



CONSOLIDATED NONIMMIGRANT VISA APPLICATION

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

PASSPORT INFORMATION

Surname <i>(as on passport)</i>		First and Middle Names <i>(as on passport)</i>		
Passport Travel Document Type	Passport Number	Place of Issuance - City	Place of Issuance - Country	Place of Issuance State/Province
Issuing Country		Issuance Date <i>(mm-dd-yyyy)</i>		Expiration Date <i>(mm-dd-yyyy)</i>
Have you ever lost a passport or had one stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please Provide Passport/Travel Document Number	Country/Authority that Issued Passport/Travel Document	

Explain

BIOGRAPHICAL INFORMATION

Other Surnames Used <i>(Maiden, Religious, Professional, Aliases)</i>				
Other First and Middle Names Used				
Full Name in Native Alphabet				
Place of Birth		Date of Birth <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth	Country	State/Province	Country	
Nationality	National Identification Number <i>(if applicable)</i>		Country/Region of Origin <i>(nationality)</i>	
Do you hold or have you held any nationality other than the one indicated above on nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Please Provide Name of Country/Region		If you hold a passport for the other country/region of origin/nationality, please enter passport number.		

Are you a permanent resident of a country/region other than your country or origin/region *(nationality)* form above? Yes No
If yes, please enter the Other Permanent Resident Country/Region.

ADDRESS INFORMATION

Please provide the following information regarding your home address.	Apartment Number	Street	City
	State/Province	Postal Zone	Country

Is your mailing address your home address? If no, please provide the following information.

Please provide the following information.	Apartment Number	Street	City
	State/Province	Postal Zone	Country

PHONE INFORMATION AND EMAIL		
Primary Phone Number	Secondary Phone Number	Work Number
Mobile/Cell Number	Email Address	
TRAVEL INFORMATION <i>(Please provide the following information concerning your travel plans.)</i>		
Purpose of the Trip to the United States	Specify	Person/Entity Paying for Your Trip
Surname of Person Paying for Your Trip	Given Names of Person Paying for Your Trip	Telephone of Person Paying for Your Trip
Email Address of Person Paying for Your Trip	Relationship to You	Intended Length of Stay in the U.S.
		Intended Date of Arrival <i>(mm-dd-yyyy)</i>
Is the address of the party paying for your trip the same as your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide street address, city, state/province, postal zone/ZIP code, country/region.		Intended Arrival Flight Number <i>(if known)</i>
Intended Date of Departure <i>(mm-dd-yyyy)</i>	Departure Flight Number <i>(if known)</i>	Departure City
Please Provide Street Address of Where You Intend to Stay	City/State	Zip Code
Are there persons traveling with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the surname and given name of person traveling with you.	Relationship with the Person
Are you traveling as part of a group or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the name of the group you are traveling with.	
PURPOSE OF TRIP TO UNITED STATES		
If your purpose of travel is to come as a Student/Exchange Visitor <i>(F1, F3, J1, M1, M3)</i> please provide additional Point of Contact 1, additional Point of Contact 2 and Sevis information.		
Additional Point of Contact 1		
Surname	Given Name	
Street Address <i>(line 1)</i>	Street Address <i>(line 2)</i>	
City	State/Province	
Postal Zone/Zip Code	Country/Region	
Telephone Number	Email Address	

Additional Point of Contact 2		
Surname		Given Name
Street Address (line 1)		Street Address (line 2)
City		State/Province
Postal Zone/Zip Code		Country/Region
Telephone Number		Email Address
SEVIS INFORMATION		
SEVIS ID		Principal Applicant SEVIS ID (if applicable)
Program Number (J1)		Do you intend to Study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
Name of School		Course of Study
Street Address (line 1)		Street Address (line 2)
City	State	Postal Zone/Zip Code
If Your Purpose of Travel is to Come as a CREW MEMBER IN TRANSIT (C1/D) OR CREWMEMBER (D), Please Provide the Following Information		
Specific Job Title Aboard Aircraft of Vessel		
Company Telephone Number		Name of Company that Owns the Aircraft or Vessel you will be Working on
Did you acquire your position using a recruiting/manning/crewing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:		
Agency Name	Contact Surname	Contact Given Name
Street Address (line 1)		Street Address (line 2)
City	State	Postal Zone/Zip Code
Country/Region		Telephone Number
Did you acquire your position using a recruiting/manning/crewing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:		
Seagoing Ship/Vessel Name		Seagoing Ship/Vessel Identification Number

Please fill out one of the following boxes depending on your Temporary Work Visa Class.

