



לכבוד
ש.מ. אשרות

שם משרד הנסיעות _____
שם סוכן מטפל _____

בקשה לאישור על רישום חובה לבעלי דרכונים זרים לכניסה לארה"ב

אנא מלאו את השאלות באופן מדויק וברור. (חובה לצרף צילום דרכון ברור עד התוקף!)

Family Name: _____

First Name: _____

Other Name: _____

Country of citizenship: _____

Birth Date: _____

Country & City of birth: _____

Details of other passport and citizenship: _____

Country where you live: _____

Home Address: _____

Telephone No. : _____

Email Address: _____

EMERGENCY CONTACT (Full name, Telephone, Email):

Parents full names: _____

Employer (Name, Address, Telephone No. , Occupation):

Address in the U.S. of where you will stay _____

Is your flight a connection flight to another Destination?

ADDRESS WHILE IN THE UNITED STATES

Address line: _____

City: _____ State: _____

Telephone No. _____

DO ANY OF THE FOLLOWING APPLY TO YOU? (ANSWER YES OR NO)

A) Do you have a communicable disease: physical or mental disorder: or are you a drug abuser or addict? YES _____ NO _____

B) Have you ever been arrested or convicted for an offense or crime involving moral turpitude or a violations related to a controlled substance; or have been arrested or convicted for two or more offenses for which the aggregate sentence to confinement was five years or more; or have been a controlled substance trafficker; or are you seeking entry to engage in criminal or immoral activities? YES _____ NO _____

C) Have you ever been or are you now involved in espionage or sabotage; or in terrorist activities; or genocide; or between 1933 and 1945 were you involved, in any way, in persecutions associated with Nazi Germany or its allies?

D) Are you seeking to work in the U.S.; or have you ever been excluded and deported; or been previously removed from the United States or procured or attempted to procure a visa or entry into the U.S by fraud or misrepresentation?
YES _____ NO _____

E) Have you ever detained, retained or withheld custody of a child from U.S. citizen granted custody of the child?

F) Have you ever been denied a U.S. visa or entry into the U.S. or had a U.S. visa canceled? YES _____ if yes; when _____ where _____
NO _____

G) Have you ever asserted immunity from prosecution? YES _____ NO _____

חובה לצרף צילום דרכון ברור עד התוקף (דרכון זר + דרכון ישראלי אם יש)!

צוות ש.מ. אשרות ישמחו לעמוד לרשותכם בכל שאלה בטלפון בשעות היום 03-5250332 או באמצעות דוא"ל usa@smvisa.co.il

שם הנוסע _____

חתימה _____

תאריך _____