



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 _____		
5. Passport Issuance Date (dd-mmm-yyyy)		6. Passport Expiration Date (dd-mmm-yyyy)		7. Current Visa Status								Multiple or _____
8. Surnames (As in Passport)										Entries _____		
										Validity _____		
9. First and Middle Names (As in Passport)										Issued/Refused On _____		
										By _____		
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												
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.