

Personal, Address, Phone, and Passport Information

Name Provided: Last Name _____
First Name _____
Middle Name _____

Full Name: _____

Other Names Used: _____

Sex: _____

Marital Status: _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Other Nationalities: _____

National Identification Number: _____

U.S. Social Security Number: _____

U.S. Taxpayer ID Number: _____

Home Address: _____

City: _____

State/Province: _____

Postal Zone/ZIP Code: _____

Country: _____

Same Mailing Address? _____

Home Phone Number: _____

Work Phone Number: _____

Work Fax Number: _____

Mobile/Cell Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____

State/Province: _____

Postal Zone/ZIP Code: _____

Country: _____

Same Mailing Address? _____

Home Phone Number: _____

Work Phone Number: _____

Work Fax Number: _____

Mobile/Cell Phone Number: _____

Email Address: _____

Passport Details:

Passport Number: _____

Passport Book Number: Not Applicable

Country/Authority that Issued Passport: _____

City Where Issued: _____

Country Where Issued: _____

Issuance Date: _____

Expiration Date: _____

Have you ever lost a passport or had one stolen? _____

Travel Information

Are you a Principal Applicant? _____

▲ Purpose of Your Trip to U.S.

Purpose of Trip
____ Business/Conference Visitor (B1)
____ Tourist/Personal Visitor (B2)
____ Business/Personal Travel (B1, B2)
____ Border Crossing CARD/Laser Visa (BCC)
____ Student exchange Visa (J, M, Q)
____ OTHER
 ____ Diplomat (A1)
 ____ Foreign Government Official (A2)
 ____ Personal Emp. Of A or G (A3, G5)
 ____ Transit directly through the US (C)
 ____ Crew Member in Transit to join vessel
 ____ Crew Member (D)
 ____ Treaty Trader/Investor (E1, E2)
 ____ Australian-SPEC Occupation (E3)
 ____ International Org. Employee (G)
 ____ Temporary Employee (H1, H2)
 ____ Trainee (H3)
 ____ Representation of a Foreign Media (I)
 ____ Fiance(e) or spouse of US Citizen (K)
 ____ Intracompany Transfer (L)
 ____ Religious Worker (R)
 ____ Spouse/Child of Legal Permanent Resident (V)
 ____ Person of Extraordinary Ability (O)
 ____ Athlete or entertainment Group (P1)
 ____ Exchange/Culturally Unique Artist (P3)
 ____ NAFTA Professional (TN)
 ____ Spouse/Child of NAFTA Professional (TD)
 ____ NATO

Category

Intended Date of Arrival: _____

Intended Length of Stay in U.S.: _____

Address where you will stay in the U.S:
(please indicate complete add w/ zip code) _____

Person/Entity Paying for Your Trip: _____

Name of Person Paying for Your Trip: _____

Telephone: _____

Email Address: _____

Relationship to You:
____ Relative
____ Spouse
____ Friend
____ Business Associates
____ Employer
____ School Official
____ OTHER

Is the address of the party paying for your trip the same as your Home or Mailing Address? (**IF NOT**, please indicate the complete address) _____

▲ Other Persons Traveling with You: _____

Are you traveling as part of a group or _____

organization?

Persons Traveling with You:

Name (1) : _____

Relationship to You: _____

Name (2) : _____

Relationship to You: _____

Have you ever been issued a U.S. Visa? _____

Date Last Visa was Issued: _____

Visa Number: _____

Are you applying for the same type of visa? _____

Are you applying in the same country where the visa above is issued and is this country your principal country of residence? _____

Have you been ten-printed? _____

Has your U.S. Visa ever been lost or stolen? _____

Has your U.S. Visa ever been cancelled or revoked? _____

Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the port of entry? _____

Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? _____

U.S. Contact Information

Contact Person Name in the U.S.: _____

Organization Name in the U.S.: _____

Relationship to You: _____

U.S. Contact Address: _____

(please indicate complete add w/ zip code) _____

Phone Number: _____

Email Address: _____

Family Information

Father's Surnames: _____

Father's Given Names: _____

Father's Date of Birth: _____

Is your father in the U.S.? _____

Mother's Surnames: _____

Mother's Given Names: _____

Mother's Date of Birth: _____

Is your mother in the U.S.? _____

Spouse Surnames: _____

Spouse Given Names: _____

Spouse Date of Birth: _____

Spouse Birth Place: _____

Spouse Address (Street# 1) _____

(Street # 2) _____

City _____

Country _____
Zipcode _____

***you have any immediate relatives, not
Do including parents in the U.S.?***

Relative Name (1) : _____

Relationship to you: _____

Status: _____ US Citizen
_____ US Legal Permanent Resident
_____ Non immigrant
_____ Other/ I don't know

***Do you have any other
relatives, in the U.S.?***

If yes, indicate your Relative
Name and your relationship
with them

Work / Education / Training Information

Primary Occupation: _____

Present Employer or School Name: _____

Company Name and Address _____

City: _____

State/Province: _____

Postal Zone/Zip Code: _____

Country: _____

Month Salary in Local Currency: _____

Briefly Describe your Duties:

Previous Employment

Occupation/Job Title: _____

Company name & Address _____

City: _____

State/Province: _____

Postal Zone/Zip Code: _____

Country: _____

Telephone Number _____
Supervisor Name (Last & First Name) _____
Employment Date (FROM) _____
Employment Date (TO) _____

Briefly Describe your Duties:

Educational Background

**COLLEGE/DEGREE
COURSE/MASTERAL**

Course of Studies _____
Name of School _____
Address(Street) _____
City: _____
Zip Code: _____
Country: _____
Telephone Number _____
Year of Attendance (FROM) _____
Year of Attendance (TO) _____

Educational Background

SECONDARY/HIGH SCHOOL

Academic Level _____
Name of School _____
Address(Street) _____
City: _____
Zip Code: _____
Country: _____
Telephone Number _____
Year of Attendance (FROM) _____
Year of Attendance (TO) _____

Security and Background Information

Do you have a communicable disease of public health significance such as tuberculosis (TB)? ___ YES ___ NO

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

Are you or have you ever been a drug abuser or addict? ___ YES ___ NO

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? ___ YES ___ NO

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? ___ YES ___ NO

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

Have you ever been involved in, or do you seek to engage in, money laundering? YES NO

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? YES NO

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? YES NO

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? YES NO

Are you a member or representative of a terrorist organization? YES NO

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? YES NO

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? YES NO

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? YES NO

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

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? YES NO

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? YES NO

Have you voted in the United States in violation of any law or regulation? YES NO

Have you ever renounced United States citizenship for the purpose of avoiding taxation? YES NO

Location Information

Current Location: MANILA, PHILIPPINES

Preparer of Application

Did anyone assist you in filling out this application? YES

Preparer Surnames: LIRIO

Preparer Given Names:	<u>GLADY MAE ATIENZA</u>
Organization Name:	<u>TRAVEL SPECIALIST VENTURES</u>
Street Address:	<u>GROUND FLR UNIT 101 EAST WIND RESIDENCES</u>
City:	<u>121 MALAKAS STREET BRGY CENTRAL QUEZON CITY</u>
State/Province:	<u>METRO MANILA</u>
Postal Zone/ZIP Code:	<u>1101</u>
Country/Region:	<u>PHILIPPINES</u>
Relationship to You:	<u>TRAVEL AGENT</u>