

U.S. Department of State APPLICATION FOR A, G, OR NATO VISA

| PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM | | | | | | | | |
|--|--|-------------------------|---|---------------------------------------|------------------------------|--|--|--|
| 1. Passport Type | 2. Passport Numb | | 3. Passport Issuing | 4. Passport | | | DO NOT WRITE IN THIS SPACE | |
| Diplomatic Official | | | Country | City | | Country | Visa Classification | |
| Regular | | | | | | | Multiple or | |
| 5. Passport Issuance Date (dd-mmm-yyyy) 6. Passport Expiration Date (dd-mmm-yyyy) 7. Current Visa Status | | | | | | | | |
| | | | | | | | Entries | |
| 8. Surnames (As in Passport) Validity | | | | | | | | |
| | | | | | | | | |
| 9. First and Middle Names (As in Passport) | | | | | | | Issued/Refused On | |
| | | | | | | | Ву | |
| 10. Date of Birth (dd-mmm-yyyy) | | | 11. Place of Birth: 12 | | | | 2. Nationality | |
| | | | City | Ì | Cou | untry | | |
| | | | | | | | | |
| 13. Sex | | 14. N | Aarital Status (Check of | one) | | | | |
| Male | | _ | | _ | | | | |
| Female | | | Married | Single | W | /idow ed | Divorced Legally Separated | |
| 15. Home Address (Include apartment number, street, city, state, zip code) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 16. Home Telephone Number 17. Te | | | | | ephone N | Number (Mission/C | Proanization) | |
| | | | | 17.10 | | | | |
| () | | | | (|) | | | |
| 18. Personal Identification Number (PID) 19. Relationship to Principal Applicant | | | | | | | | |
| Spouse Child Parent Household Employee Other | | | | | | | | |
| | | | | | _ | | | |
| 20. Name and PID of Principal Alien | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 21. Estimated Date of Completion of Tour/Employment (dd-mmm-y) | | | oyment (dd-mmm-yyy) | /) 22 Tra | 22 Travel Date (dd-mmm-yyyy) | | | |
| | | | | | | | | |
| 23. Sponsoring Embassy/Consulate/ Organ | | | n | 24. Ac | dress of | Embassy/Organiz | zation | |
| | | | | | | | | |
| | | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | | |
| EMBASSY/ORGANIZATION SEAL | | | | | | | | |
| | LIVIDAGO | | | | | | | |
| | | | | | | | 50 mm x 50 mm | |
| | | | | | | РНОТО | | |
| | | | | | | | | |
| Signature of Applicant | | | | | | | staple or glue photo here | |
| | | | | | | | | |
| Date (dd-mmm-yyyy) | | | | | | | | |
| | | | | | | | | |
| TYPED NAME OF PERSON PREPARING FORM | | | | | | | | |
| * Public rep sources, g | porting burden for this col athering the necessary da | llection o ta, provi | of information is estimated to ding the information required | average 30 minutes, and reviewing the | es per resp e final colle | conse, including time reception. Send comments | quired for searching existing data on the accuracy of this estimate | |
| of the burg | ien and recommendations | TOT YEAU | ung it to: 0.5. Department o | o state (A/HPS/DI | y wasningt | ton, DC 20520. | | |