

## MAIN APPLICATION FOR USA VISA

- ⇒ Fill in the questionnaire properly **legibly in block letters** or **on the computer**. If you need more information or if there is not enough space, please use an **extra sheet**.
- ⇒ Send the completed questionnaire back to us **by email** or **by post** or **using the upload function**.

**IMPORTANT:** Complete the questionnaire **in full**.  
 Incomplete information will result in a delay or refusal by the consulate.  
 If you have any questions, please contact us immediately by phone or email.

### → GENERAL PERSONAL INFORMATION

All the fields are **MANDATORY**

<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Surname</b>		
<b>Given name</b>		
<b>Have you ever used other names?</b> <i>(ex. maiden name, birth name, stage name, etc.)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
	<b>Surname</b> :	
	<b>Given name</b> :	

<b>Do you have a telecode that represents your name?</b> <i>(only applies to persons who have a non-Roman name!)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
	<b>Telecode Number</b> :	

<b>Current marital status</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Common law marriage
	<input type="checkbox"/> Civil partnership	<input type="checkbox"/> Single
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated	<input type="checkbox"/> Other

<b>Date of birth (dd.mm.yyyy)</b>	
<b>Place of birth (city)</b>	
<b>Place of birth (state/province)</b>	
<b>Country of origin</b>	

<b>Current nationality</b>	
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<b>Do you hold or have you ever held any nationality other than the one indicated above on nationality?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
	<b>Nationality</b> :	
<b>Do you have a passport for the other country/nationality?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
	<b>Passport number</b> :	

*If you have another nationality, please indicate it on an extra sheet!*

Are you a permanent resident of a country other than your country of origin (nationality) above?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify ...
	Country(-ies)	

National Identification Number <i>(Ex. your identity card number)</i>	
U.S. Social Security Number <i>(if applicable - usually not!)</i>	
U.S. Tax ID Number <i>(if applicable - usually not!)</i>	

➔ TRAVEL INFORMATION

All the fields are MANDATORY

Purpose of your trip	<input type="checkbox"/> Tourism (B2 visa)	<input type="checkbox"/> Business (B1 visa)
	<input type="checkbox"/> Tourism and business combined (B1/B2)	<input type="checkbox"/> Crew team (C1/D visa)
	<input type="checkbox"/> High School/Au-Pair (J1 visa)	<input type="checkbox"/> Language course (F1 visa)
	<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Visiting familie/friends
	<input type="checkbox"/> Other :	

Do you already have specific travel plans or already fixed arrangements? <i>If this is not the case, please enter your estimated travel dates = planned arrival and departure dates in the fields below!</i>	
Date of arrival in the USA (dd.mm.yyyy)	
Flight number for arrival in the USA	
Airport of arrival in the USA	
Date of departure from the USA (dd.mm.yyyy)	
Flight number for departure from the USA	
Airport of departure from the USA	
Intended length of stay in total <i>(please specify in days or months!)</i>	
Please state below which cities you intend to visit in the USA <i>It is possible to visit other cities during your stay should you spontaneously decide to do so!</i>	
List of all cities	

Where will you be staying in the USA? <i>(If the address of your stay is still unknown, please indicate at least the state and city to be visited or a hotel that you would consider for your trip!)</i>	
Hotel name (if applicable)	
Host name (if applicable)	
Street, house no.	
City	
State/province	
ZIP code	

Who covers the cost of your trip?	If you pay for your trip entirely yourself, you do not have to answer the following questions
	If any other person, company or organisation is paying your travel expenses, please provide the following information... <i>(If, for example, the trip is sponsored by the parents, it is sufficient to provide information for one parent!)</i>
Name of the company/organisation or	
Name of the person ( <i>private person</i> )	
Phone number	
Email address	
Street, house nr.	
City	
State/province	
ZIP code	
Relation to you ( <i>ex., employer</i> )	

Will another person be travelling with you to the USA?	<input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes, please specify...</span>
	Surname :
	Given name :
	Relation to this person :
Will you be travelling with a group or organisation?	<input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes, please specify...</span>
	Name of the group/organization :

