



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

Approved OMB 1405-0134  
Expires 09/30/2008  
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**

<b>1. Last Name(s) (List all Spellings)</b>		<b>2. First Name(s) (List all Spellings)</b>		<b>3. Full Name (in Native Alphabet) (请填写中文全名)</b>	
<b>4. Clan or Tribe Name (If Applicable)</b>			<b>5. Spouse's Full Name (If Married)</b>		<b>5. 配偶全名(如已婚)</b>
<b>6. Father's Full Name</b>		<b>6. 父亲全名</b>		<b>7. Mother's Full Name</b>	
				<b>7. 母亲全名</b>	
<b>8. Full Name and Address of Contact Person or Organization in the United States (Include Telephone Number)</b>					
<b>9. List All Countries You have Entered in the Last Ten Years (Give the Year of Each Visit)</b>			<b>10. List All Countries That Have Ever Issued You a Passport</b>		<b>11. Have You Ever Lost a Passport or Had One Stolen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. Not Including Current Employer, List Your Last Two Employers</b>			<b>12. 列出上两任雇主 (除现任雇主外)</b>		
Name Address Telephone No.                      Job Title Supervisor's Name                  Dates of Employment			公司名称: 公司地址: 电话号码:                              工作职务: 主管姓名:                              起止日期:		
Name Address Telephone No.                      Job Title Supervisor's Name                  Dates of Employment			公司名称: 公司地址: 电话号码:                              工作职务: 主管姓名:                              起止日期:		
<b>13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked)...</b>			<b>14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please explain		
<b>15. Have You Ever Performed Military Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Give Name of Country, Branch of Service, Rank / Position, Military Specialty and Dates of Service		
<b>16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please explain.					
<b>17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools.</b>			<b>17. 列出所有你曾经和目前就读的学校, 包括职校, 但不包括小学。</b>		
Name of Institution Address/Telephone No. Course of Study                      Dates of Attendance			学校名称: 地址/电话: 所学课程:                              起止日期:		
Name of Institution Address/Telephone No. Course of Study                      Dates of Attendance			学校名称: 地址/电话: 所学课程:                              起止日期:		
<b>18. Have You Made Specific Travel Arrangements?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			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.		
<b>Paperwork Reduction Act Statement</b>					
*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. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, DC 20520.					