

UFV&A Long Format IAP-66

Visitor/Assignee:

* First Name: _____ *Middle: _____ *Last: _____
 *Gender (circle one): Male Female Is Visitor currently in the US? Yes No
 *Permanent Resident Alien: Yes No
 *Country of Citizenship: _____ *Date of Birth (mm/dd/yyyy): _____
 *Country of Birth: _____ *City of Birth: _____

Employer Information

Affiliation or Company Info:

*Institution or Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ *Country of Employer: _____
 *Title or Position and Duties: _____

Aliases

First Name: _____ Middle: _____ Last: _____
 First Name: _____ Middle: _____ Last: _____
 First Name: _____ Middle: _____ Last: _____

*** Visa / PRA Information**

*** Passport Information**

Visa Number: _____
 Visa Type: _____
 Expr Date (mm/dd/yyyy): _____

Passport Number: _____
 Country of Issue: _____
 Expr Date (mm/dd/yyyy): _____

Place of Work (if different from Employer)

Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ Title or Position: _____
 Country of Employer: _____
 Interpreter Needed? (circle one): Yes No
 Business Type conducted by Employer: _____
 Educational Background: _____
 Field of Research: _____

Current U.S. Address

Street (1): _____ City: _____
 Street (2): _____ State: _____
 Zip Code: _____

When completed, this form contains Personally Identifiable Information.

* Denotes Required Information