➔ TRAVEL HISTORY (USA)

All the fields are MANDATORY

Have you already been to the USA?		<input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes, please specify...</span>		
#	Date of entry ( <i>dd.mm.yyyy</i> )	Date of departure ( <i>dd.mm.yyyy</i> )	Duration of stay ( <i>in days and months</i> )	Purpose of the trip
1				
2				
3				
4				
5				
<i>You can find your previous USA arrivals and departures in "VIEW TRAVEL HISTORY" at <a href="https://i94.cbp.dhs.gov/i94/">https://i94.cbp.dhs.gov/i94/</a></i>				

Do you or did you hold a U.S. driver's license?	<input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes, please specify...</span>
	Driver's license No.:
	State :

<b>Have you held a visa for the USA in the past?</b> <i>(that does not include the ESTA!)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
<b>Date of issue (dd.mm.yyyy)</b>	
<b>Visa number (eight-digit number)</b>	
<b>Are you now applying for the same visa type as was issued before?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Are you applying in the same country or place where the above visa was issued and is that country or place your place of residence?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Have you already been fingerprinted?</b>	<input type="checkbox"/> No <input type="checkbox"/> Ja
<b>Has your U.S. visa ever been lost or stolen?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
	<b>Year :</b>
	<b>Explanation :</b>
<b>Has your U.S. visa ever been cancelled or revoked?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
	<b>Explanation :</b>

<b>Have you ever been denied a U.S. visa or entry into the United States?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
<b>Please explain the following...</b>	
<b>Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
<b>Please explain the following...</b>	
<b>Have you ever had an immigration application filed with the United States Citizenship and Immigration Services (USCIS)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
<b>Please explain the following...</b>	

All the fields are MANDATORY

➔ ADDRESS AND CONTACT DETAILS

<b>Your current residential address (=registration address)</b>	
Street, house nr.	
City	
State/province	
ZIP code	
Country	
Email address	
Landline phone number (if applicable)	
Mobile phone number	
Business phone number	

Is the above residential address also your postal address where you can receive mail?	<input type="checkbox"/> No, please provide detail...	<input type="checkbox"/> Yes
Street, house nr.		
City		
State/province		
ZIP code		
Country		

In addition to the current telephone number mentioned above, do you have any other telephone numbers that you have had or still use in the last five years? (Ex., other mobile or landline numbers, old numbers from a mobile phone contract or business numbers)		
Do you have any other phone numbers?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
#	Type of phone number (Ex.)	Old phone number
	Phone number (Ex.)	+49 162 1234567
1	Type of phone number	
	Phone number	
2	Type of phone number	
	Phone number	
3	Type of phone number	
	Phone number	

If the allocated space is not enough, please provide further details on an extra sheet of paper!

In addition to the current email address mentioned above, do you have any other email addresses that you have had or still have in the last five years? (ex, other private email addresses or official email addresses)		
Do you have any other email addresses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
#	Type of email address (Ex.)	Email for promotional ads
	Email address (Ex.)	<a href="mailto:jamesbond_promo@gmx.de">jamesbond_promo@gmx.de</a>
1	Type of email address	
	Email address	

2	Type of email address	
	Email address	
3	Type of email address	
	Email address	

*If the allocated space is not enough, please provide further details on an extra sheet of paper!*

Please provide below information on your social networks profiles that you have created, used or are still using in the last five years. Please note that ALL profiles must be listed without exception. If your social network is not listed below, please indicate it anyway!

