

# DS-160 VISA APPLICATION

United States Immigration, Visa & Travel Services. Email: [info@immigrationvisaforms.com](mailto:info@immigrationvisaforms.com). Fax: 1-877-770-7096

## HOW TO APPLY

1. Choose the IVT Service which best suits your needs:

EXPEDITED SERVICE \$199.99 24 - 48 HOUR TURN AROUND

REGULAR SERVICE \$169.99 3 - 7 BUSINESS DAYS

2. Pay the IVT service fee via PayPal. By clicking the payment button you will be automatically directed to the PayPal website

3. Fill out this form and save on your desktop attach supporting documents **OR** print off the form and fill out in clear bold capital letters

4. Attach a copy of your passport, a JPEG file passport photograph and the visa for the country you live in, if relevant

5. Email your application package to us at: [info@immigrationvisaforms.com](mailto:info@immigrationvisaforms.com) **OR** fax toll free to 1-877-770-7096

**Please note: We do not accept postal applications**

## WHAT HAPPENS NEXT?

1. IVT receive your application form and PayPal receipt.

2. IVT carefully check your data and supporting documents, we will advise you if we need more information. When your application is complete, we submit your information to the US Embassy or Consulate in the the country where you reside

3. We email you with the DS-160 confirmation page and instructions on the documents you must present at your US visa interview

**Once you receive your DS-160 confirmation number, you are ready to book your visa interview and pay the US government fee for issuing yOur visa.**

## BOOKING A US VISA INTERVIEW

**When you receive the DS-160 confirmation number, IVT have completed the work for which you engaged us.**

**The steps below must be completed on your own**

1. **You must pay a visa application fee to the US government.** This is separate to the fee you have paid to IVT for your DS-160. The visa fee depends on the type of visa you are applying for. Visit <http://usvisa-info.org/> for more information

2. Set up a profile and book a visa appointment at the consulate of your choice

3. Attend the interview. The interviewing officer will inform you if your request for a visa is confirmed or denied.

## IVT TERMS & CONDITIONS

**Please read our terms and conditions before submitting your application and paying our fees**

**By submitting an application and paying our service fee, each applicant agrees to the following terms and conditions**

IVT and the US embassy and consulate do not give refunds for visa applications submitted in error or denied.

IVT is not a government agency and cannot influence the outcome of your visa application.

IVT is not responsible for any delays in the submission of an application caused by incomplete information.

IVT has completed its work for you when you receive the DS-160 confirmation page

## FEE PAYMENT

By signing below and submitting this form and paying the IVT service fee you agree and understand the terms and conditions listed above.

Signature: I understand accept IVT's terms & conditions

PayPal Transaction ID Number

**So that we can match your application form with your PayPal payment, please provide details of your PayPal transaction ID. If you do not have this to hand, please give the name of the PayPal account holder or the email address of the account used to pay your service fees.**

**Note: We cannot process your DS-160 without PayPal payment**

**PREFERRED INTERVIEW LOCATION**

STATE PREFERRED US CONSULATE FOR YOUR VISA INTERVIEW INCLUDING CITY & COUNTRY

PRIMARY APPLICANT NAME

RELATIONSHIP TO YOU

**PERSONAL INFORMATION**

**NOTE: DATA ON THIS PAGE MUST MATCH EXACTLY THE INFORMATION IN YOUR PASSPORT**

LAST NAME

FIRST NAME

MIDDLE NAMES

OTHER NAMES USED

MARITAL STATUS (SINGLE, DIVORCED ETC)

DATE OF BIRTH (DD/MM/YYYY)