Temporary Work Visa information for A1, A2, (A3), E3, E3R, G5, H1B1, I, NATO1-NATO6 (NATO7), Q, TN Visa Applicants

Name of Employer		Monthly Income	
U.S. Street Address (line 1)		U.S. Street Address (line 2)	
City	State	Country Region	
Zip Code		Phone Number	

OR..

Temporary Work Visa Information for CW1, E2C, H1B, H1C, H2A, H2B, H3, L1, O1, O2, P1, P2, P3, R1 Visa Applicants

Application Receipt/Petition Number		Name of Person/Company who Filed Petition	
Name of Employer		Monthly Income	
U.S. Street Address (line 1)		U. S. Street Address (line 2)	
City	State	Phone Number	
Zip Code		Phone Number	

OR..

Temporary Work Visa Information for E1or E2 Visa Applicants

Name of Employer		E Visa Company Registration Number	
U.S. Street Address (line 1)		U. S. Street Address (line 2)	
City	State	Phone Number	

PREVIOUS U.S. TRAVEL INFORMATION

(Please provide the following previous U.S. travel information. Provide complete and accurate information to all questions that require an explanation.)

Did you acquire your position using a recruiting/manning/crewing agency? Yes No
 If yes, please provide information on your last five U.S. visits.

Date of Arrival (mm-dd-yyyy)	1.	2.	3.	4.	5.
Length of "Stay"					

If you have ever visited the U.S. please answer the following questions.

Have you ever been the subject of a removal or deportation hearing? Yes No If yes, explain

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 any other unlawful means?

Have you ever been unlawfully present in the U.S. for more than one year in the aggregate at any time during the past ten years?

Yes No If yes, explain.

Have you failed to attend a hearing on removability or or inadmissibility within the last five years?

Have you ever been unlawfully present in the U.S. for more than one year in the aggregate at any time during the past ten years?

Yes No If yes, explain.

Have you ever been unlawfully present, or overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. Visa? Yes No If yes, explain.

Have you ever been issued a U.S. Visa?
 Yes No If yes, please provide the following information

Do you or did you ever hold a U.S. Driver's License?
 Yes No If yes, please provide the following information.

Date last Visa was
Issued (mm-dd-yyyy)

State License Issued

Visa Number

License Number

If you were issued a U.S. Visa previously, are you applying for the same Visa? Yes No

If you were issued a U.S. Visa previously, please provide the following information

a. Are you applying in the same country where the U.S. Visa above was issued? Yes No

b. Is this country your principal country of residence? Yes No

c. Have you ever been ten-printed? Yes No

d. Has your U.S. Visa ever been stolen? Yes No If yes, please provide year Visa was stolen.

e. Has your U.S. Visa ever been cancelled or revoked? Yes No If yes, please explain.

f. Has you ever been refused a U.S. Visa? Yes No If yes, please explain.

g. Have you ever been refused a U.S. Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
h. Have you ever been refused admission to the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
i. Have you ever had your application for admission at the port of entry withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
j. Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and immigration Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
k. Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
l. Have you ever been a U.S. legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

U.S. POINT OF CONTACT

Your U.S. Point of Contact can be any individual in the U.S. who knows you and can verify, if necessary, your identity. If you do not personally know anyone in the U.S., you may enter the name of the store, company or organization you plan to visit during your trip.