*Typical examples of social networks are ASK.FM, BOUBAN, FACEBOOK, FLICKR, GOOGLE+, INSTAGRAM, LINKEDIN, MYSPACE, PINTEREST, QZONE, REDDIT, SINA WEIBO, TENCET WEIBO, TUMBLR, TWITTER, TWOO, VINE, VKONTAKTE, YOUKO or YOUTUBE. This does not include private messaging on person-to-person messaging services such as WhatsApp. Please do not enter any passwords, only the user ID or username!*

Do you own, have owned or use a social media account?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
#	Network name (Ex.)	Facebook	
	Username /User-ID (Ex.)	James Bond	
1	Network name		
	Username /User-ID		
2	Network name		
	Username /User-ID		
3	Network name		
	Username /User-ID		
4	Network name		
	Username /User-ID		
5	Network name		
	Username /User-ID		

*If the allocated space is not enough, please fill in further details on an extra sheet of paper!*

➔ **PASSPORT INFORMATION**

All the fields are MANDATORY

Type of passport	<input type="checkbox"/> Ordinary passport	<input type="checkbox"/> Diplomatic passport
	<input type="checkbox"/> Other :	
Passport number		
Passport Book Number <i>(a minority of passports have the so-called Passport Book Number; German passports do not have this number!)</i>		
Place of issue		
Country of issue		
Date of issue (dd.mm.yyyy)		
Date of expiry (dd.mm.yyyy)		

Have you ever lost a passport or had one stolen?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
Passport number (if known)		
Country of issue of the passport		
Brief explanation		

➔ CONTACT IN THE USA

All the fields are MANDATORY

Your US contact can be any person in the USA who knows you and can confirm your identity if needed. If you do not know anyone personally in the USA, you can enter the name of the hotel, shop, company or organisation you will be visiting during your trip.

*LANGUAGE COURSES; AU-PAIR; HIGH-SCHOOL may omit the following information!*

*TOURISTS who have not yet booked a hotel, please enter only the city and state you are likely to visit!*

*BUSINESS VISITOR please indicate the details of the company and/or the business partner in the USA!*

Name of the contact person (if applicable) <small>and/or</small>	
Name of the company or hotel (if applicable)	
Street, house nr.	
City	
State/province	
ZIP code	
Phone number	
Email address	

➔ FAMILY INFORMATION

All the fields are MANDATORY

Information about your father <i>(if deceased, please specify anyway; if unknown, please leave the fields blank!)</i>	
Surname	
Given name	
Date of birth (dd.mm.yyyy)	
Is your father currently in the USA?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
Residency status in the USA	<input type="checkbox"/> U.S.-citizen <input type="checkbox"/> Permanent residency with LPR
	<input type="checkbox"/> Non-immigrant (with a visa) <input type="checkbox"/> Unknown

<b>Information about your mother</b> <i>(if deceased, please specify anyway; if unknown, please leave the fields blank!)</i>	
Surname	
Given name	
Date of birth (dd.mm.yyyy)	
Is your mother currently in the USA?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
Residency status in the USA	<input type="checkbox"/> U.S.-citizen <input type="checkbox"/> Permanent residency with LPR
	<input type="checkbox"/> Non-immigrant (with a visa) <input type="checkbox"/> Unknown

<b>Do you have any immediate first degree relatives in the USA?</b> <i>Fiancé, spouse (husband/wife), child (son/daughter) or sibling (brother/sister)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...
Surname	
Given name	
Relation to this person	
Residency status in the USA	<input type="checkbox"/> U.S.-citizen <input type="checkbox"/> Permanent residency with LPR
	<input type="checkbox"/> Non-immigrant (with a visa) <input type="checkbox"/> Unknown

<b>Do you have other or more relatives in the USA?</b> <i>Aunt/uncle, grandparents, cousin, ...</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Current marital status	<input type="checkbox"/> Married <input type="checkbox"/> Common law marriage
	<input type="checkbox"/> Civil partnership <input type="checkbox"/> Single
	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated <input type="checkbox"/> Other

<b>The following information refers only to the MARRIED or living in CIVIL PARTNERSHIP</b>	
Surname	
Given name	
Date of birth (dd.mm.yyyy)	
Nationality	
Place of birth	
Country of origin	
Street, house nr.	
City	
State/province	
Country	
ZIP code	



The following information refers only to the DIVORCED, SEPARATED or WIDOWED	
Number of former spouses	
Surname	
Given name	
Date of birth (dd.mm.yyyy)	
Nationality	
Place of birth	
Country of origin	
The following information refers only to the DIVORCED or SEPARATED	
Wedding date (dd.mm.yyyy)	
Divorce date (dd.mm.yyyy)	
Reason for divorce	
Country of divorce	

