

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

非移民査証補足申請書

Approved OMB 1405-0134 Expires 06/30/2002 Estimated Burden 1 Hour\*

PLEASE TYPE OR PRINT YOUR ANSWERS IN ENGLISH IN THE SPACE PROV PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CO			は活字体で各項目所	定の箇所に英語で記入して下さい 紙にて回答、添付してください	
1. Last Name(s) <i>(List all Spellings)</i> 姓(スペルを全て記入してください) 2. First Name(s)			3. Full Name (In Native Alp	habet) 姓名(母国語の文字で記入してください	
4. Clan Tribe Name (If Applicable) 氏族名、又は部族名(該当者のみ)		5. Spouse's Full Name (If Ma	」 arried) 配偶者の姓名	仏(既婚の場合のみ)	
6. Father's Full Name 父親の姓名		7. Mother's Full Name 母親の姓名			
8 Full Name and Address of Contact Person or Organization in the United	States (Include	Tolonhana Alumban) NG -			
8. Full Name and Address of Contact Person or Organization in the United	States (Include	Telephone Number) 米国内	での連絡先、氏名、	または組織名と住所及び電話番号	
		and a second			
List All Countries You have Entered in the Last Ten Years	In Liet All Count	ries That Have Ever Issued Yo	N. o. Doogood		
(Give the Year of Each Visit) 過去10年間に渡航した全ての国 (渡航年も記載)		た事のあるパスポートの国籍をす		11. Have You Ever Lost a Passport of Had One Stolen? パスポートを紛り 又は盗難された事はありますか?	
				☐ Yes はい ☐ No いいえ	
12. Not Including Current Employer, List Your Last Two Employers 現職に			ž ()		
Name 名称 Address 住所 Telephone No. 電話番号	Job Title	肩書 Supervisor's N	ame 上司の姓名	Dates of Employment 雇用期間	
13. List all Professional, Social and Charitable Organizations to Which You Belong 現在もしくは過去に (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked). していた、職業的、社体を全て記入してく	社会的、慈善的な団	火器、爆発物、原子力、生物学、化学に	おける経験を含み専門的技能	xplosives, Nuclear, Biological, or Chemical Experience がありますか。又は訓練を受けた事がありますか? explain 「はい」の場合、説明してください	
15. Have You Ever Performed Military Service? 兵役に従事した事がありますか? Yes はい No い	いえ  fYes, (	Give Name of Country, Branch of の場合、国名、支部、肩書、質	Service, Rank/Position, M 軍事的専門分野、所属	Military Specialty, and Dates of Service. していた期間を記入してください	
16. Have You Ever Been in an Armed Conflict, Either as a Participant or Vic 武力衝突に関与した事、またはその被害を受けた事がありますか	ctim? Yes k	tい Noいいえ If	YES, please explain.	はい」の場合、説明してください	
17 List All Educational Institutions Van Atland or Have Atlanded Include Vaccional Institutions Duty times	t Not Clamantanii Cah		VB + v + Mr. I + o I + d H	the new to	
17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Name of Institution 学校名 Address/Telephone No. 住		oois. 専门字校を含み、現任もしくは Course of Stu			
Address/ Telephone No. E/	77/电叫雷力	Course of Stu	uy 寻攻	Dates of Attendance 在籍年月日	
18. Have You Made Specific Travel Arrangements?  既に具体的な旅行の手配をしていますか?  Yes はい No	lo	cation you will visit, and a point of conta	ict at each location. 「はい	al/departure dates, flight information, specific 」の場合、出発/到着日程、便名 D完全な予定を記入してください	
Pa	aperwork Reduct	ion Act Statement			
*Public reporting burden for this collection of information is estimated to necessary data, providing the information required, and reviewing the fir OMB number. Send comments on the accuracy of this estimate of the	average 1 hour nal collection. Yo	per response, including time u do not have to provide the	information unless this	s collection displays a currently valid	



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

Approved OMB 1405-0134 Expires 06/30/2002 Estimated Burden 1 Hour\*

PLEASE TYPE OR F PLEASE ATTACH AN ADD	PRINT YOUR ANSWERS IN	THE SPACE PROVIDED	BELOW EACH ITEM	WERS			
1. Last Name(s) (List all Spellings)	2. First Name(s) (List all		3. Full Name (In Name				
YAMADA	Taro, Taroh		山田 太郎				
4. Clan or Tribe Name (If Applicable)		5. Spouse's Full Name (	(If Married)				
N/A		YAMADA, Ke	iko				
6. Father's Full Name		7. Mother's Full Name					
YAMADA, Ichiro		YAMADA, Kazumi					
8. Full Name and Address of Contact Person or Organization in the United States (Include Telephone Number)  Mr. George Smith U.S. Computers Corporation 100 2nd Avenue New York, NY 10022 Phone: (212) xxx-1111							
9. List All Countries You have Entered in the Last (Give the Year of Each Visit)	4	untries That Have Ever Is	sued You a 11	. Have You Ever Lost a			
USA 1993, 1999, 2001, 2001	Passport 2			Passport or Had One Stolen?			
Singapore 1996 China 2001	, Marie Land	Japan		X Yes No			
12. Not Including Current Employer, List Your Last Name Address							
Name Address ABC Inc. 1-1 Nakamachi, Nakal	Telephone No.	Job Title S	upervisor's Name	Dates of Employment			
Yokohama 221		Manager Hi	roshi YOSHIDA	4/95-3/98			
First Corp. 10-11 Chuo-dori Osaka 539	06-xxx-5555	Assistant Ma	sao TERADA	8/90-3/95			
13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).  Tokyo Volunteer Association  14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience?  X Yes No If YES, please explain  Network Administration, Private pilot license  15. Have You Ever Performed Military Service?  Yes X No If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.							
16. Have You Ever Been in an Armed Conflict, Eitl			If YES, please expla				
17. List All Educational Institutions You Attend of Name of Institution Address/Tel	or Have Attended. Include ephone No.	Vocational Institutions E Course of S		nools.  Dates of Attendance			
	Chiyoda-ku, Toky	Account	ing (MA)	1981-1983 1978-1981			
xx High School 5-2 Higashi, 1	Kohokuku, Yokoha						
	nami-ku, Yokoham	a		1975–1978			
045-xxx-	7777	General	•	1972–1975			
18. Have You Made Specific Travel Arrangement	s? X Yes No If YES,	please provide a complet	e itinerary for your tray	el including arrival/departure			
dates, flight information, specific location you will visit, and a point of contact at each location.							
Depart Japan March 1, 2002 on flight AA001 for NY, NY; stay for 3 years until March 2005.							
Point of contact: Mr. George	Smith		7				
U.S. Compu 100 2nd Av							
New York,	NY 10022						
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.