1. Last Name(s) (List all Spellings)  
2. First Name(s) (List all Spellings)  
3. Full Name (In Native Alphabet)

4. Clan or Tribe Name (If Applicable)
5. Spouse's Full Name (If Married)
6. Father's Full Name
7. Mother's Full Name

8. Full Name and Address of Contact Person or Organization in the United States (Include Telephone Number)

9. List All Countries You have Entered in the Last Ten Years (Give the Year of Each Visit)
10. List All Countries That Have Ever Issued You a Passport
11. Have you ever lost a passport or had one stolen?  
   - Yes  
   - No

12. Not Including Current Employer, List Your Last Two Employers  
   
   Name  
   Address  
   Telephone Number  
   Job Title  
   Supervisor's Name  
   Dates of Employment (mm-dd-yyyy)  

   From  
   To

13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).

14. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience?  
   - Yes  
   - No
   If YES, please explain

15. Have you ever performed military service?  
   - Yes  
   - No
   If yes, complete below.  
   
   Name of Country  
   Branch of Service  
   Rank/Position  
   Military Specialty  
   Dates of Employment (mm-dd-yyyy)  

   From  
   To

16. Have you ever been in an armed conflict, either as a participant or victim?  
   - Yes  
   - No
   If YES, please explain.

17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools.

   Name of Institution  
   Address/Telephone Number  
   Course of Study  
   Dates of Attendance (mm-dd-yyyy)  

   From  
   To

18. Have you made specific travel arrangements?  
   - Yes  
   - No
   If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location.

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**Paperwork Reduction Act Statement**

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