



| PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM                                                                                                                                         |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| 1. Passport Number                                                                                                                                                                                              |                                                       | 2. Place of Issuance:<br>City                                                                                                      |                                                                                                       | Country                                                                        |  | State/Province                                                                                                                                                                                               |                                | <b>DO NOT WRITE IN THIS SPACE</b><br>B-1/B-2 MAX    B-1 MAX    B-2 MAX<br>Other _____ MAX<br>Visa Classification _____ |  |
| 3. Issuing Country                                                                                                                                                                                              |                                                       | 4. Issuance Date (dd-mmm-yyyy)                                                                                                     |                                                                                                       | 5. Expiration Date (dd-mmm-yyyy)                                               |  | Mult or _____<br>Number of Applications _____<br>Months _____<br>Validity _____<br>Issued/Refused _____<br>On _____ By _____<br>Under SEC.    214(b)    221(g)<br>Other _____ INA _____<br>Reviewed By _____ |                                |                                                                                                                        |  |
| 6. Surnames (As in Passport)                                                                                                                                                                                    |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 7. First and Middle Names (As in Passport)                                                                                                                                                                      |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 8. Other Surnames Used (Maiden, Religious, Professional, Aliases)                                                                                                                                               |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 9. Other First and Middle Names Used                                                                                                                                                                            |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  | 10. Date of Birth (dd-mmm-yyyy)                                                                                                                                                                              |                                |                                                                                                                        |  |
| 11. Place of Birth:<br>City                                                                                                                                                                                     |                                                       | Country                                                                                                                            |                                                                                                       | State/Province                                                                 |  | 12. Nationality                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 13. Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                     | 14. National Identification Number<br>(If applicable) |                                                                                                                                    | 15. Home Address (Include apartment number, street, city, state or province, postal zone and country) |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 16. Home Telephone Number                                                                                                                                                                                       |                                                       |                                                                                                                                    | Business Phone Number                                                                                 |                                                                                |  | Mobile/Cell Number                                                                                                                                                                                           |                                |                                                                                                                        |  |
| Fax Number                                                                                                                                                                                                      |                                                       |                                                                                                                                    | Business Fax Number                                                                                   |                                                                                |  | Pager Number                                                                                                                                                                                                 |                                |                                                                                                                        |  |
| 17. Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married)<br><input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |                                                       |                                                                                                                                    | 18. Spouse's Full Name (Even if divorced or separated. Include maiden name.)                          |                                                                                |  |                                                                                                                                                                                                              | 19. Spouse's DOB (dd-mmm-yyyy) |                                                                                                                        |  |
| 20. Name and Address of Present Employer or School<br>Name: _____ Address: _____                                                                                                                                |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 21. Present Occupation (If retired, write "retired". If student, write "student".)                                                                                                                              |                                                       |                                                                                                                                    |                                                                                                       | 22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known) |  |                                                                                                                                                                                                              | 23. E-Mail Address             |                                                                                                                        |  |
| 24. At What Address Will You Stay in The U.S.?                                                                                                                                                                  |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  | <div>請沿此虛線黏貼一張照片</div> <div>六個月內拍攝<br/>五公分見方(5x5cm)<br/>全臉正面面對鏡頭<br/>白色背景彩色照片</div>                                                                                                                          |                                |                                                                                                                        |  |
| 25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business                                                                                               |                                                       |                                                                                                                                    |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| Name                                                                                                                                                                                                            |                                                       |                                                                                                                                    | Home Phone                                                                                            |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| Business Phone                                                                                                                                                                                                  |                                                       |                                                                                                                                    | Cell Phone                                                                                            |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 26. How Long Do You Intend To Stay in The U.S.?                                                                                                                                                                 |                                                       | 27. What is The Purpose of Your Trip?                                                                                              |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |
| 28. Who Will Pay For Your Trip?                                                                                                                                                                                 |                                                       | 29. Have You Ever Been in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>WHEN? _____<br>FOR HOW LONG? _____ |                                                                                                       |                                                                                |  |                                                                                                                                                                                                              |                                |                                                                                                                        |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
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| <p>30. Have You Ever Been Issued a U.S. Visa?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>WHEN? _____</p> <p>WHERE? _____</p> <p>WHAT TYPE OF VISA? _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>31. Have You Ever Been Refused a U.S. Visa?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>WHEN? _____</p> <p>WHERE? _____</p> <p>WHAT TYPE OF VISA? _____</p> |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>32. Do You Intend To Work in The U.S.?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> <i>(If YES, give the name and complete address of U.S. employer.)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>33. Do You Intend To Study in The U.S.?    <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> <i>(If YES, give the name and complete address of the school.)</i></p>    |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>34. Names and Relationships of Persons Traveling With You</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>35. Has Your U.S. Visa Ever Been Cancelled or Revoked?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Who? _____</p>                       |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>37. Are Any of The Following Persons in The U.S., or Do They Have U.S. Legal Permanent Residence or U.S. Citizenship?<br/> Mark YES or NO and indicate that person's status in the U.S. (i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td style="width: 25%;">Husband/<br/>Wife    _____</td> <td style="width: 25%;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td style="width: 25%;">Fiance/<br/>Fiancee    _____</td> </tr> <tr> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>Father/<br/>Mother    _____</td> <td><input type="checkbox"/> YES    <input type="checkbox"/> NO</td> <td>Son/<br/>Daughter    _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Brother/<br/>Sister    _____</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO | Husband/<br>Wife    _____   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Fiance/<br>Fiancee    _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | Father/<br>Mother    _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | Son/<br>Daughter    _____ |  |  |  | Brother/<br>Sister    _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Husband/<br>Wife    _____                                                                                                                                                                | <input type="checkbox"/> YES <input type="checkbox"/> NO | Fiance/<br>Fiancee    _____ |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Father/<br>Mother    _____                                                                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO | Son/<br>Daughter    _____   |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          |                                                          | Brother/<br>Sister    _____ |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>38. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM.<br/> A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you?</p> <ul style="list-style-type: none"> <li>● Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></li> <li>● Have you ever been refused admission to the U.S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></li> <li>● Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></li> <li>● Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></li> <li>● Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></li> <li>● Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></li> </ul> <p>While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.</p> |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>39. Was this Application Prepared by Another Person on Your Behalf?<br/> <i>(If answer is YES, then have that person complete item 40.)</i> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>40. Application Prepared By:</p> <p>NAME: _____ Relationship to Applicant: _____</p> <p>ADDRESS: _____</p> <p>Signature of Person Preparing Form: _____ DATE (dd-mmm-yyyy) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p>41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.</p> <p>APPLICANT'S SIGNATURE _____ DATE (dd-mmm-yyyy) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |
| <p style="text-align: center;"><b>Privacy Act and Paperwork Reduction Act Statements</b></p> <p>INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.</p> <p>Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                          |                             |                                                          |                             |                                                          |                            |                                                          |                           |  |  |  |                             |

