A) Fill out one for Each Applicant (including children)								
1) Full	Name	2) National ID	ID # (if any) 3) Date of Travel 4) Cur		4) Curren	ent Occupation		
5) Name c	of Current Employer	or School	6) E	mployer/School A	ddress (include :	zip code)		
		7) Current Job De	escription	8) Yearly Pay				
		ł	•					
	9) Ho	ome address in you	r home country	(including zip code	e)			
	10) Addr	ess in US where the	e applicant will	stay (including zip	code)			
11) Name of	Person Applicant is	staying with:	12) That person's home number:		13) That person's cell number:			
					<i>·</i> · · ·			
14) Marital Status (married, single, widowed, divorced)			15) Spouse's Name (if any)		16) Spouse's Birth Date			
i i mainai otatao (mainoa, oingio, maonoa, anoroa)					, ,			
17) Father's Name:			18) Father	s Date of Birth				
19) Motherr's Name			20) Mother's Date of Birth					
	invel envial charite	hla annani-ationa t	rib e e e e el/e e el					
21) List All profess	ional, social, charita	ble organizations, t	ribes, and/or cl	ans that you belong	g(ed), contribute	(d), or work(ed) for		
								
22) Have you ever lost your passport or had it stolen?								
23) Who is paying for your travel expenses?								
24) Are any of the following family members in the US?								
Relationship	Yes/No	Immigra. Status		tionship	Yes/No	Immigra. Status		
Husband/Wife			Fiance	e/Fiancee				
Father/Mother				Daughter				
Brother/Sister			Other Relative					

B) Addi	tional Inform	nation for Mal	<mark>es Betwee</mark>	<mark>n the Age o</mark>	f 16 to 45 y	ears old
1) Please li	st the last three e	mployers (starting	with current) a	nd any other em	ployments that	are related.
Name	Ad	dress	Tel. No.	Job Title	Supervisor	Dates of Emplo.
					-	-
2) List	ALL (except elem	entary) current an	d past Education			rent).
Name	Address			Course of Study		Dates of Attend.
	3) List a	II current and prior	military servic	es (if none state	none).	
Country	Branch	Rank/Position	S	pecialty (Specialt	ies)	Dates of Service
List all Countries	that ever issued a	passport to the App	olicant.			
5) List all Countries	ever visited includ	ing dates of visits.				
Has the Applican	it ever lost a passp	ort or had one stole	n?			
Does Applicant h	ave skills or trainin	g, including firearms	s, explosives, nu	iclear, biological,	or chemical expe	erience?
8) Has the Applican	it participated in ari	med conflict either a	s a participant o	or victim? If so ple	ease provide deta	ails.
 Please provide tr 	avel arrangements	, including arrival/de	eparture dates, f	light information,	locations of visit.	
		La cartale caracter de		O	.)	
10) Provide the nan	ne and phone num	per of the contact pe	erson in the US	Organization (if a	ny):	

C) Additional Information About the Trade							
1) Annual Trade in the most re	1) Annual Trade in the most recent full year:		US Dollar Value		f Transactions		
Imports from Treaty Country to		00 00			Transaotions		
Exports from US Business to Tr							
Imports from Third Countries to							
Exports from US Business to Th							
Trade Within US							
Total Trade by US Bus	iness						
D) Additional Information About the Entity							
	1) Number of In	1					
Individuals with E, H, and		Managers	Specialized	d/Essential	Others		
U.S. Citizens and Permanent	Residents						
Others							
Totals							
	I Managers, Execut						
Name	Nationality	Visa Type	Date of Visa	Place	of Issuance		
4) Person Being Replaced, if any:							
Name	Type of Visa	Visa Is	sued Date	Place of V	/isa Issuance		
	5) List all owne	rs of the investe	d enterprise	-	•		
Name	Nationality	·		Immigration Status	% of ownership		
Indifie	Nationality	Country of Residence		Olalus			

1) Highest Degree Major Year Other Reiveant Education 2) List the name of all immediate suboridates who work for the investor in the US 3) For each employment listed in item B-1, please provide the following information Employer Name: Start Date End Date: Detailed Job Description: Detailed Job Description: Employer Name: Start Date End Date: Detailed Job Description: End Date: Detailed Job Description: Employer Name: Start Date End Date: Detailed Job Description: Detailed Job Description: End Date: Detailed Job Description: Detailed Job Description:	F) Additional Information of the Principal Worker							
2) List the name of all immediate suboridates who work for the investor in the US 3) For each employment listed in item B-1, please provide the following information Employer Name: Detailed Job Description: Employer Name: Employer Name	1) Highest Degree Earned							
3) For each employment listed in item B-1, please provide the following information Employer Name: Detailed Job Description: Employer Name: Start Date Start Date Employer Name: Start Date Employer Name: Start Date Start Date Employer Name: Start Date Start Date Employer Name: Start Date Emplo	School Name		Degree	Major	Year	Other Relve	eant Education	
3) For each employment listed in item B-1, please provide the following information Employer Name: Detailed Job Description: Employer Name: Start Date Start Date Employer Name: Start Date Employer Name: Start Date Start Date Employer Name: Start Date Start Date Employer Name: Start Date Emplo								
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