

B1/B2 TOURIST / BUSINESS VISA APPLICATION

Personal, Address, Phone, and Passport,	/Travel Document Information
Name Provided:	
Full Name in Native Language:	
Sother Names Used:	YES / NO
Other Name (1):	
Telecode Name Used:	YES / NO
Sex:	MALE / FEMALE
Marital Status:	
Date of Birth:	
Place of Birth:	
Country/Region of Origin (Nationality):	
Do you hold or have you held any nationality other than the one indicated above on nationality?	YES / NO
Other Country/Region of Origin (Nationality) (1):	
Do you hold a passport for the other country/region of origin (nationality) above?	YES / NO
Passport Number:	
National Identification Number:	
U.S. Social Security Number:	DOES NOT APPLY
U.S. Taxpayer ID Number:	DOES NOT APPLY
Home Address:	
City:	
State/Province:	
Postal Zone/ZIP Code:	
Country/Region:	
Same Mailing Address?	YES / NO
Mailing Address:	
City:	
State/Province:	
Postal Zone/ZIP Code:	
Country/Region:	
Primary Phone Number:	
Secondary Phone Number:	

Work Phone Number:	
Email Address:	
Passport/Travel Document Type:	REGULAR / OFFICAL
Passport/Travel Document Number:	
Passport Book Number:	DOES NOT APPLY
Country/Authority that Issued	
Passport/Travel Document:	
City Where Issued:	
Country/Region Where Issued:	
Issuance Date:	
Expiration Date:	
Have you ever lost a passport or had one stolen?	YES / NO
Passport Number (1):	
Country/Authority that Issued	
Passport/Travel Document:	
Explain:	
F	
Travel Information	
The List of Purposes of Trip to the U.S.	
Purpose of Trip to the U.S. (1):	
Specify:	
Intended Date of Arrival:	
Intended Length of Stay in U.S.:	
Address where you will stay in the U.S.:	
Person/Entity Paying for Your Trip:	
Company/Organization Paying for the Trip:	
Telephone Number:	
Relationship to You:	
Address of Company/Organization Paying:	
City:	
State/Province:	
Postal Zone/ZIP Code:	
Country/Region:	
Are there other persons traveling with you?	YES / NO
Are you traveling as part of a group or	YES / NO
organization?	,
Name of the Group:	
Are you ever been in the U.S.?	YES / NO
Date Arrived (1):	
Length of Stay:	
Do you or did you hold a U.S. Driver's License?	YES / NO
Have you ever been issued a U.S. Visa?	YES / NO

Date Last Visa was Issued: Visa Number:	
Are you applying for the same type of visa?	YES / NO
Are you applying in the same country where the visa above is issued and is this country your principal country of residence?	YES / NO
Have you been ten-printed?	YES / NO
Has your U.S. Visa ever been lost or stolen?	YES / NO
Has your U.S. Visa ever been cancelled or revoked?	YES / NO
Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the port of entry?	YYES / NO
Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?	YES / NO
U.S. Contact Information	
Contact Person Name in the U.S.:	
Organization Name in the U.S.:	
Relationship to You:	
U.S. Contact Address:	
Phone Number:	
Email Address:	
Family Information	
Father's Surnames:	
Father's Given Names:	
Father's Date of Birth:	
Is your father in the U.S.? Status:	YES / NO
Mother's Surnames:	
Mother's Given Names:	
Mother's Date of Birth:	
Is your mother in the U.S.?	YES / NO
Do you have any immediate relatives, not including parents in the U.S.?	YES / NO
Relative Name (1):	
Relationship to you:	
Status:	
Spouse's Full Name:	
Spouse's Date of Birth:	
Spouse's Country/Region of Origin	
(Nationality):	
(Nationality): Spouse's City of Birth:	

Spouse's Country/Region of Birth: Spouse's Address: Work/Education/Training Information Primary Occupation: Present Employer or School Name: Address: City: State/Province: Postal Zone/Zip Code: Country/Region: Work Phone Number: Monthly Salary in Local Currency (if employed): Briefly Describe your Duties: Highest Education: Countries travelled to in the past 5 years? Security and Background Information Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active Y/N tuberculosis, and others diseases as determined by the Department of Health and Human Services.) Do you have a mental or physical disorder that poses or is likely to pose a threat to Y/N the safety or welfare of yourself or others? Are you or have you ever been a drug abuser or addict? Y/N Have you ever been arrested or convicted for any offense or crime, even though Y/N subject of a pardon, amnesty, or other similar action? Have you ever violated, or engaged in a conspiracy to violate, any law relating to Y/N controlled substances? Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring Y/N prostitutes within the past 10 years? Have you ever been involved in, or do you seek to engage in, money laundering? Y/N Have you ever committed or conspired to commit a human trafficking offense in Y/N the United States or outside the United States? Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the Y/N United States and have you within the last five years, knowingly benefited from the trafficking activities? Have you knowingly aided, abetted, assisted or colluded with an individual who has Y/N

committed or conspired to commit a severe human trafficking offense in the United States or outside the United States?			
Do you seek to engage in espionage, sabotage, other illegal activity while in the United States?	export control violations, or any	Y/N	
Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?			
Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?			
Are you a member or representative of a terrorist organization?			
Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?			
Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?			
Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?			
Have you ever engaged in the recruitment or the use of the child soldiers?			
Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?			
Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?			
Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?		Y/N	
Have you ever been the subject of a removal or deportation hearing?		Y/N	
Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?			
Have you failed to attend a hearing on removability or inadmissibility within the last five years?			
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa?			
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?		Y/N	
Have you voted in the United States in violation of any law or regulation?		Y/N	
Have you ever renounced United States citizenship for the purpose of avoiding taxation?		Y/N	
Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?		Y/N	
Location Information			
Location where you will be submitting your appl Current Location:	ication		
Preparer of Application			
Did anyone assist you in filling out this application?	ES / NO		
Signature:			
Date:			