



## Application Form

**Family Name:** \_\_\_\_\_

**First (Given) Name:** \_\_\_\_\_

**Birth Date - Day:** \_\_\_\_ **Month:** \_\_\_\_ **Year:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Country where you leave:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Passport Issuing Country:** \_\_\_\_\_

**Passport Issuance Date – Day:** \_\_\_\_ **Month:** \_\_\_\_ **Year:** \_\_\_\_\_

**Passport Expiration Date – Day:** \_\_\_\_ **Month:** \_\_\_\_ **Year:** \_\_\_\_\_

**Does anything of the following apply to you? (Answer Yes or No)**

**A) Do you have a communicable disease; physical or mental disorder; or are you a drug abuser or addict? \***

YES  / NO

*(Communicable Diseases as per United States law communicable diseases of public health significance include:*

*Chancroid*

*Gonorrhea*

*Granuloma inguinale*

*Leprosy, infectious*

*Lymphogranuloma venereum*

*Syphilis, infectious stage*

*Tuberculosis, active*

*And others as determined by the Department of Health and Human Services.*

*Physical or Mental Disorders*

*With regard to physical or mental disorders, answer "Yes" to this question if:*

*(a) You currently have a physical or mental disorder and a history of behavior associated with the disorder that may pose or has posed a threat to your property, safety or welfare or that of others; or  
(b) You had a physical or mental disorder and a history of behavior associated with the disorder that has posed a threat to your property, safety or welfare or that of others and the behavior is likely to recur or lead to other harmful behavior.*

*Answer "No" if:*

*(a) You currently have no physical or mental disorders; or  
(b) You have or had a physical or mental disorder without associated behavior that may pose or has posed a threat to your property, safety or welfare of that of others; or  
(c) You currently have a physical or mental disorder with associated behavior, but that behavior has not posed, does not currently pose nor will pose a threat to your property, safety or welfare or that of others; or  
(d) You had a physical or mental disorder with associated behavior that posed a threat to your property, safety or welfare or that of others, but that behavior is unlikely to recur.*

*Drug Abusers and Drug Addicts*

*Under United States law persons may not be admissible if they have been determined to be a drug abuser or drug addict.*

*For further information refer to § 212(a)(1)(A) of the Immigration and Nationality Act, 8 U.S.C. § 1182(a)(1)(A), and corresponding regulations in the Code of Federal Regulations.)*

**B) Have you ever been arrested or convicted for an offense or crime involving moral turpitude or a violation related to a controlled substance; or have been arrested or convicted for two or more offenses for which the aggregate sentence to confinement was five years or more; or have been a controlled substance trafficker; or are you seeking entry to engage in criminal or immoral activities? \***

YES /NO

**C) Have you ever been or are you now involved in espionage or sabotage; or in terrorist activities; or genocide; or between 1933 and 1945 were you involved, in any way, in persecutions associated with Nazi Germany or its allies? \***

YES /NO

**D) Are you seeking to work in the U.S.; or have you ever been excluded and deported; or been previously removed from the United States or procured or attempted to procure a visa or entry into the U.S. by fraud or misrepresentation? \***

YES /NO

**E) Have you ever detained, retained or withheld custody of a child from a U.S. citizen granted custody of the child? \***

YES /NO

**F) Have you ever been denied a U.S. visa or entry into the U.S. or had a U.S. visa canceled? \***

YES /NO

**If YES,**

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**G) Have you ever asserted immunity from prosecution? \***

YES /NO

*(With regard to immunity from prosecution, answer "Yes" to this question if **all** of the following apply:*

*(a) you have committed a serious criminal offense in the United States as defined in 8 U.S.C. Sec. 1101(h), including any felony, at any time for which immunity from criminal jurisdiction was exercised; and*

*(b) as a consequence of the offense and exercise of immunity identified in (a), you have departed from the United States; and*

*(c) you have not subsequently submitted fully to the jurisdiction of the court in the United States having jurisdiction with respect to that offense.*

*For further information refer to §212(a)(2)(E) and 101(h) of the Immigration and Nationality Act, 8 U.S.C. § 1182(a)(2)(E) and 1101(h).)*

**Waiver of Rights:**

I have read and understand that I hereby waive for the duration of my travel

authorization obtained via ESTA any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program.

In addition to the above waiver, as a condition of each admission into the United States under the Visa Waiver Program, I agree that the submission of biometric identifiers (including fingerprints and photographs) during processing upon arrival in the United States shall reaffirm my waiver of any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_