CITY OF BIRTH

PROVINCE / STATE OF BIRTH

COUNTRY OF BIRTH

PRIMARY NATIONALITY

SECOND NATIONALITY

THIRD NATIONALITY

**PREVIOUS US DOCUMENT INFORMATION**

**LEAVE BLANK IF YOU DO NOT HAVE ANY OF THESE NUMBERS**

NATIONAL ID NUMBER

US SOCIAL SECURITY NUMBER

US TAX NUMBER

**CONTACT INFORMATION**

ADDRESS

PHONE NUMBER

ADDRESS

CITY

EMAIL ADDRESS

STATE

ZIP CODE

CHECK BOX IF THIS IS YOUR MAILING ADDRESS

COUNTRY

**MAILING ADDRESS**

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

**US VISA INFORMATION**

VISA REQUIRED

PURPOSE OF TRIP

**PASSPORT INFORMATION**

PASSPORT NUMBER

PASSPORT ISSUING AUTHORITY

CITY & COUNTRY OF ISSUE

DATE OF ISSUE (DD/MM/YYYY)

EXPIRATION DATE (DD/MM/YYYY)

BOOK NUMBER IF RELEVANT

***PLEASE ATTACH A SCANNED COPY OF THE ID PAGE FROM YOUR CURRENT PASSPORT***

CHECK IF YOU HAVE EVER HAD A PASSPORT LOST OR STOLEN

PASSPORT NUMBER

DATE PASSPORT WAS LOST OR STOLEN (DD/MM/YYYY)

CITY & COUNTRY WHERE PASSPORT WAS LOST OR STOLEN

**US TRAVEL INFORMATION**

GIVE DETAILS OF THE ADDRESS WHERE YOU WILL STAY IN THE U.S. THE ADDRESS MAY BE THAT OF A HOTEL OR PRIVATE RESIDENCE

NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

CHECK IF YOU ARE PAYING FOR THE TRIP YOURSELF AND LEAVE THE SECTION BELOW BLANK

PERSON OR ENTITY PAYING FOR YOUR TRIP	RELATIONSHIP TO YOU
<input type="text"/>	<input type="text"/>
ADDRESS	PHONE NUMBER OF PERSON PAYING FOR YOUR TRIP
<input type="text"/>	<input type="text"/>
ADDRESS	INTENDED DATE OF TRAVEL TO THE USA (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
CITY	INTENDED LENGTH OF STAY
<input type="text"/>	<input type="text"/>
STATE	<b>IF YOU DON'T KNOW YOUR EXACT DATE OF TRAVEL, PLEASE PROVIDE AN ESTIMATE</b>
<input type="text"/>	
ZIP CODE	
COUNTRY	
<input type="text"/>	

**INFORMATION ABOUT YOUR TRAVEL COMPANIONS**

CHECK IF THERE ARE OTHER PEOPLE TRAVELING WITH YOU AND COMPLETE THE DETAILS BELOW

LAST NAME	GIVEN NAMES	RELATIONSHIP TO YOU

CHECK IF YOU ARE TRAVELING AS PART OF A GROUP OR ORGANIZATION AND FILL OUT THE NAME BELOW

NAME OF GROUP OR ORGANIZATION

**PREVIOUS US TRAVEL**

CHECK IF YOU HAVE BEEN TO THE US BEFORE AND FILL OUT THE DETAILS OF YOUR LAST 5 VISITS BELOW

DATE OF ARRIVAL (DD/MM/YYYY)	LENGTH OF STAY

CHECK IF YOU HAVE EVER HELD A US DRIVERS LICENSE AND FILL OUT THE DETAILS BELOW

DRIVERS LICENSE NUMBER

CHECK IF YOU HAVE EVER BEEN ISSUED WITH A US VISA AND FILL OUT THE DETAILS BELOW

VISA NUMBER

DATE OF ISSUE (DD/MM/YYYY)

COUNTRY OF ISSUE

TPE OF VISA (E.G B1, L1, H1 ETC)

CHECK IF THIS VISA WAS ISSUED IN THE SAME COUNTRY AS YOU ARE APPLYING FROM NOW

CHECK IF YOU HAVE BEEN TEN PRINTED FOR A US VISA BEFORE (I.E. FINGERPRINTED)

CHECK IF YOU HAVE EVER BEEN REFUSED A U.S. VISA, BEEN REFUSED ADMISSION TO THE UNITED STATES, OR WITHDRAWN YOUR APPLICATION FOR ADMISSION AT THE POINT OF ENTRY?