非移民簽證申請人您好，

根據您之前的美國簽證及您所具備的其他條件，您符合美國在台協會的快速簽證服務資格！

請利用以下預約密碼安排您的面談時間，或使用條碼編號修改您的申請表格。

預約系統網址：<http://www.visaagent.com.tw/niv/ch-index.asp>.

|                                  |  |                     |  |
|----------------------------------|--|---------------------|--|
| 護照號碼<br>Passport Number          |  | 簽證類別<br>Visa Type   |  |
| 預約密碼<br>PIN                      |  | 存檔日期<br>Create Date |  |
| 條碼編號<br>Barcode Number      DROP |  | 存檔時間<br>Create Time |  |

請注意，如果要以快速簽證服務方式提出申請，您必須將您的面談時間安排在 AM10:30 或 PM12:45 的時段。在您進入美國在台協會後，您將被導引到一個專屬的快速簽證服務隊伍。

如果您將面談時間安排在其他時段(而非AM10:30 或 PM12:45)，您的簽證申請案件也不會受到影響。不過，您將無法以快速簽證服務方式申請而只能在一般隊伍排隊接受面談。

很抱歉，由於我們要處理的信件很多，我們無法回答有關快速簽證服務方式的問題。

您的回答：

- 您是否曾得到過美國簽證？  
Have you ever been issued a U.S visa?  
是 Yes      否 No
- 您是否曾被拒發美國簽證？  
Have you ever been refused a U.S. visa?  
是 Yes      否 No
- 您最近一次的簽證類別？  
Your previous visa type?  
B1/B2      商務及觀光簽證  
C1/D      空勤及航海組員簽證  
H1B or H4      專業工作人員或其眷屬簽證  
Other      其他簽證
- 上述含有美國簽證的護照，是否遺失或被偷竊？  
Was the passport containing your previous visa lost or stolen?  
是 Yes      否 No
- 上述該簽證至今是否仍有效？並請輸入簽證核發日及到期日。  
Is your previous U.S. visa still valid? If so, please enter the visa issue date and expiration date.  
是 Yes      否 No

| 簽證核發日<br>Visa Issue Date |                      |                      | 簽證到期日<br>Visa Expiration Date |                      |                      |
|--------------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| (DD)                     | (MON)                | (YYYY)               | (DD)                          | (MON)                | (YYYY)               |

- H1B 或 H4 的雇主是否與前次相同？  
Are you replacing an H1B or H4 with the same employer?  
是 Yes      否 No