estimated Burden 1 hour  
See Page 2

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

1. SURNAMES <i>(As in Passport)</i>		<p align="center"><b>DO NOT WRITE IN THIS SPACE</b></p> <p>B-1/B-2 MAX                      B-1 MAX                      B-2 MAX</p> <p>OTHER _____ MAX</p> <p align="center">Visa Classification</p> <p>MULT OR _____</p> <p align="center">Number of Applications</p> <p>MONTHS _____</p> <p align="center">Validity</p> <p>ISSUED/REFUSED</p> <p>ON _____ BY _____</p> <p>UNDER SEC.    214(b)    221(g)</p> <p>OTHER _____ INA</p> <p>REFUSAL REVIEWED BY _____</p>				
2. FIRST AND MIDDLE NAMES <i>(As in Passport)</i>						
3. OTHER SURNAMES USED <i>(Maiden, Religious, Professional, Aliases)</i>						
4. OTHER FIRST AND MIDDLE NAMES USED						
5. DATE OF BIRTH <i>(mm-dd-yyyy)</i>	6. PASSPORT NUMBER					
7. PLACE OF BIRTH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Country</td> <td style="width:33%; border: none;">City</td> <td style="width:34%; border: none;">State/Province</td> </tr> </table>		Country	City	State/Province		
Country	City	State/Province				
8. NATIONALITY	9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. NATIONAL IDENTIFICATION NUMBER				
11. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						
12. HOME ADDRESS <i>(Include apartment number, street, city, state or province, postal zone, and country)</i>						
13. HOME TELEPHONE NUMBER	14. E-MAIL ADDRESS					
15. PRESENT OCCUPATION <i>(If retired, write "retired")</i>		25. DO YOU INTEND TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give name and complete address of U.S. employer.</i>				
16. NAME AND STREET ADDRESS OF PRESENT EMPLOYER OR SCHOOL <i>(Postal box number unacceptable)</i>						
17. BUSINESS TELEPHONE NUMBER	26. DO YOU INTEND TO STUDY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give name and complete address of school.</i>					
18. BUSINESS FAX NUMBER						
19. WHAT IS THE PURPOSE OF YOUR TRIP?						
20. AT WHAT ADDRESS WILL YOU STAY IN THE U.S.?		27. HAVE YOU EVER BEEN IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? _____ FOR HOW LONG? _____				
21. WHEN DO YOU INTEND TO ARRIVE IN THE U.S.?		<p align="center"><b>DO NOT WRITE IN THIS SPACE</b></p> <p align="center">37 mm x 37 mm</p> <p align="center">PHOTO</p> <p align="center">staple or glue photo here</p>				
22. HOW LONG DO YOU INTEND TO STAY IN THE U.S.?						
23. WHO WILL PAY FOR YOUR TRIP?						
24. NAMES AND RELATIONSHIPS OF PERSONS TRAVELING WITH YOU <i>(NOTE: A separate application for a visa must be made for each traveler, regardless of age.)</i>						

<p>28. 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>29. 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>
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<p>30. HAS YOUR U.S. VISA EVER BEEN CANCELLED OR REVOKED?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>WHEN? _____</p> <p>WHERE? _____</p>	<p>31. HAS ANYONE EVER FILED AN IMMIGRANT VISA PETITION ON YOUR BEHALF?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
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32. 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/ Wife _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fiance/ Fiancee _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Father/ Mother _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Son/ Daughter _____
			Brother/ Sister _____

33. 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?  YES     NO  
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

A YES answer does not automatically signify ineligibility for a visa, but if you answered YES to any of the above, or if you have any questions about the above, a personal appearance at this office is recommended. If an appearance is not possible at this time, attach a statement of facts in your case to this application.

34. WAS THIS APPLICATION PREPARED BY ANOTHER PERSON ON YOUR BEHALF?  YES     NO

(If answer is YES, then have that person complete item 35.)

35. Application Prepared By: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature of Person Preparing Form: \_\_\_\_\_ DATE (mm-dd-yyyy) \_\_\_\_\_

36. 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 (mm-dd-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, D.C. 20520-1849.