



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

Approved OMB 1405-0100
Expiration Date: 12-31-2006
Estimated Burden 30 minutes

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

| | | | | | | |
|---|---------------------------|---|---|--|---|--|
| 1. Passport Type <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Regular | 2. Passport Number | 3. Passport Issuing Country | 4. Passport Place of Issuance: City _____ Country _____ | | DO NOT WRITE IN THIS SPACE Visa Classification _____ Multiple or _____ Entries _____ Validity _____ Issued/Refused On _____ By _____ | |
| 5. Passport Issuance Date (dd-mmm-yyyy) | | 6. Passport Expiration Date (dd-mmm-yyyy) | | 7. Current Visa Status | | |
| 8. Surnames (As in Passport) | | | | | | |
| 9. First and Middle Names (As in Passport) | | | | | | |
| 10. Date of Birth (dd-mmm-yyyy) | | 11. Place of Birth: City _____ Country _____ | | 12. Nationality | | |
| 13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | 14. Marital Status (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated | | | | |
| 15. Home Address (Include apartment number, street, city, state, zip code) | | | | | | |
| 16. Home Telephone Number () | | | 17. Telephone Number (Mission/Organization) () | | | |
| 18. Personal Identification Number (PID) | | 19. Relationship to Principal Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Household Employee <input type="checkbox"/> Other _____ | | | | |
| 20. Name and PID of Principal Alien | | | | | | |
| 21. Estimated Date of Completion of Tour/Employment (dd-mmm-yyyy) | | | 22. Travel Date (dd-mmm-yyyy) | | | |
| 23. Sponsoring Embassy/Consulate/ Organization | | | 24. Address of Embassy/Organization | | | |
| EMBASSY/ORGANIZATION SEAL | | | | DO NOT WRITE IN THIS SPACE 50 mm x 50 mm PHOTO staple or glue photo here | | |
| _____ Signature of Applicant | | | | _____ _____ _____ TYPED NAME OF PERSON PREPARING FORM | | |
| _____ Date (dd-mmm-yyyy) | | | | | | |
| _____ TYPED NAME OF PERSON PREPARING FORM | | | | | | |

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. 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.