

PHOTO
Dims 5 X 5 cm

Visa application form United States



Fillable PDF form

Form updated August 2017

▼Personal Information

Surname

Name or names

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Other surnames: Maiden, Religious, Professional or Alias

Other names: Maiden, Religious, Professional or Alias

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Date of birth (day/month/year)

Gender

Single / married / divorced / widow(er) / separated / civil partner

	<input type="checkbox"/> M <input type="checkbox"/> F	
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City of birth

Province of birth

Country of birth

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Citizenship

Other eventual citizenship

Passport number for other citizenship

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U.S. Social Security Number (only if applicable)

U.S. Taxpayer ID Number (only if applicable)

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Italian tax code

Country of citizenship identity number or
National identity document number

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Residential address (Indicate complete address including street, apartment, town, post code, province)

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Domicile if different from residential address (Indicate complete address including street, apartment, town, post code, province)

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Home phone number (without international dialing code)

Mobile phone number without international dialing code

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E-mail address (compulsory)

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▼Passport Information

Number di passaport

Passport book number (if applicable)

Date of issue (day/month/year)

Date of expiration (day/month/year)

Place of issue (City and Country)

Authority that issued passport

Have you ever lost a passport or had one stolen?

Number of passport lost or stolen

Indicate (1) date (2) place (3) if stolen or lost

▼Travel information

Purpose of travel

Intended date of arrival (day/month/year)

Intended length of stay in the U.S.

Address where you will stay in the U.S.:

City

State

Contact Surname

Contact Name

Zip Code

Telephone

E-mail address

▼Person / Entity paying for travel

Surname - Name or Company

Myself / Spouse / Parent / Relative / Friend / Civil Partner / Company

Address

Telephone number without international dialing code

City

Province

Post code

E-mail address

▼ **Contact in the U.S. (business, employment or study)**

Surname	Name	Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip code	Telephone	E-mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>

▼ **People travelling with you (for every person indicate name, surname, relationship)**

(complete the page "additional information" if the space is insufficient)

1)	4)
2)	5)
3)	6)

▼ **Previous travel in the U.S.**

Have you visited the US? Y N Do you hold a US driving license ? Y N

Number of the license Issued by the state of

Have you been refused a U.S. Visa, or been refused admission to the United States, or has your visa been revoked ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever been denied travel authorization through the electronic system ESTA ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has any person in the U.S. ever filed an immigrant petition on your behalf ?	<input type="checkbox"/> Y	<input type="checkbox"/> N

If the answer is yes to any of the above provide below and explanation. Indicate (1) date and (2) motivation

Dates of previous last five visits (day/month/year)	Duration of visit
1) →	
2) →	
3) →	
4) →	
5) →	

▼ Visa Information

Have you ever been issued a visa for the U.S. ?

 Y

 N

Date issued

Visa number (in red on the label)

Date expired

Are you applying for the same type of visa ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you applying in the same country where the above visa was issued ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have your fingerprints been taken of all ten fingers ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has your Visa ever been lost or stolen ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Has your visa ever been cancelled or revoked ?	<input type="checkbox"/> Y	<input type="checkbox"/> N

If your Visa has been (1) lost (2) stolen (3) annullato (4) revocato provide an explanation below

▼ Family information (1) Parents

Surname Father

Name Father

Date of birth Father

Surname Mother

Name Mother

Date of birth Mother

▼ Family information (2) Spouse

Surname spouse / civil partner (also if divorced, separated or deceased)

Name spouse / civil partner

Place of birth

Date of birth

Citizenship

Address of spouse / civil partner if different from above (**complete address including street, number, town, post code, province**)

If divorced indicate (1) date of marriage (2) date of divorce (3) number of times divorced (4) country where divorced

▼ Family information (3)

Is your Father is in the USA ?	<input type="checkbox"/> Si	<input type="checkbox"/> No	Is your Mother is in the USA ?	<input type="checkbox"/> Si	<input type="checkbox"/> No
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▼ Family information (4) – Relatives residing in the U.S. including parents

(complete the page "additional information" if the space is insufficient)