Contact Person <i>(skip if you do not know)</i>	Surnames	Given Names
Organization <i>(skip if you do not know)</i>	Organization Name	Relationship to you

U.S. ADDRESS AND PHONE NUMBER OF POINT OF CONTACT

Street Address <i>(line 1)</i>	Street Address <i>(line 2)</i>	
City	State	Zip Code
Phone Number	Email Address	

FAMILY INFORMATION

Please provide the following information concerning your biological parents. If adopted, please provide the following information on your adoptive parents.

Father's Full Name and Date of Birth

Surname		Given Names		Date of Birth (<i>mm-dd-yyyy</i>)		Year of Death	
Is your father in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Address (<i>line 1</i>)		City		Zip Code	
Father's Status		Street Address (<i>line 2</i>)		State/Province		Country	

Mother's Full Name and Date of Birth

Surname		Given Names		Date of Birth (<i>mm-dd-yyyy</i>)		Year of Death	
Is your mother in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Address (<i>line 1</i>)		City		Zip Code	
Mother's Status		Street Address (<i>line 2</i>)		State/Province		Country	

Do you have any immediate relatives, not including parents, in the United States? Yes No If yes please provide the following information below

Surname		Given Names		Relationship to You		Relatives Status	
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Do you have any immediate relatives, not including parents, in the United States? Yes No If yes please provide the following information below

Surname		Given Names		Relationship to You		Relatives Status	
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Do you have any immediate relatives, not including parents, in the United States? Yes No If yes please provide the following information below

Surname		Given Names		Relationship to You		Relatives Status	
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FAMILY INFORMATION - SPOUSE

Do you have any former spouse? Yes No If yes please provide former spouse information below

Surnames		Given Names		Date of Birth (<i>mm-dd-yyyy</i>)		City of Birth	
Country/Region of Origin (<i>nationality</i>)		Number of Former Spouses		Date of Marriage (<i>mm-dd-yyyy</i>)			
County/Region		Country/Region Marriage was Terminated		Date Marriage Ended (<i>mm-dd-yyyy</i>)			

Explain how the marriage ended

FAMILY INFORMATION - CHILDREN Please provide the following information if you are a k1, k3 applicant.Do you have any children? Yes No If yes please provide information below

Surname	Given Name	Birth Date (mm-dd-yyyy)	Birth Place	Will accompany you?	Will follow you?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRESENT WORK/EDUCATION/TRAINING INFORMATION

Provide the following information concerning your current employment or education.

Primary Occupation	Profession	Present Employer or School Name
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Address of Employee or School

Street Address (line 1)		Street Address (line 2)	
City	State/Province	Phone Number	
Postal Zone/Zip Code	Monthly Income	Country Region	

Briefly Describe Your Duties

Education Degrees, Licenses, or Alternative Credentials for Your Profession

PREVIOUS WORK/EDUCATION/TRAINING INFORMATION

Provide your employment information for the last five years that you were employed, if applicable.

Were you previously employed? Yes No If yes please provide the following information below**Employer Name**

Street Address (line 1)		Street Address (line 2)	
City		State/Province	
Postal Zone/Zip Code		Country Region	
Telephone Number		Job Title	
Supervisor's Surname		Supervisor's Given Name	
Employment Date From (mm-dd-yyyy)		Employment Date To (mm-dd-yyyy)	

Employer Name

Street Address (<i>line 1</i>)	Street Address (<i>line 2</i>)
City	State/Province
Postal Zone/Zip Code	Country Region
Telephone Number	Job Title
Supervisor's Surname	Supervisor's Given Name
Employment Date From (<i>mm-dd-yyyy</i>)	Employment Date To (<i>mm-dd-yyyy</i>)

Briefly Describe Your Duties

Employer Name

Street Address (<i>line 1</i>)	Street Address (<i>line 2</i>)
City	State/Province
Postal Zone/Zip Code	Country Region
Telephone Number	Job Title
Supervisor's Surname	Supervisor's Given Name
Employment Date From (<i>mm-dd-yyyy</i>)	Employment Date To (<i>mm-dd-yyyy</i>)

