

Print out this order form including the questionnaire, sign it and send it to us by post or email with a copy of your passport.
 Please tick the appropriate fields.

1. Contact details

Auftraggeber

Frau Herr

Company
 Surname, given name
 Street, number
 Zip code, City
 Phone, mobile
 E-Mail

Different return shipping or billing address

Ms/Mrs Herr

Company
 Surname, given name
 Street, number
 Zip code, City
 Phone, mobile

For subsequent changes, we charge
 an additional fee of **9€**

2. Consulate fees / visa category

Please select the desired visa category below.

ESTA registration **55€**

The fee is made up of the consulate fee and the Visa Support service fee (any deviations due to the adjustment to the exchange rate are possible with consular fees)

3. Payment

Payment by invoice - For corporate customers only

Direct debit

Name of Cardholder

IBAN

SWIFT

4. Questions from the US authorities

Answer the questions completely – **ALL INFORMATION IS REQUIRED!**

Personal information

Surname

Given name

Date of birth

Place of birth

Country of birth

Gender Male Female

Are you known under other names or pseudonyms?

YES, please provide further information ... NEIN

Surname

Given name

Passport details

Passport number

Issuing country

Date of issue

Date of expiry

Nationality

National ID card number

Have you ever been issued a passport / ID card by another country for travel? YES, please provide further information... NO

Issuing country Type Passport ID card
 Passport/ ID card number Ablaufjahr

Do you have another nationality? YES, please provide further information... NO

Country
 How did you get citizenship from this country?
 By birth By parentage By naturalization Other

Have you ever been a citizen of another country? YES, please provide further information... NO

Country

Information about parents Please also answer if already deceased. If parents are unknown, enter UNKNOWN.

Surname of mother Given name of mother
 Surname of father Given name of father

CONTACT ADDRESS INFORMATION

Phone number Street, number
 Zip code, City Province/state
 Country

Contact person in an emergency (if there is no email address, please enter UNKNOWN)

Surname Given name
 Phone number E-mail

Is your entry into the USA in transit to another country? YES No, please provide further information...

Contact Person in the USA Street, numner
 Zip code, City Province/state
 Phone number If you are not visiting a person in the United States or have not yet booked a hotel, enter UNKNOWN.

Do you have your current or previous employer? (Give retirees the former employer, pupils / students the educational institution) YES, please provide further information ... NO

Name of employer Street, number
 Zip code, City Province/state
 Phone number Job title

Please answer the following questions truthfully with "YES" or "NO"

Do you suffer from a physical or mental illness; do you use drugs or are you addicted to drugs; or are currently suffering from one of the following diseases: soft chancre, gonorrhoea, inguinal granuloma, leprosy (contagious), lymphogranuloma venereum, syphilis (contagious), active tuberculosis. YES NO

Have you ever been arrested or convicted of a crime that has resulted in serious property damage, serious harm to another person or an authority? YES NO

Have you ever violated laws related to the possession, use or distribution of illegal drugs? YES NO

Haben Sie geplant, sich an terroristischen Aktivitäten, Spionage, Sabotage oder Völkermord zu beteiligen bzw. haben Sie sich jemals daran beteiligt? YES NO

Have you ever committed fraud, or faked information about yourself or others to obtain a visa for or entry into the United States, or assisted others in doing so? YES NO

Are you currently seeking employment in the United States, or have you previously worked in the United States without prior US government approval? YES NO

Have you ever been denied a U.S. visa that you applied for with your current or previous passport, or denied entry to the United States, or withdrawn your application to enter the United States? YES NO

If YES, why? Where?

Have you ever been in the United States for longer than the period granted by the United States government? YES NO

Have you been to or been in Iraq, Syria, Libya, Somalia, Yemen, Iran or Sudan on or since March 1, 2011? YES NO

If YES, please provide further information ...

Country	<input type="text"/>	Purpose of visit	<input type="text"/>
From (date)	<input type="text"/>	To (date)	<input type="text"/>

Legal waiver: I have read all relevant information and I am aware that for the period of validity of my travel authorization, which was granted to me via the ESTA, I am exempt from all rights of revision or opposition to the decision regarding my entry authorization by the customs and United States Border Protection Service (US Customs and Border Protection) and, except as part of an application for asylum, to contest any deportation that results from an application for entry under the Visa Waiver Program.

In addition to the waiver above, I consent to the submission of biometric identifications (such as fingerprints and photographs) during customs and border processing upon arrival in the United States, which imposes a requirement on each entry into the United States under the program For Visa Waiver Program, I waive all rights to a revision or appeal against the U.S. Customs and Border Protection (U.S. Customs and Border Protection) officer decision, other than under a Application for asylum, to contest any deportation action resulting from an application for entry under the Visa Waiver Program.

Please remember that a correct copy of the first page of your passport is required!

If you would like to register more than one person in this order, print out this form again and fill in the appropriate fields - field 1 and field 3 can of course be left blank.

I confirm the information below for processing by Visa Support

The applicant confirms that all questions and explanations within this application have been read and that all questions and explanations within this application have been understood. The information in the form of answers and information in this application was made truthfully and correctly and to the best of our knowledge and belief. Sending this order form counts as placing an order. You agree to bear the costs incurred up to that point even if the order is canceled. In the event of a rejection by the consulate, no costs can be reimbursed. This form is valid without signature upon receipt by email.

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Place and date

Signature