U.S. Department of State

# SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134
Expires 11/30/2011
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**

| 1. Last Name(s) *(List all Spellings)* | 2. First Name(s) *(List all Spellings)* | 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 |
|---|---|
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8. Full Name and Address of Contact Person or Organization in the United States *(Include Telephone Number)*

| 9. List All Countries You have Entered in the Last Ten Years *(Give the Year of Each Visit)* | 10. List All Countries That Have Ever Issued You a Passport | 11. Have you ever lost a passport or had one stolen? ☐ Yes ☐ No |
|---|---|---|
| | | |

12. Not Including Current Employer, List Your Last Two Employers

| Name | Address | Telephone Number | Job Title | Supervisor's Name | Dates of Employment *(mm-dd-yyyy)* or "Present" From | 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 | Branch of Service | Rank/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 | Address/Telephone 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.

**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