



SPECIAL IMMIGRANT VISA SUPERVISOR LOCATOR

Instructions - 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)		First Name(s)	Middle Name
2. Date of Birth (mm-dd-yyyy)	3. Place of Birth Country		City/Town State/Province
4. Permanent Home Address and Telephone Number (Include Apartment Number, Street, City, State Province, Postal Zone, and Country)			
5. Current Email Address		6. Aliases, including name in local language and "code name" used with Supervisor	

Work Experience

Job Title	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Supervisor's Name, Rank, and Branch of Service		Supervisor's Email Address and Telephone Number, if known

Describe Your Duties: Write a few items that you did when working for this supervisor as well as the name of the military base and the town/city and country where you and your supervisor served together. Please also indicate the unit in which your supervisor served.

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I certify that I have read and understood all the questions set forth in this form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States.		
Applicant's Signature _____		Date (mm-dd-yyyy) _____
Confidentiality Statement		
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.		
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. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: PRA_BurdenComments@state.gov.		