



U.S. Department of State  
**SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION**

Approved OMB 1405-0 134  
Expires 06/30/2002  
Estimated Burden 1Hour.

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> 姓(列出所有併寫法)	2. First Name(s) <i>(List all Spellings)</i> 名(列出所有併寫法)	3. Full Name <i>(in Native Alphabet)</i> 全姓名(中文寫法)
4. Clan or Tribe Name <i>(If Applicable)</i> 部族名字(如適合)		5. Spouse's Full Name <i>(If Married)</i> 配偶姓名(如已婚)
6. Father's Full Name 父親姓名		7. Mother's Full Name 母親姓名
8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i> 在美接觸的人或機構的名稱和地址(包括電話號碼)		
9. List All Countries You have Entered in the Last Ten Years <i>(Give the Year of Each Visit)</i> 列出最近十年曾入境的國家(列出每次到訪的年份)	10. List All Countries That Have Ever Issued You a Passport 列出所有曾簽發護照與你的國家	11. Have You Ever Lost a Passport or Had One Stolen? 你的護照曾否遺失過或被偷去?  <input type="checkbox"/> Yes有 <input type="checkbox"/> No否
12. Not Including Current Employer, List Your Last Two Employers 列出最後兩位僱主的資料(不包括現任僱主)		
<u>Name 姓名</u>	<u>Address地址</u>	<u>Telephone No.電話號碼</u>
<u>Job Title 職級</u>	<u>Supervisor's Name 主任的姓名</u>	<u>Dates of Employment受僱日期</u>
13. List all Professional, Social and Charitable Organization to Which you Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked). 列出你現在或過去參與、捐獻、或工作的專業、社會、慈善機構		14. Do you Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience? 你有否特殊技能或訓練，包括槍械，炸藥，原子能，生化學的經驗?  <input type="checkbox"/> Yes有 <input type="checkbox"/> No否 If YES, please explain. 如有，請詳述
15. Have You Ever Performed Military Service? <input type="checkbox"/> Yes有 <input type="checkbox"/> No否 If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of service. 你曾否服軍役? 如有，請將服役之國家，支派，官階，軍事專長及日期列出		
16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim? 你曾否參與武裝衝突或是它的受害者? <input type="checkbox"/> Yes有 <input type="checkbox"/> No否 If YES, please explain. 如有，請詳述		
17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools. 列出你現在就讀或曾就讀的教育學院，包括職業學院。小學不包括在內		
<u>Name of Institution學院名稱</u>	<u>Address/Telephone No.地址/電話號碼</u>	<u>Course of Study 主修課程</u>
<u>Dates of Attendance就讀日期</u>		
18. Have You Made Specific Travel Arrangements? <input type="checkbox"/> Yes有 <input type="checkbox"/> No否 If YES, please provide a complete itinerary for your travel, including arrival/departure dates, 你已否作了明確行程安排? 如有，請提供明確之行程，包括到達及離境日期，航機資料，確定地點和該地點的聯絡方法		

**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.