For each relative indicate: Surname, Name, Relationship, and if 1) US citizen. 2) legal resident 3) visitatore non immigrante	
1)	
2)	
3)	
4)	

▼ Countries visited in the last 5 years (complete the page "additional information" if the space is insufficient)

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

▼ Military service

Have you served in the military?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Country	Service

Speciality and rank upon discharge	Period from (month/year)	to (month/year)
	/	/

Have you belonged to, contributed to, or worked for any professional, social, or charitable organization ? ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you have any specialized skills or training, incl. firearms, explosives, nuclear, biological, or chemical experience ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you ever been involved with a paramilitary unit, vigilante unit, rebel group, guerilla group, or insurgent group ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you belong to a clan or tribe?	<input type="checkbox"/> Y	<input type="checkbox"/> N

If the answer is Yes, indicate which	Period from (month/year)	to (month/year)
	/	/

▼ Information relative to employment, study and formation

Current employer or school

Type of employment: Employed / Self Employed / Freelance / Homemaker / Student / Housekeeper / Unemployed / Other (explain)

Address

City

Province

Post code

Telephone number without intl dialing code

Average monthly net income

Description of your employment

▼ Previous employers of the last 5 years

1. Company name

Address

City

Province

Post code

Country

Telephone

Description of your employment

Period from (month/year)

to (month/year)

Your direct superior

Surname

Name

2. Company name

Address

City

Province

Post code

Country

Telephone

Description of your employment

Period from (month/year)

to (month/year)

Your direct superior

Surname

Name

▼ Educational institutions attended at a secondary level or above
 (complete the page "additional information" if the space is insufficient)

1. Name of Institution Address

City Province Post code Country

Course of study Period from (month/year) to (month/year)

/

.....

2. Name of Institution Address

City Province Post code Country

Course of study Period from (month/year) to (month/year)

/

.....

3. Name of Institution Address

City Province Post code Country

Course of study Period from (month/year) to (month/year)

/

▼ Languages spoken

1)	4)
2)	5)
3)	6)

▼ Security Information (1) Answer all questions ticking the box Yes or No

(Yes) (No)

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhoea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services)	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
Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?	Yes	No
Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?	Yes	No
Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?	Yes	No
Have you ever been involved in, or do you seek to engage in, money laundering?	Yes	No
Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?	Yes	No
Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?	Yes	No
Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States?	Yes	No
Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the US ?	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 terrorist 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

▼ Security Information (2) Answer all questions ticking the box Yes or No
(Yes) (No)

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?	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 ever engaged in the recruitment or the use of the child soldiers?	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
Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?	Yes	No
Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?	Yes	No
Have you ever been the subject of a removal or deportation hearing?	Yes	No
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
Have you failed to attend a hearing on removability or inadmissibility within the last five years?	Yes	No
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa?	Yes	No
Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?	Yes	No
Have you voted in the United States in violation of any law or regulation?	Yes	No
Have you ever renounced United States citizenship for the purpose of avoiding taxation?	Yes	No
Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?	Yes	No

▼ Additional information (2) only for students (F1/M1) and cultural exchange students (J1)

Indicate two contacts (excluding relatives) who live in Italy and who can verify the information provided on this form.

1. Surname

Name or names

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Address

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City Post code Province Telephone

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E-mail address

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2. Surname

Name or names

--	--

Address

--

City Post code Province Telephone

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E-mail address

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▼ Signature of Applicant (If a minor signatures of both parents)

Certification: I, the applicant, hereby certify that I have read, or have had read to me, all the questions on this application and understand all the questions on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Consent. I hereby give my consent to the processing of my personal data, both electronic and non electronic, also classified as sensitive, for the sole purpose of the procedures necessary for the completion of the application to obtain a visa to enter the USA, pursuant to art. 43 Legislative Decree. 30 June 2003, No. 196 as amended.

Authorization. I hereby authorize the company CAV di Steven Richard Scarl to electronically sign in the name of and on behalf of the applicant this request for a temporary entry visa to the United States

Leggible signature

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Data giorno/mm/anno)

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If a minor signatures of both parents

Surname - Name Father

Passport number

Leggible Signature

Surname - Name Mother

Passport number

Leggible Signature