

US VISA REQUEST FORM

Passport and Visa Service is not a government agency and cannot influence the outcome of your visa application. We do not guarantee the issuing of your visa, which is up to the officer at the US consulate. Our job is to obtain your appointment and guide you through the process. Once the DS-160 has been submitted full service fees will apply. Total cost of your visa application will be \$259.95 per applicant (\$99.95 service fee + \$160.00 government fee) Please note:

We do not accept postal applications. We cannot process your application if you have not paid our service fee.

Please complete and send this form back to us via e-mail: info@passport-visa-service.com or fax it to: (832) 201-9600

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 PHONE NUMBER

ADDRESS E-MAIL

CITY ZIP CODE

STATE Country

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

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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 MONTHLY SALARY IN LOCAL CURRENCY

PRESENT EMPLOYER OR SCHOOL NAME

PHONE NUMBER EMAIL

ADDRESS STATE

ADDRESS ZIP CODE

CITY COUNTRY

DESCRIBE YOUR DUTIES

PREVIOUS WORK/EDUCATION/TRAINING INFORMATION

DATE FROM dd/mm/yyyy

DATE TO dd/mm/yyyy

PHONE NUMBER

ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PREVIOUS EMPLOYER OR SCHOOL NAME

NAME OF SUPERVISOR

OCCUPATION

DESCRIBE YOUR DUTIES

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

NAME OF INSTITUTION COURSE OF STUDY

DATE FROM dd/mm/yyyy

DATE TO dd/mm/yyyy

ADDRESS STATE

ADDRESS ZIP CODE

CITY COUNTRY

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]

DEPENDENTS

NUMBER OF DEPENDENTS

DEPENDENT NAMES No1

DEPENDENT NAMES No2

DEPENDENT NAMES No3

DEPENDENT NAMES No4

DEPENDENT NAMES No5

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

SIGNATURE

Transaction ID Number