

## U.S. Department of State CONTACT INFORMATION AND WORK HISTORY FOR NONIMMIGRANT VISA APPLICANT

OMB APPROVAL NO. 1405-0144 EXPIRES: 01/31/03 ESTIMATED BURDEN: 1 Hour

非移民査証申請者の連絡先および職歴書

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM タイプまたは活字体で各項目所定の箇所に英語で記入してください PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS それぞれの箇所で書ききれない場合は別紙に記入し添付してください				
1. Last Name(s) 姓		First Name <i>(s)</i> 名	Mic	ldle Name ミドルネーム
2. Date of Birth <i>(mm-dd-yyyy)</i> 生年月日 (月一日一西暦年)	3. Place of Birth 出生地 Country 国	City / Tow	n 市/町/村	State / Province 都道府県
4. Permanent Home Address and Telephone Number <i>(include apartment number, street, city, state or province, postal zone, and country)</i> 実家などの連絡のつく住所および電話番号(国名、郵便番号、都道府県、市町村、部屋番号等全て記入)				
5. Full Name and Address of Spouse <i>(if appli</i> Name <i>(Last, First, Middle)</i> 名前(姓・名	・ミドルネーム) Addres	es 住所		Telephone Number 電話番号
6. Full Names and Addresses of Children, Pa Name <i>(Last, First, Middle)</i> 名前(姓・名	・ミドルネーム) Addres	ss 住所	Relationship :	続柄 Telephone Number 電話番号
7. List at Least Two Contacts in Applicant's Count 申請者が現在居住する国内で、申請す Name <i>(Last, First, Middle)</i> 名前(姓・名	旨について確認できる連絡先を	ation About Applicant <i>(do nc</i> 2ヶ所以上明記してく ss 住所	t list immediate family members ださい。(家族や親族を[	or other relatives) (postal box number unacceptable) 徐く)(私書箱は不可) Telephone Number 電話番号

## 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. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control 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.