CHECK IF YOU HAVE EVER HAD A U.S. VISA CANCELLED OR REVOKED?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS GIVE DETAILS BELOW

**US POINT OF CONTACT**

**GIVE THE NAME OF A CONTACT PERSON OR ORGANIZATION IN THE US. THIS MAY BE DIFFERENT FROM THE PLACE OR PERSON YOU INTEND TO STAY WITH**

NAME	<input type="text"/>	RELATIONSHIP TO YOU	<input type="text"/>
ADDRESS	<input type="text"/>	PHONE #	<input type="text"/>
ADDRESS	<input type="text"/>	ZIP CODE	<input type="text"/>
CITY	<input type="text"/>		
STATE	<input type="text"/>		

**FAMILY INFORMATION: YOUR PARENTS**

PARENTS FULL NAME	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO YOU (MOTHER / FATHER)	CHECK BOX IF PARENT LIVES IN THE US	IMMIGRATION STATUS IN USA IF RELEVANT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**IMMIGRATION STATUS MEANS E.G. PERMANENT RESIDENT, CITIZEN, VISA HOLDER (STATE VISA TYPE) ETC**

**FAMILY INFORMATION: YOUR RELATIVES**

CHECK IF YOU HAVE RELATIVES OTHER THAN PARENTS LIVING IN THE US AND ENTER THEIR DETAILS BELOW

FULL NAME	RELATIONSHIP TO YOU	ADDRESS IN USA	IMMIGRATION STATUS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**FAMILY INFORMATION: YOUR SPOUSE**

**ENTER CURRENT SPOUSE INFORMATION. IF DIVORCED OR WIDOWED, ENTER PREVIOUS SPOUSE INFORMATION.**

SPOUSE FULL NAME	<input type="text"/>		DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/>
CITY OF BRTH	PROVINCE / STATE OF BIRTH	COUNTRY OF BIRTH		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
ADDRESS	ADDRESS		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
CITY	PROVINCE / STATE	COUNTRY		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**PRESENT WORK/EDUCATION/TRAINING INFORMATION**

CHECK BOX IF UNEMPLOYED OR RETIRED AND GO TO THE NEXT SECTION

PRIMARY OCCUPATION

MONTHLY SALARY IN LOCAL CURRENCY

PRESENT EMPLOYER OR SCHOOL NAME

PHONE #

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

DESCRIBE YOUR DUTIES

**PREVIOUS WORK/EDUCATION/TRAINING INFORMATION**

FROM

TO: DD/MM/YYYY

OCCUPATION

NAME OF SUPERVISOR

PREVIOUS EMPLOYER OR SCHOOL NAME

PHONE #

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

DESCRIBE YOUR DUTIES

HIGHEST LEVEL OF EDUCATION HIGH SCHOOL, UNIVERSITY ETC)

NAME OF HIGHEST SCHOOL ATTENDED

**SECURITY AND BACKGROUND: MEDICAL AND HEALTH INFORMATION**

**CHECK THE RELEVANT BOX IF ANY OF THE FOLLOWING APPLY TO YOU**

- HAVE YOU DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE SUCH AS TUBERCULOSIS(TB)?
- 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?
- ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

IF YOU ANSWERED YES, PLEASE GIVE DETAILS BELOW

**SECURITY AND BACKGROUND: CRIMINAL INFORMATION**

**CHECK THE RELEVANT BOX IF ANY OF THE FOLLOWING APPLY TO YOU**

- HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON, AMNESTY, OR OTHER SIMILAR ACTION?
- HAVE YOU EVER VIOLATED, OR ENGAGED IN A CONSPIRACY TO VIOLATE, ANY LAW RELATING TO CONTROLLED SUBSTANCES?
- 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?
- HAVE YOU EVER BEEN INVOLVED IN, OR DO YOU SEEK TO ENGAGE IN, MONEY LAUNDERING?