➔ **INFORMATION ON PROFESSIONAL EXPERIENCE - EDUCATION**

All the fields are MANDATORY

<p><b>Please provide details of your current occupation</b>  <i>(If you are currently a school or university student, please do not enter your current income; if you are currently looking for work, please enter "Jobseeker" in the first field; if you are attending a language course that will take place immediately after graduating from high school or university, please enter the name of your previous school/college/university!)</i></p>	
What is your current occupation?	
When did you start working here? (dd.mm.yyyy) <i>(Please also state the start date at the current school/college!)</i>	
Name of the employer <i>(if applicable)</i> or	
Name of the school/college/university <i>(if applicable)</i>	
Street, house nr.	
City	
State/province	
ZIP code	
Phone number	
Monthly net income in EUR	
Please briefly describe what exactly you do at work or what subject you are studying	

**If you have also been employed by another company in the last five years, please indicate the last two employers that you had during that period!**

Name of the previous employer	
Street, house nr.	
City	
State/province	
ZIP code	
Phone number	
Your job title	
Duties in this company	
Supervisor's surname	
Supervisor's given name	
Start of employment (dd.mm.yyyy)	
End of employment (dd.mm.yyyy)	
Please briefly describe what exactly you did in that company	

*If you have had another employer in the last five years, please provide further details on an extra sheet!*

**Have you attended any educational institution at a secondary level or above (schools such as junior high, comprehensive, vocational or elementary school, secondary school, vocational school, university, college) and successfully/unsuccessfully completed it?**  
*(Example: You graduated from a college last year and are currently working until you depart to the USA. In this case, here you must indicate the last educational institution that you attended - college!)*

Name of the educational institution	
Street, house nr.	
City	
State/province	
ZIP code	
Country	
Name of the course/programme	
Start date (dd.mm.yyyy)	
End date (dd.mm.yyyy)	

Do you belong to a tribe or a clan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
Name of the tribe/clan		

Which languages do you speak?	
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Please provide below all the countries that you have travelled to in the last five years

*(All countries should be listed without exception; this also includes EU countries or your travel to a possible second home country)*

Have you belonged to, contributed to or worked for a professional, social or charitable organisation?

No  Yes, please specify...

Have you ever been a member of the Taliban?

No  Yes, please specify...

Do you have any specialised skills, experience or training in firearms, explosives, nuclear, biological or chemical weapons?

No  Yes, please specify...

Have you ever served in the military?

*(Please state: country, type of service, rank/position, military specialty, start date (dd.mm.yyyy) and end date (dd.mm.yyyy))*

No  Yes, please specify...

Have you served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel or guerrilla group, or insurgent organisation?

No  Yes, please specify...

➔ U.S. SECURITY QUESTIONS · PART 1

All the fields are MANDATORY

<p><b>Do you have a communicable disease that poses a risk to public health?</b>  <i>(Communicable diseases of public significance include chancroid, gonorrhoea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, syphilis in the infectious state, active tuberculosis, and other diseases as determined by the Department of Health and Human Services)</i></p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes, please specify...</p>

<p><b>Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?</b></p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes, please specify...</p>

<p><b>Are you or have you ever been a drug abuser or a drug dealer?</b></p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes, please specify...</p>

➔ U.S. SECURITY QUESTIONS · PART 2

All the fields are MANDATORY

<p><b>Have you ever been arrested or convicted of any offence or crime, even though subject of a pardon, amnesty or other similar action?</b></p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes, please specify...</p>

<p><b>Have you ever violated or considered violating the Specially Controlled Substances Act?</b></p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes, please specify...</p>

<p><b>Are you coming to the U.S. to engage in prostitution or unlawful commercialized vice, or have you been engaged in prostitution or procuring prostitutes within the past 10 years?</b></p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes, please specify...</p>

