

U.S. Department of State

SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134 Expires 02/28/2015 Estimated Burden 1 Hour*

SUPPLEMENTAL NONIMIMIGRANT VISA APPLICATION Estimated Burden 1 Hour								
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) (List all spellings)			. First Nan	ne(s) (List all s _i	pellings)	3. Full Name (In	3. Full Name (In native alphabet)	
DOALLY				JAN	NE	JANE JOAN DOALLY		
4. Clan or Tribe Name (If applicable) 5. Spouse's Full Name (If married)								
NONE					NONE			
6. Father's Full Name					7. Mother's Full Name			
DOALLY JACK					DOALLY JANE			
8. Full Name and Address of Contact Person or Organization in the United States (Include telephone number)								
JOHN JERRY DOE								
183 GORE CREEK DRIVE , VAIL, COLORADO 81658, (123) 456 7890								
					tries that have ever	issued you a passport.	11. Have you eve	
(Give the year of each visit)		ITALY				or had one stolen	·	
[if not enough space use additional sheet and mark it]								
				☐ Yes ☒ No				
12. Not including current employer, list your last two employers. Dates of Employment								
Name	Address		Telephone Number		Job Title	Supervisor's Name	(mm-dd-yyyy	mployment r) or "Present" To
[IF NOT ENOUGH SPACE USI		USE AN ADDITIONAL		EET AND	MARK IT]		TTOIT	
[II NOT ENOUGH STACE USE AN ADDITIONAL		ANADDITIONAL	SHEET AND		WAKKII			
13. List all professional, soc						have any specialized skil		
(belonged) or contribute (contributed) or with which you work (have worked). explosives, nuclear, biological, or chemical experience?								
Yes No If YES, please explain.								
15. Have you ever performed military service?								
13. Have you ever performe	ry service :	∐Yes L×	No if yes, co	mplete below.		Dates of	f Service	
Name of Country		Branch of Service		R	ank/Position	Military Specialty		or "Present"
							1.16111	
16. Have you ever been in an armed conflict either as a participant or victim?								
16. Have you ever been in an armed conflict, either as a participant or victim?								
47 Liet all advantional institutions varietted or have attended. Include varieties in this time but not always to the								
17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools.								
Name of Institution		Address		Tele	phone Number	Course of Study	Dates of Attendance (mm-dd-yyyy) or "Present" From To	
[IF NOT ENOUGH SPACE		USE AN ADDITIONAL		S	SHEET AND	MARK IT]		
					·	,		
18. Have you made specific travel arrangements?								
If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact								
at each location.								
		CONFIDENT	IALITY A	ND PAPERWO	RK REDUCTION A	CT STATEMENTS		
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								

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 documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202