IF YOU ANSWERED YES, PLEASE GIVE DETAILS BELOW

**SECURITY AND BACKGROUND: SECURITY INFORMATION**

**CHECK THE RELEVANT BOX IF ANY OF THE FOLLOWING APPLY TO YOU**

- DO YOU SEEK TO ENGAGE IN ESPIONAGE, SABOTAGE, EXPORT CONTROL VIOLATIONS, OR ANY OTHER ILLEGAL ACTIVITY WHILE IN THE UNITED STATES?
- DO YOU SEEK TO ENGAGE IN TERRORIST ACTIVITIES WHILE IN THE UNITED STATES OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?
- HAVE YOU EVER OR DO YOU INTEND TO PROVIDE FINANCIAL ASSISTANCE OR OTHER SUPPORT TO TERRORISTS OR TERRORISTS ORGANIZATIONS?
- ARE YOU A MEMBER OR REPRESENTATIVE OF A TERRORIST ORGANIZATION?
- HAVE YOU EVER ORDERED, INCITED, COMMITTED, ASSISTED, OR OTHERWISE PARTICIPATED IN GENOCIDE?
- HAVE YOU EVER COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN TORTURE?
- HAVE YOU COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN EXTRAJUDICIAL KILLINGS, POLITICAL KILLINGS, OR OTHER ACTS OF VIOLENCE?
- HAVE YOU, WHILE SERVING AS A GOVERNMENT OFFICIAL BEEN RESPONSIBLE FOR OR DIRECTLY CARRIED OUT, AT ANY TIME, PARTICULARLY SEVERE VIOLATIONS OF RELIGIOUS FREEDOM?

IF YOU ANSWERED YES, PLEASE GIVE DETAILS BELOW



**SECURITY AND BACKGROUND: IMMIGRATION LAW VIOLATION INFORMATION**

**CHECK THE RELEVANT BOX IF THE FOLLOWING APPLY TO YOU**

- 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?

IF YOU ANSWERED YES, PLEASE GIVE DETAILS BELOW

**SECURITY AND BACKGROUND: MISCELLANEOUS INFORMATION**

**CHECK THE RELEVANT BOX IF ANY OF THE FOLLOWING APPLY TO YOU**

- 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?
- HAVE YOU VOTED IN THE UNITED STATES IN VIOLATION OF ANY LAW OR REGULATION?
- HAVE YOU EVER RENOUNCED UNITED STATES CITIZENSHIP FOR THE PURPOSE OF AVOIDING TAXATION?

IF YOU ANSWERED YES, PLEASE GIVE DETAILS BELOW

**TEMPORARY WORK VISA INFORMATION**

WHERE DO YOU INTEND TO WORK?

NAME OF EMPLOYER

ADDRESS

ENTER MONTHLY SALARY IN USD

ADDRESS

CITY

STATE

ZIP CODE

Do you have an application receipt/petition number?

YES

NO

**IF YOU ANSWERED YES, PLEASE GIVE DETAILS BELOW**

Name of Person/Company Who Filed Petition

Applicant Receipt/ Petition Number

**CONFIRMATION**

I CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE

**WHAT TO DO NEXT**

1. SAVE THIS FILE TO YOUR DESKTOP; CLICK FILE, SAVE AS, SAVE IN DESKTOP, FILE NAME: YOUR NAME.
2. SCAN IN YOUR PASSPORT ID PAGE AND VISA IF RELEVANT
3. CREATE A JPEG OF A PASSPORT STYLE PHOTO
4. EMAIL [INFO@IMMIGRATIONVISAFORMS.COM](mailto:INFO@IMMIGRATIONVISAFORMS.COM) AND ATTACH THE ABOVE FILES TO THE EMAIL

**NEXT STEPS TO IN YOUR US VISA PROCESS**

1. PAY YOUR VISA APPLICATION FEE TO THE US GOVERNMENT.
  2. BOOK A US VISA APPOINTMENT.
- CONTACT IVT IF YOU NEED HELP WITH YOUR VISA APPOINTMENT.