Briefly Describe Your Duties

Employer Name

Street Address (<i>line 1</i>)	Street Address (<i>line 2</i>)
City	State/Province
Postal Zone/Zip Code	Country Region
Telephone Number	Job Title
Supervisor's Surname	Supervisor's Given Name
Employment Date From (<i>mm-dd-yyyy</i>)	Employment Date To (<i>mm-dd-yyyy</i>)

Briefly Describe Your Duties

PREVIOUS WORK/EDUCATION/TRAINING INFORMATION - continued

Briefly Describe Your Duties

Employer Name

Street Address (line 1)

Street Address (line 2)

City

State/Province

Postal Zone/Zip Code

Country Region

Telephone Number

Job Title

Supervisor's Surname

Supervisor's Given Name

Employment Date From (mm-dd-yyyy)

Employment Date To (mm-dd-yyyy)

Briefly Describe Your Duties

Employer Name

Street Address (line 1)

Street Address (line 2)

City

State/Province

Postal Zone/Zip Code

Country Region

Telephone Number

Job Title

Supervisor's Surname

Supervisor's Given Name

Employment Date From (mm-dd-yyyy)

Employment Date To (mm-dd-yyyy)

Briefly Describe Your Duties

Have you attended any educational institutions at a secondary level or above? Yes No If yes please provide the following information below

Name of Institution

Choice of Study

Street Address (line 1)

Street Address (line 2)

City

State/Province

Postal Zone/Zip Code

Country Region

Date of Attendance From (mm-dd-yyyy)

Date of Attendance to (mm-dd-yyyy)

Have you attended any educational institutions at a secondary level or above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the following information below.	
Name of Institution	Choice of Study
Street Address (line 1)	Street Address (line 2)
City	State/Province
Postal Zone/Zip Code	Country Region
Date of Attendance From (mm-dd-yyyy)	Date of Attendance to (mm-dd-yyyy)
Name of Institution	Choice of Study
Street Address (line 1)	Street Address (line 2)
City	State/Province
Postal Zone/Zip Code	Country Region
Date of Attendance From (mm-dd-yyyy)	Date of Attendance to (mm-dd-yyyy)
ADDITIONAL INFORMATION	
Do you belong to a clan or tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the following information below.	
Provide the languages you speak below.	Provide the countries you have traveled in the last five years below.
Have you belonged to, contributed to, or worked for any professional, social, or charitable organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the names of organizations below.	
Organization Names	
Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experiences? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the following information below.	
Country/Region	Branch of Service
Rank/Position	Military Specialty
Date of Service From (mm-dd-yyyy)	Date of Service to (mm-dd-yyyy)
Have you ever served in, been a member of, or been involved with a paramilitary unit, rebel group, guerilla group, or insurgent organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.	

Please provide the following security and background information. Provide complete and accurate information to all questions that require an explanation. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Are any of the following applicable to you? While a YES answer does not automatically ineligibility for a visa, if you answer YES you may be required to personally appear before a consular officer.

Do you have a communicable disease of public health significance? (*Communicable diseases of public significance include cancrroid, gonorrhea, granuloma, inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services.*) Yes No If yes explain below.

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?
 Yes No If yes explain below.

Are you or have you ever been a drug abuser or addict?
 Yes No If yes explain below.

Do you have documentation to establish that you have received vaccinations in accordance with U.S law?
 Yes No If yes explain below.

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar offense?
 Yes No If yes explain below.

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substance?
 Yes No If yes explain below.

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years? Yes No If yes explain below.

Have you ever been involved in, or do you seek to engage in, money laundering?
 Yes No If yes explain below.

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?
 Yes No If yes explain below.

Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States? Yes No If yes explain below.

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 United States and have you within the last five years, knowingly benefited from the trafficking activities?
 Yes No If yes explain below.

Are you the spouse, son, or daughter of an individual who has been identified by the President of the United States as a person who plays a significant role in a severe form of trafficking in persons and have you, with the the last five years, knowingly benefited from the trafficking activities?

