GUAM - CNMI VISA WAIVER INFORMATION

Instructions: This form must be completed by every nonimmigrant visitor not in possession of a visitor's visa, who is a citizen of one of the eligible countries *enumerated in 8 CFR 212.1(q) and is applying to enter and remain on Guam or the CNMI for a maximum stay of forty-five (45) days. This regulation applies only to entry into Guam or the CNMI; entry to any other part of the United States pursuant to this regulation is prohibited. Print legibly with pen in ALL CAPITAL LETTERS. Use English. Complete items # 1-9; and sign and date the bottom of this form after carefully reading all of the information. Children under the age of fourteen (14) must have their form signed by a parent, guardian, or other responsible adult. When all items are completed, present this form to the U.S. Customs and Border Protection Officer along with your completed CBP Form I-94, Arrival/Departure Record. * The airline can provide you with the current list of eligible countries.

1. Surnames/Family Names (exactly as in passport)	A visa waiver is not available to persons who are within
2. First Name and Middle Name	specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in
3. Other Names Used	 advance). Complete information regarding these categories and whether any may be applicable to you can be obtained
4. Date of Birth (Day/Month/Year)	from the U.S. Customs and Border Protection. Generally, they include persons:
5. Place of Birth (City and Country)	 Afflicted with contagious diseases (e.g., tuberculosis) or who have suffered serious mental illness;
6. Passport Number	 Arrested or convicted for any offense or crime even though subject of a pardon, amnesty, or other such
7. Date Passport Issued (Day/Month/Year)	legal action; Believed to be narcotic addicts or traffickers;
8. Have you applied for an immigrant or nonimmigrant U.S. visa before?	 Previously removed from or unlawfully in, the United States;
No Yes (if yes, complete the following)	 Who seek, have sought or have procured a visa, or other documentation, or entry into the United States by
Place you applied	fraud or willful misrepresentation; Who have engaged in any terrorist activity or are a
Date you applied (Day/Month/Year)	member of a terrorist organization;Who ordered, incited, assisted, or otherwise
Type of visa requested	participated in the persecution of any person because of race, religion, national origin, or political opinion
Was visa issued? ☐ No ☐ Yes	under the control, direct or indirect, of the Nazi Government, or of the government of any area occupied by, or allied with, the Nazi Government of
Has your U.S. visa ever been cancelled? No Yes	Germany, or who participated in genocide in any country.
	Do any of these appear to apply to you? \(\subseteq \text{No} \text{Uyes} \) (If yes, you may be denied entry into Guam or the CNMI)
Important Notice : Your admission into and stay on Guam or may not apply for: (1) a change of nonimmigrant status; (2) a (3) an extension of stay.	r the CNMI is for maximum period of forty-five (45) days. You adjustment of status to temporary or permanent resident; or
Warning: You are ineligible for admission to Guam or the CN admission to the United States under the Guam-CNMI Visa Violation of the terms of a current admission will render you who accepts unauthorized employment is subject to removal	Waiver Program or the prior Guam Visa Waiver Program. subject to removal from Guam or the CNMI. A nonimmigrant
Waiver of Rights: I hereby waive any rights to review or app to contest, other than on the basis of an application for asylu	neal a CBP Officer's determination as to my admissibility, or m, any action in removal proceedings.

Paperwork Reduction Act Notice: A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 5 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to: If you have any comments regarding the burden estimate you can write to: U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

Certification: I certify that I have read and understand all the questions and statements on this form. The answers I have

furnished are true and correct to the best of my knowledge and belief.

Signature

Date