U.S. Department of State

SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134
Expires 06/30/2002
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

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 No.	Job Title	Supervisor's Name	Dates of Employment

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, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.

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 No.	Course of Study	Dates of Attendance

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 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, DC 20520.