Yes No If yes explain below.

Are you the spouse, son or daughter of an individual who has violated any controlled substance trafficking law, and has knowingly benefited from the trafficking in the past five years?

Yes No If yes explain below.

Do you seek to engage in espionage, sabotage, export control violations or any other illegal activity in the United States?

Yes No If yes explain below.

Have you or do you intend to provide financial assistance or other support to terrorist or terrorist organizations?

Yes No If yes explain below.

Are you a member or representative of a terrorist organization?

Yes No If yes explain below.

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?

Yes No If yes explain below.

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?

Yes No If yes explain below.

Have you ever committed, or tortured, incited, assisted, or otherwise participated in torture?

Yes No If yes explain below.

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?

Yes No If yes explain below.

Have you ever engaged in the recruitment or the use of child soldiers?

Yes No If yes explain below.

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?

Yes No If yes explain below.

Have you ever been directly involved in the establishment or enforcement of 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?

Yes No If yes explain below.

<p>Have you been ordered removed from the U.S. during the last five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Are you subject to a civil penalty under INA 274C?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you been ordered removed from the U.S. for a second time within the last 20 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you been unlawfully present and ordered removed from the U.S. during the last ten years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you ever been convicted of an aggravated felony and been order removed from the U.S.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you ever been unlawfully present in the U.S. for more than 180 days (but no more than one year) and have voluntarily departed the U.S. within the last three years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you ever been unlawfully present in the U.S. for more than one year in the aggregate at any time during the past ten years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you ever voted in the United States in violation of any law or regulation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you ever renounced United States citizenship for the purposes of avoiding taxation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>
<p>Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain below.</p>

Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?

Yes No If yes explain below.

Are you a former exchange visitor who has not yet fulfilled the two year foreign residence requirement?

Yes No If yes explain below.

Do you seek to enter the United States for purpose of performing skilled or unskilled labor but have not yet been certified by the Secretary of Labor?

Yes No If yes explain below.

Are you a graduate of a foreign medical school seeking to perform medical services in the United States but have not yet passed the National Board of Medical Examiners examination or its equivalent?

Yes No If yes explain below.

Are you a healthcare worker seeking to perform such work in the United States but have not yet received certification from the Commission on Graduates of Foreign Nursing Schools or from an equivalent approved independent credentialing organization?

Yes No If yes explain below.

Are you permanently ineligible for U.S. citizenship?

Yes No If yes explain below.

Have you ever departed the United States in order to evade military service during a time of war?

Yes No If yes explain below.

Are you coming to the U.S. to practice polygamy?

Yes No If yes explain below.

Has an immigration judge or the Board of Immigration Appeals ever determined that you had knowingly made a frivolous application for asylum?

Yes No If yes explain below.

PLEASE READ THE INFORMATION CAREFULLY BEFORE SIGNING AND SUBMITTING YOUR APPLICATION

The information that you have provided in your application and other information submitted with you application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. The photograph that you provided with your application may be used for employment verification or other U.S. law purposes.

Applicant's Signature _____

I understand that I am required to submit my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found inadmissible under the immigration laws.

Applicant's Signature _____

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and or/deportation.

Applicant's Signature _____

Nonimmigrant Fiancé(e) Applicant: I hereby certify that I am legally free to marry and intend to marry _____ a U.S. Citizen, within 90 days of my admission into the United States.

Applicant's Signature _____

I do solemnly swear or affirm that all statements which appear in this application have been made by me and are true and complete to best of my knowledge and belief.

Applicant's Signature _____

Was this application prepared by another person on your behalf? If yes please have that person complete provide the information below

Application Prepared by _____

Relationship to Applicant _____

Address _____

Signature of Person Preparing Form _____

Date (mm-dd-yyyy) _____

Privacy Act and Paperwork Reduction Act Statements

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

Public reporting for this collection of information is estimated to average 75 minutes 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: PRA_BurdenComments@state.gov