USA FORM

NOTE: Data on this page must match the information as it is written in your passport.
Surnames Given Names
Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)?
Date and Place of Birth
Date of Birth
City of Birth State/Province of Birth <
Country of Birth
Help: Other Names
Other names used include your maiden name, religious name, professional name, or any other names which are known by or have been known by in the past.
Sex <
Male O Female
Marital Status 0-
Date and Place of Birth of Spouse
Date of Birth ① -
City of Birth
State/Province of Birth
Country of Birth <
Personal Information 2
Nationality <
Do you hold or have you held a nationality other than the one you have indicated above? Yes O No
Help: Nationality
The name of the country should be the name that is currently in use for the place where you were born.
National Identification Number <
U.S. Social Security Number Does Not Apply U.S. Taxpayer ID Number
Does Not Apply

Nonimmigrant Visa Application

Address and Phone Information

Home Address Street Address (Line 1) Street Address (Line 2) *Optional City < State/Province < Postal Zone/ZIP Code _____ Does Not Apply Country < **Mailing Address** Is your Mailing Address the same as your Home Address?(This is the address to which your passport will be sent if you qualify for a visa). 🤜 O Yes O No Phone Home Phone Number Work Phone Number ◀_____ Does Not Apply Work Fax Number ◀_____ Does Not Apply Mobile/Cell Phone Number ◀ _____ Does Not Apply **Email Address** Email Address (e.g., emailaddress@example.com) PASSPOSRT NUMBER_____ PLACE OF ISSUE_____ DATE OF ISSUE_____ DATE OF EXPIRE Have you ever lost a passport or had one stolen? ◀ Yes O No

Travel Companions Information

NOTE: Provide the following travel companion information.

Persons traveling with you

Are there other persons traveling with you? ◀ O Yes O No

Help: Traveling with Others

You should answer Yes to this question if you are traveling with family, as part of an organized tour, or as part of a performing group or athletic team. You do not need to list individuals who are traveling with you for the purposes of

employment with the same employer.
Are you traveling as part of a group or organization? ◀ O Yes O No
Enter the name of the group you are traveling with
Group Name
Previous U.S. Travel Information
NOTE: Provide the following previous U.S. travel information. Provide complete and accurate information to all questions that require an explanation. Have you ever been in the U.S.?
O Yes No
Provide information on your last five U.S. visits:
Date of Arrival 0
(Format: DD-MMM-YYYY)
Length of Stay daysdays
Do you or did you ever hold a U.S. Driver's License? ✓ Yes O No
Help: Previous U.S. Visits
If you are unsure about when you visited the U.S., please provide a best estimate.
Have you ever been issued a U.S. Visa? ◀ O Yes O No
Previous U.S. Visas
Date Last Visa Was Issued (Format: DD-MMM-YYYY) Visa Number o Do Not Know Are you applying for the same type of visa? O Yes No Are you applying in the same country where the visa above was issued and is this country your principal country of
residence? Yes O No Have you been ten-printed? Yes O No
Has your U.S. Visa ever been lost or stolen? ◀

• Yes O No	
Has your U.S. Visa ever been cancelled or revoked? ◀	
Yes O No	
Help: Ten-printed	
Ten-printed means that you have provided fingerprints for all your fingers, as fingerprints.	opposed to having provided only two
Have you ever been refused a U.S. Visa, been refused admission to the United for admission at the point of entry? \blacktriangleleft Yes O No	l States, or withdrawn your application
U.S. Point of Contact Information	
Contact Person or Organization in the United States	
Contact Person Surnames	
_	Not Know
Organization Name D	o Not Know
Relationship to You 🛈 <	
Help: Contact	
Your U.S. Point of Contact can be any individual in the U.S. who knows you identity. If you do not personally know anyone in the U.S., you may enter the organization you plan to visit during your trip.	
Address and Phone Number of Point of Contact	
U.S. Street Address (Line 1) U.S. Street Address (Line 2) *Optional	
City <	
State ZIP Code (if known)	
(e.g., 55555 or 55555-5555)	
Phone Number <	
(e.g., 555-5555)	
Email Address <	Does Not Apply
(e.g., emailaddress@example.com)	
Family Information: Relatives	
Father's Full Name and Date of Birth	
Surnames	Do Not Know
Given Names <	Do Not Know

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Date of Birth 🔍	Do Not Know
(Format: DD-MMM-YYYY) Is your father in the U.S.? ◀	
Yes O No	
Mother's Full Name and Date of Birth	
Surnames <	Do Not Know
Given Names <	Do Not Know
Date of Birth 0-	Do Not Know
(Format: DD-MMM-YYYY) Is your mother in the U.S.? ◀	
Yes O No	
Do you have any immediate relatives, not including parents, in the U	Jnited States?
Yes O No	
Do you have any other relatives in the United States? Yes O No	
Yes O No	
Help: Immediate Relatives	
Means fiancé/fiancée, spouse (husband/wife), child (son/daughter),	or sibling (brother/sister).
Do you have a communicable disease of public health significance s O Yes O No	such as tuberculosis (TB)?
Do you have a mental or physical disorder that poses or is likely to pothers?	pose a threat to the safety or welfare of yourself or
• Yes O No	
Are you or have you ever been a drug abuser or addict?	
C Yes O No	
Present Work/Education/Training Information	ation
NOTE: Provide the following information concerning your current e	employment or education.
Primary Occupation Present Employer or School Name	
Present employer or school address:	
Street Address (Line 1) Street Address (Line 2) *Optional	
City <	
State/Province <	Does Not Apply

