

# US VISA APPOINTMENT

Please complete and send this form back to us via e-mail:  
[info@passport-visa-service.com](mailto:info@passport-visa-service.com) or fax it to: (832) 201-9600  
**Please note:** We do not accept postal applications. We cannot process your application if you have not paid our service fee.

## **INTERVIEW INFORMATION**

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

PRIMARY APPLICANT NAME

RELATIONSHIP TO YOU

## **PERSONAL INFORMATION**

**THE INFORMATION ON THIS PAGE MUST MATCH EXACTLY THE INFORMATION IN YOUR PASSPORT!**

LAST NAME

OTHER NAMES USED

FIRST NAME

GENDER

MALE

FEMALE

MIDDLE NAMES

DATE OF BIRTH  
dd/mm/yyyy

CITY OF BIRTH

PROVINCE / STATE OF BIRTH

COUNTRY OF BIRTH

MARITAL STATUS

PRIMARY NATIONALITY

SECOND NATIONALITY

PLEASE PROVIDE PASSPORT AS PFOOF FOR YOUR SECOND NATIONALITY

## **PREVIOUS US DOCUMENT INFORMATION**

**\* OPTIONAL**

NATIONAL ID NUMBER

US SOCIAL SECURITY NUMBER

US TAX NUMBER

**CONTACT INFORMATION**

ADDRESS

ADDRESS

CITY

STATE

COUNTRY

PHONE NUMBER

MOBILE NUMBER

E-MAIL

ZIP CODE

**MAILING ADDRESS**

***\*IF DIFFERENT THAN ABOVE***

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

**PASSPORT INFORMATION**

PASSPORT NUMBER

PASSPORT ISSUING AUTHORITY

CITY & COUNTRY OF ISSUE

DATE OF ISSUE  
dd/mm/yyyy

DATE OF EXPIRY  
dd/mm/yyyy

BOOK NUMBER IF RELEVANT

**PLEASE FILL THE INFORMATION BELOW IF YOU HAVE EVER HAD A PASSPORT LOST OR STOLEN!**

PASSPORT NUMBER

CITY & COUNTRY WHERE PASSPORT WAS ISSUED

EXPLAIN BELOW:

**US VISA INFORMATION**

VISA REQUIRED  INTENDED LENGTH OF STAY

PURPOSE OF TRIP

INTENDED DATE OF TRAVEL TO THE USA (DD/MM/YYYY)

**US TRAVEL INFORMATION**

**PROVIDE ADDRESS WHERE YOU WILL STAY IN THE U.S. (ETC. HOTEL, PRIVATE ADDRESS)**

ADDRESS  STATE

ADDRESS  ZIP CODE

CITY

**IF YOU ARE PAYING FOR THE TRIP LEAVE THE SECTION BELOW BLANK**

PERSON OR ENTITY PAYING FOR YOUR TRIP

RELATIONSHIP TO YOU

ADDRESS <input type="text"/>	PHONE NUMBER <input type="text"/>
ADDRESS <input type="text"/>	E-MAIL <input type="text"/>
CITY <input type="text"/>	ZIP CODE <input type="text"/>
STATE <input type="text"/>	Country <input type="text"/>

**INFORMATION ABOUT YOUR TRAVEL COMPANIONS**

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

LAST NAME <input type="text"/>	LAST NAME <input type="text"/>
GIVEN NAME <input type="text"/>	GIVEN NAME <input type="text"/>
RELATIONSHIP TO YOU <input type="text"/>	RELATIONSHIP TO YOU <input type="text"/>
LAST NAME <input type="text"/>	LAST NAME <input type="text"/>
GIVEN NAME <input type="text"/>	GIVEN NAME <input type="text"/>
RELATIONSHIP TO YOU <input type="text"/>	RELATIONSHIP TO YOU <input type="text"/>

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

**PREVIOUS US TRAVEL**

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

DATE OF ARRIVAL (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	LENGTH OF STAY	<input type="text"/>
DATE OF ARRIVAL (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	LENGTH OF STAY	<input type="text"/>
DATE OF ARRIVAL (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	LENGTH OF STAY	<input type="text"/>
DATE OF ARRIVAL (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	LENGTH OF STAY	<input type="text"/>
DATE OF ARRIVAL (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	LENGTH OF STAY	<input type="text"/>

