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

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