Postal Zone/ZIP Code		Does Not Apply
Country		Does Not Apply
Previous Work/Education/Training I	nformation	
NOTE: Provide your employment information for the last fit Were you previously employed? dobavezno moraju p	• • •	
O Yes No		
Employer/Employment Information:		
Employer Name Employer Street Address (Line 1) Employer Street Address (Line 2) *Optional		
City State/Province State/Province	Does Not Apply	
Postal Zone/ZIP Code Country Telephone Number Job Title Supervisor's Surname Supervisor's Given Names Employment Date From (Format: DD-MMM-YYYY) Employment Date To (Format: DD-MMM-YYYY) Briefly describe your duties:	_ _ 	
Have you attended any educational institutions other than el O Yes No	ementary schools?	
Provide the following information on all educational instellementary schools.	itutions you have a	ittended, not including
Name of Institution Street Address (Line 1) Street Address (Line 2) *Optional City		
State/Province <	Does Not Apply	
Postal Zone/ZIP Code Country Course of Study Date of Attendance From (Format: DD-MMM-YYYY) Date of Attendance To (Format: DD-MMM-YYYY)		

Help: Course of Study

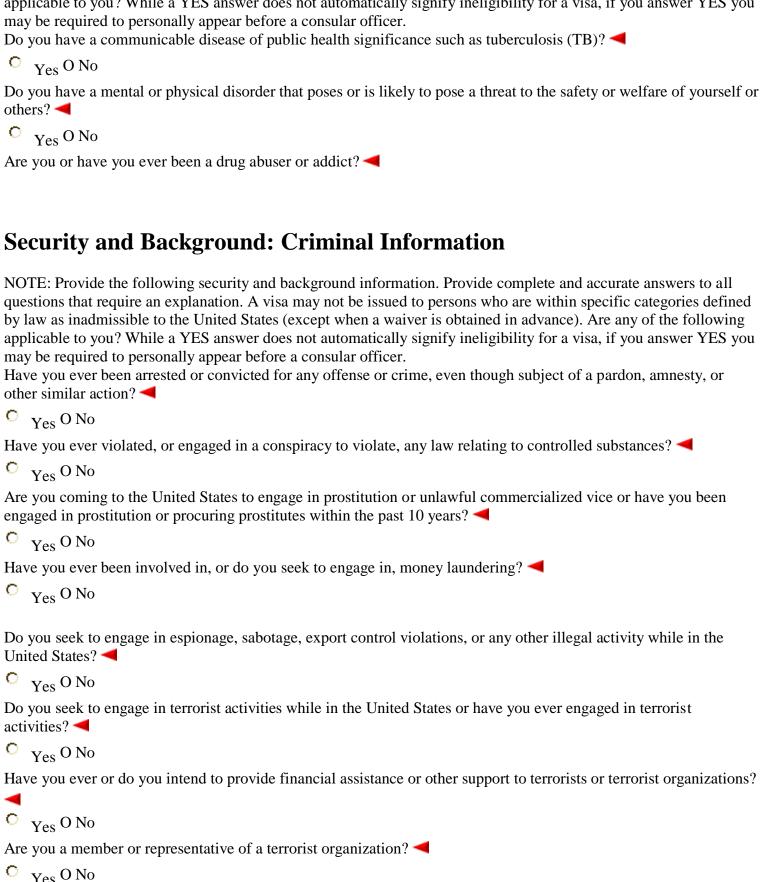
For middle school/junior high or high school course of study please indicate "Academic" or "Vocational." For all other educational levels please indicate your major or concentration.

Additional Work/Education/Training Information

NOTE: Provide the following work, education, or training related information. Provide complete and accurate information to all questions that require an explanation.

Security and Background: Medical and Health Information

NOTE: Provide the following security and background information. Provide complete and accurate information to all questions that require an explanation. 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). Are any of the following applicable to you? While a YES answer does not automatically signify ineligibility for a visa, if you answer YES you may be required to personally appear before a consular officer.



Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?

ered, incited, assisted, or otherwise participated in torture? incited, assisted, or otherwise participated in extrajudicial killings, political killings, or overnment official, been responsible for or directly carried out, at any time, f religious freedom? t of a removal or deportation hearing? or assist others to obtain a visa, entry into the United States, or any other United fraud or willful misrepresentation or other unlawful means? ring on removability or inadmissibility within the last five years? or present, overstayed the amount of time granted by an immigration official or in a U.S. visa?
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a U.S. visa?
a U.S. visa?
ly of a U.S. citizen child outside the United States from a person granted legal custody
States in violation of any law or regulation?
ed States citizenship for the purpose of avoiding taxation?
mentary school on student (F) status or a public secondary school after November 30, school?
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