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

DRIVERS LICENSE NUMBER	<input type="text"/>	ISSUING STATE	<input type="text"/>
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**IF YOU HAVE EVER BEEN ISSUED WITH A US VISA FILL OUT THE DETAILS BELOW**

VISA NUMBER	<input type="text"/>	COUNTRY OF ISSUE	<input type="text"/>
TYPE OF VISA (E.G B1, L1, H1 ETC)	<input type="text"/>	DATE OF ISSUE DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/>

**PLEASE ANSWER THE QUESTIONS BELOW**

THIS VISA WAS ISSUED IN THE SAME COUNTRY AS YOU ARE APPLYING FROM NOW	<input type="radio"/> YES	<input type="radio"/> NO
YOU HAVE BEEN TEN PRINTED FOR A US VISA BEFORE (I.E. FINGERPRINTED)	<input type="radio"/> YES	<input type="radio"/> NO
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?	<input type="radio"/> YES	<input type="radio"/> NO
YOU HAVE EVER HAD A U.S. VISA CANCELLED OR REVOKED?	<input type="radio"/> YES	<input type="radio"/> NO

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

**US POINT OF CONTACT**

**PROVIDE 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"/>		
ADDRESS	<input type="text"/>	RELATIONSHIP TO YOU	<input type="text"/>
ADDRESS	<input type="text"/>	PHONE NUMBER	<input type="text"/>
CITY	<input type="text"/>	EMAIL	<input type="text"/>
STATE	<input type="text"/>	ZIP CODE	<input type="text"/>

**FAMILY INFORMATION:**  
**YOUR PARENTS**

FATHER`S FULL NAME

DATE OF BIRTH dd/mm/yyyy

CHECK BOX IF YOUR FATHER IS IN THE US IMMIGRATION STATUS IN USA IF RELEVANT

MOTHER`S FULL NAME

DATE OF BIRTH dd/mm/yyyy

CHECK BOX IF YOUR MOTHER IS IN THE US IMMIGRATION STATUS IN USA IF RELEVANT

**FAMILY INFORMATION:**  
**YOUR RELATIVES**

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

FULL NAME

RELATIONSHIP TO YOU

IMMIGRATION STATUS IN USA IF RELEVANT

FULL NAME

RELATIONSHIP TO YOU

IMMIGRATION STATUS IN USA IF RELEVANT

FULL NAME

RELATIONSHIP TO YOU

IMMIGRATION STATUS IN USA IF RELEVANT

FULL NAME

RELATIONSHIP TO YOU

IMMIGRATION STATUS IN USA IF RELEVANT

FULL NAME

RELATIONSHIP TO YOU

IMMIGRATION STATUS IN USA IF RELEVANT

FULL NAME

RELATIONSHIP TO YOU

IMMIGRATION STATUS IN USA IF RELEVANT

**FAMILY INFORMATION:**  
**YOUR SPOUSE**

SPOUSE FULL NAME

DATE OF BIRTH dd/mm/yyyy

CITY OF BIRTH

PROVINCE / STATE OF BIRTH

COUNTRY OF BIRTH

ADDRESS

STATE

ADDRESS

ZIP CODE

CITY

COUNTRY

**PRESENT WORK/EDUCATION/TRAINING INFORMATION**

PRIMARY OCCUPATION	<input type="text"/>	MONTHLY SALARY IN LOCAL CURRENCY	<input type="text"/>
PRESENT EMPLOYER OR SCHOOL NAME <input type="text"/>			
PHONE NUMBER	<input type="text"/>	EMAIL	<input type="text"/>
ADDRESS	<input type="text"/>	STATE	<input type="text"/>
ADDRESS	<input type="text"/>	ZIP CODE	<input type="text"/>
CITY	<input type="text"/>	COUNTRY	<input type="text"/>

DESCRIBE YOUR DUTIES

**PREVIOUS WORK/EDUCATION/TRAINING INFORMATION**

DATE FROM dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	PREVIOUS EMPLOYER OR SCHOOL NAME	<input type="text"/>
DATE TO dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	NAME OF SUPERVISOR	<input type="text"/>
PHONE NUMBER	<input type="text"/>			OCCUPATION	<input type="text"/>
ADDRESS	<input type="text"/>			DESCRIBE YOUR DUTIES	<div style="border: 1px solid black; height: 100px;"></div>
ADDRESS	<input type="text"/>				
CITY	<input type="text"/>				
STATE	<input type="text"/>				
ZIP CODE	<input type="text"/>				
COUNTRY	<input type="text"/>				

