



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**

1. Last Name(s) <i>(List all Spellings)</i>	2. First Name(s) <i>(List all Spellings)</i>	3. Full Name <i>(In Native Alphabet)</i>
4. Clan or Tribe Name <i>(If Applicable)</i>		5. Spouse's Full Name <i>(If Married)</i>
6. Father's Full Name		7. Mother's Full Name
8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i>		
9. List All Countries You have Entered in the Last Ten Years <i>(Give the Year of Each Visit)</i>	10. List All Countries That Have Ever Issued You a Passport	11. Have you ever lost a passport or had one stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Not Including Current Employer, List Your Last Two Employers		
<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
<u>Job Title</u>	<u>Supervisor's Name</u>	<u>Dates of Employment</u>
13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).	14. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain	
15. Have you ever performed military service? <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.		
16. Have you ever been in an armed conflict, either as a participant or victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		
17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools.		
<u>Name of Institution</u>	<u>Address</u>	<u>s/Telephone Number</u>
<u>Course of Study</u>	<u>Dates of Attendance</u>	
18. Have you made specific travel arrangements? <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.		

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 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.



年龄在16岁或以上的申请人需填写此表

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非移民签证申请补充信息表

请用中文正楷填写,若有需要请另附纸填写

1. 姓(按照拼音填写)			2. 名(按照拼音填写)			3. 姓名(按照汉字填写)					
4. 其他名字(若存在其他名字)				5. 配偶姓名(若已婚)							
6. 父亲的姓名				7. 母亲的姓名							
8. 在美国联系人的姓名或者组织的名字和地址(包括电话号码)											
9. 列出在过去十年内你曾进入的所有国家(包括每次访问的年份)			10. 列出所有曾经授予你护照的国家			11. 你的护照是否曾经遗失或者被盗? 是 <input type="checkbox"/> 否 <input type="checkbox"/>					
12. 列出上两任雇主(除了现任雇主外)											
<u>名称</u>		<u>地址</u>		<u>电话号码</u>		<u>职务</u>		<u>主管名字</u>		<u>雇用日期</u>	
13. 列出所有你目前在和曾经所属/捐助/工作过的职业协会,社会团体和慈善机构。						14. 你是否具有枪械,爆炸,核装置,生物或化学方面的经验,特殊技能或者受过培训? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 如答是,请给予解释。					
15. 你是否曾经参军? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 如答是,则列出服役的国家,军种,军衔,军事特长以及服役日期。											
16. 你是否经历过武装冲突,无论是参与者还是受害者? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 如答是,请给予解释。											
17. 列出所有你曾经和目前就读的学校。包括职校,但不包括初级学校。											
<u>学校名称</u>			<u>地址/电话号码</u>			<u>课程</u>			<u>就读日期</u>		
18. 你是否具有具体的旅行安排? 是 <input type="checkbox"/> 否 <input type="checkbox"/> 若答是,请提供一份完整的旅行计划,包括到达和离开日期,航班信息,将访问的具体地点和上述各地的联系人。											