<b>Have you ever been involved in or do you seek to engage in money laundering?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<b>Have you ever committed or conspired to commit a human trafficking crime inside or outside the United States?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<b>Have you ever knowingly aided, abetted, assisted, or colluded with an individual to commit or conspired to commit a severe human trafficking offense inside or outside the United States?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<b>Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense inside or outside the United States and have you benefited from the trafficking activity within the last five years?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

**→ U.S. SECURITY QUESTIONS · PART 3**

All the fields are MANDATORY

<b>Do you seek to engage in espionage, sabotage, export control violations or any other illegal activity while in the U.S.?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<b>Do you seek to engage in terrorist activities while in the U.S., or have you ever engaged in terrorist activities?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<b>Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organisations?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<b>Are you a member or representative of a terrorist organisation?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<b>Are you the spouse, son or daughter of an individual who has engaged in terrorist activities in the last five years, including financial or other support for terrorists or terrorist organisation?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<b>Have you ever ordered, incited, committed, assisted or otherwise participated in genocide?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<b>Have you ever committed, ordered, incited, assisted or otherwise participated in torture?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<b>Have you committed, ordered, incited, assisted or otherwise participated in extrajudicial killings, political killings or other acts of violence?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<b>Have you ever engaged in the recruitment or use of child soldiers?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...

<p><b>Have you, while serving as a government official, been responsible for or directly carried out particularly severe violations of religious freedom??</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you ever been directly involved in the establishment or enforcement of birth control forcing a woman to undergo an abortion against her free choice, or a man or a woman to undergo sterilisation against his or her free will?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

→ U.S. SECURITY QUESTIONS · PART 4

All the fields are MANDATORY

<p><b>Have you ever been the subject of a removal or deportation hearing?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you ever sought to obtain a visa or assist others to obtain a visa or entry to the United States or any other United States immigration benefits by fraud or wilful misrepresentation, or by any other unlawful means?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you failed to attend a hearing on deportation or entry refusal within the last five years?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa??</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you ever been removed or deported from a country?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

**→ U.S. SECURITY QUESTIONS · PART 5**

All the fields are MANDATORY

<p><b>Have you ever withheld custody of a U.S. citizen child from a person who was granted custody by a U.S. court outside the United States?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you violated any laws or regulations in the USA?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you ever renounced United States citizenship for the purpose of avoiding taxation?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Did you attend a public elementary or a public secondary school in the U.S. after November 30, 1996 without reimbursing the school?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...

<p><b>Have you voted in the United States in violation of any law or regulation?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify...



**PLEASE PROVIDE THE FOLLOWING  
 INFORMATION ONLY IF APPLYING FOR AN F1 OR  
 J1 VISA!**

**→ CONTACT PEOPLE**

All the fields are MANDATORY

Please list below two contact persons in your country of residence who can verify the information that you have provided in this application. **ATTENTION: Do NOT list family members or other relatives here. Please list friends, neighbours, acquaintances, etc. here.!**

**FIRST contact person**

Surname	
Given name	
Street, house nr.	
City	
State/province	
ZIP code	
Country	
Phone number	
Email address	

**SECOND contact person**

Surname	
Given name	
Street, house nr.	
City	
State/province	
ZIP code	
Country	
Phone number	
Email address	

**PLEASE PROVIDE THE FOLLOWING  
 INFORMATION ONLY IF APPLYING FOR A  
 C1/D VISA!**

**→ CREW MEMBER DETAILS**

All the fields are MANDATORY

<b>Specific job title on board of the ship or aircraft</b>	
<b>Name of the company that owns the ship or aircraft</b>	
<b>The company's phone number</b>	

<b>Did you acquire your position with a recruitment / staffing agency?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
<b>Agency name</b>		
<b>Contact person's surname</b>		
<b>Contact person's given name</b>		
<b>Street, house nr.</b>		
<b>City</b>		
<b>State/province</b>		
<b>ZIP code</b>		
<b>Country</b>		
<b>Phone number</b>		

<b>Do you serve on board of a sea vessel/ship?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify...
<b>Name of the sea vessel/ship</b>		
<b>Sea vessel/ship identification number</b>		