**HAVE YOU ATTENDED ANY EDUCATIONAL INSTITUTIONS AT A SECONDARY LEVEL OR ABOVE?**

NAME OF INSTITUTION	<input type="text"/>	COURSE OF STUDY	<input type="text"/>	
DATE FROM dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE TO dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	<input type="text"/>		STATE	<input type="text"/>
ADDRESS	<input type="text"/>		ZIP CODE	<input type="text"/>
CITY	<input type="text"/>		COUNTRY	<input type="text"/>

**ADDITIONAL INFORMATION**

PROVIDE A LIST OF LANGUAGES YOU SPEAK

[Empty text box for languages spoken]

PROVIDE A LIST OF COUNTRIES WHERE YOU HAVE TRAVELED IN THE LAST 5 YEARS

[Empty text box for countries traveled]

DO YOU BELONG TO A CLAN OR TRIBE?

YES  NO

HAVE YOU BELONGED TO, CONTRIBUTED TO, OR WORKED FOR ANY PROFESSIONAL, SOCIAL, OR CHARITABLE ORGANIZATION?

YES  NO

DO YOU HAVE ANY SPECIALIZED SKILLS OR TRAINING, INCLUDING FIREARMS EXPLOSIVES, NUCLEAR, BIOLOGICAL, OR CHEMICAL EXPERIENCE?

YES  NO

HAVE YOU EVER SERVED IN THE MILITARY?

YES  NO

HAVE YOU EVER SERVED IN, BEEN A MEMBER OF, OR BEEN INVOLVED WITH A PARAMILITARY UNIT, VIGILANTE UNIT, REBEL GROUP, GUERRILLA GROUP, OR INSURGENT ORGANIZATION?

YES  NO

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

[Empty text box for details]

**SECURTY AND BACKGROUND: MEDICAL AND HEALTH INFORMATION**

HAVE YOU DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE SUCH AS TUBERCULOSIS(TB)?

YES  NO

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?

YES  NO

ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

YES  NO

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

[Empty text box for details]

**SECURTY AND BACKGROUND: CRIMINAL INFORMATION**

HAVE YOU DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE SUCH AS TUBERCULOSIS(TB)?

YES  NO

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?

YES  NO

ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

YES  NO

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

[Empty text box for details]

**SECURITY AND BACKGROUND: SECURITY INFORMATION**

DO YOU SEEK TO ENGAGE IN ESPIONAGE, SABOTAGE, EXPORT CONTROL VIOLATIONS, OR ANY OTHER ILLEGAL ACTIVITY WHILE IN THE UNITED STATES?

YES  NO

DO YOU SEEK TO ENGAGE IN TERRORIST ACTIVITIES WHILE IN THE UNITED STATES OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?

YES  NO

HAVE YOU EVER OR DO YOU INTEND TO PROVIDE FINANCIAL ASSISTANCE OR OTHER SUPPORT TO TERRORISTS OR TERRORISTS ORGANIZATIONS?

YES  NO

ARE YOU A MEMBER OR REPRESENTATIVE OF A TERRORIST ORGANIZATION?

YES  NO

HAVE YOU EVER ORDERED, INCITED, COMMITTED, ASSISTED, OR OTHERWISE PARTICIPATED IN GENOCIDE?

YES  NO

HAVE YOU COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN EXTRAJUDICIAL KILLINGS, POLITICAL KILLINGS, OR OTHER ACTS OF VIOLENCE?

YES  NO

HAVE YOU, WHILE SERVING AS A GOVERNMENT OFFICIAL BEEN RESPONSIBLE FOR OR DIRECTLY CARRIED OUT, AT ANY TIME, PARTICULARLY SEVERE VIOLATIONS OF RELIGIOUS FREEDOM?

YES  NO

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

[Empty text box for providing details]

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

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?

YES  NO

**IF YOU ANSWERED YES TO THE ABOVE QUESTION GIVE DETAILS BELOW**

[Empty text box for providing details]

**CONFIRMATION**

I CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  
By signing below and paying the service fee I agree and understand Passport and Visa's Terms of Use described on their website: [passport-visa-service.com](http://passport-visa-service.com)

SIGNATURE

[Signature line]

Transaction ID Number

[Transaction ID Number line]