

## U.S. Department of State SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134 Expires 07/31/2005 Estimated Burden 1 Hour\*

SCITEBILIE	21 ( 11112 1 ( 0 1 (11) 11)	11011111	LEICHTOIT	
PLEASE TYPE OR PI PLEASE ATTACH AN ADDI	RINT YOUR ANSWERS I TIONAL SHEET IF YOU	IN THE SPACE PROVIDED J NEED MORE SPACE TO (	BELOW EACH ITE	EM ANSWERS
1. Last Name(s) (List all Spellings)  2. First Name(s) (List all Spellings)		Spellings)	lings) 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 Organizati	on in the United States (Inc.)	lude Telephone Number)		
9. List All Countries You have Entered in the Last Ten Yea (Give the Year of Each Visit)	ars 10. List All Co Passport	ountries That Have Ever Issued	You a	11. Have You Ever Lost a Passport or Had One Stolen?  Yes No
12. Not Including Current Employer, List Your Last Two E  Name  Address	Telephone No.	Job Title S	upervisor's Name	Dates of Employment
<ol> <li>List all Professional, Social and Charitable Organization         Belong (Belonged) or Contribute (Contributed) or with         (Have Worked).</li> </ol>	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, Gi Service.	ive Name of Country, Branch o	of Service, Rank/Position	on, Military Specialty, and Dates of
16. Have You Ever Been in an Armed Conflict, Either as a	Participant or Victim?	☐Yes ☐No	If YES, please expl	ain.
17. List All Educational Institutions You Attend or Have Name of Institution Address/Telep		nal Institutions But Not Elemer <u>Course of Stu</u>		Dates of Attendance
18. Have You Made Specific Travel Arrangements?	☐Yes ☐No If YES informa	, please provide a complete itin ation, specific location you wil	erary for your travel, in I visit, and a point of co	ncluding arrival/departure dates, flight contact at each location.
*Public reporting burden for this collection of inform gathering the necessary data, providing the informatic displays a currently valid OMB number. Send comme State. A/RPS/DIR, Washington, DC 20520.	nation is estimated to avera on required, and reviewing	g the final collection. You do	not have to provide the	he information unless this collection