

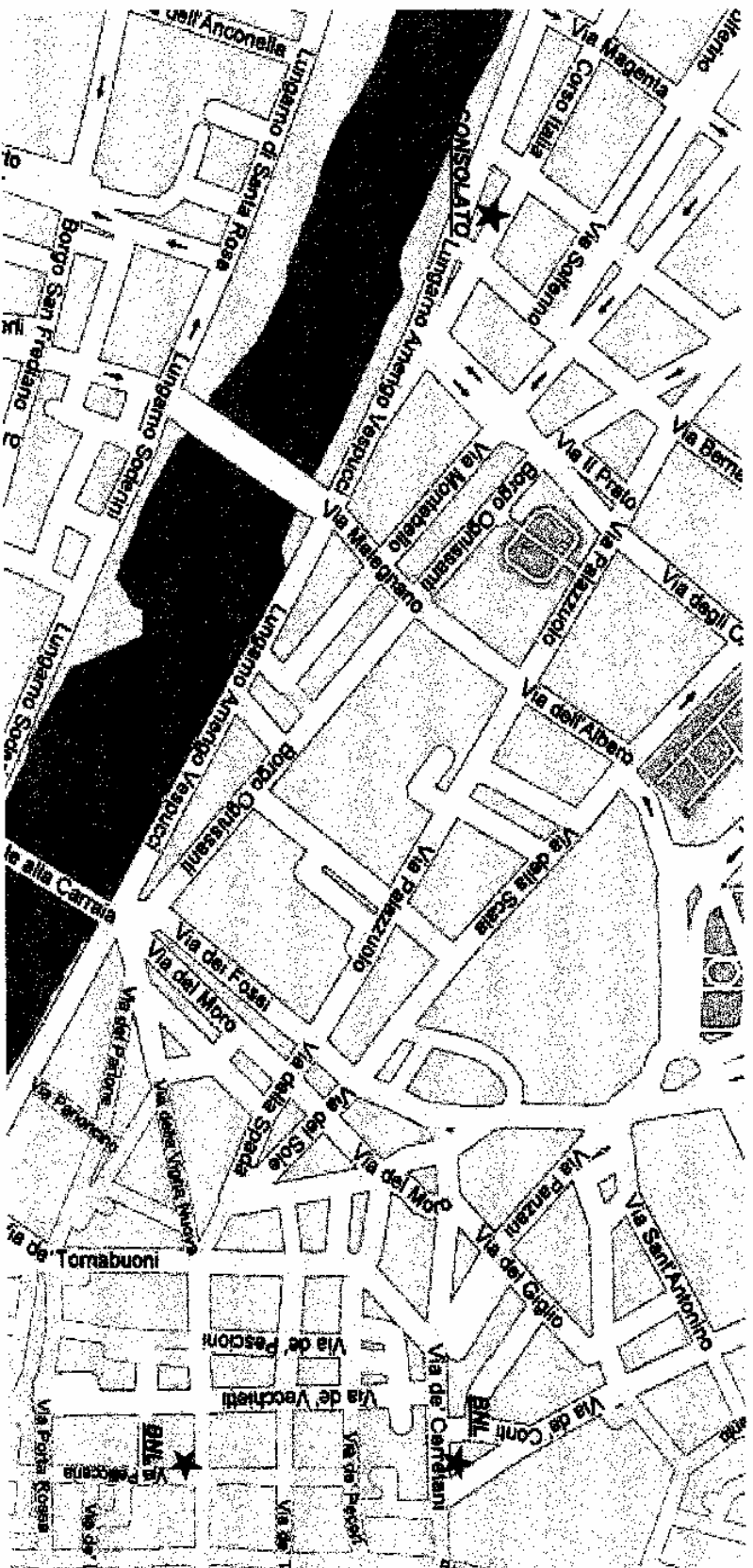


**ISTRUZIONI PER EMERGENZA VISTO IN CASO DI NON ACCETTAZIONE
E RESPINGIMENTO IN AEREOPORTO CAUSA VISTO NON REGOLARE,
SMARRITO O COMUNQUE NON CONFORME ALLE ATTUALI LEGGI U.S.A.**

- Compilare a stampatello, rispondendo a **TUTTE** le domande, i moduli **DS156 e DS157** allegati (**per le signore è necessario solo il DS156**);
- Recarsi presso una delle due filiali di Banca Nazionale del Lavoro più vicine al Consolato, (Piazza della Repubblica 21r, sotto i portici, oppure Via de' Cerretani, 6). Andare direttamente alla cassa e pagare la tassa di **Euro 74,00** oppure **100 Dollari** per **“Spese di procedura Visto”**. Ritirare la ricevuta stampata;
- Recarsi presso uno dei fotografi indicati sulla cartina allegata e farsi scattare una foto tessera sfondo bianco. La foto deve essere frontale e si devono vedere le orecchie;
- Con questi documenti recarsi presso il Consolato Generale U.S.A. di Firenze in Lungarno Amerigo Vespucci, 38 (Tel. 05526695247 oppure 05526695236, Fax 055289336) e alle guardie dire che si è attesi presso l'Ufficio Visti per una emergenza;
- Se si desidera contattare a mezzo posta elettronica, si può scrivere al seguente indirizzo: visaflorence@state.gov;
- Il servizio è disponibile dal lunedì al venerdì.

Allegato: Cartina ubicazione Banche;
Cartina ubicazione Fotografi;
Modulo DS156;
Modulo DS157.


Consolato USA: Lungarno A. Vespucci, 38
BNL: Piazza Repubblica, 21/r
BNL: Via de' Cerretani, 6





U.S. Department of State
NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0018
Expires 09/30/2007
Estimated Burden 1 hour
See Page 2

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM				DO NOT WRITE IN THIS SPACE			
1. Passport Number	2. Place of Issuance: City		Country	State/Province	B-1/B-2 MAX	B-1 MAX	B-2 MAX
					Other _____ MAX		
					Visa Classification		
3. Issuing Country		4. Issuance Date (dd-mm-yyyy)		5. Expiration Date (dd-mm-yyyy)			Mult or
					Number of Applications		
6. Surnames (As in Passport)					Months _____		
					Validity		
7. First and Middle Names (As in Passport)					Issued/Refused		
					On _____ By _____		
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)					Under SEC. 214(b) 221(g)		
					Other _____ INA		
					Reviewed By _____		
9. Other First and Middle Names Used				10. Date of Birth (dd-mm-yyyy)			
11. Place of Birth: City		Country		State/Province		12. Nationality	
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	14. National Identification Number <i>(If applicable)</i>		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 <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <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-mm-yyyy)		
20. Name and Address of Present Employer or School 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.?						 01CN20S53M DO NOT WRITE IN THIS SPACE 50 mm x 50 mm PHOTO staple or glue photo here	
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					
		WHEN? _____					
		FOR HOW LONG? _____					

<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 <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 <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? <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? 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> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Husband/ <input type="checkbox"/> YES <input type="checkbox"/> NO Fiance/ <input type="checkbox"/> YES <input type="checkbox"/> NO Wife _____ Fiances _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Father/ <input type="checkbox"/> YES <input type="checkbox"/> NO Son/ <input type="checkbox"/> YES <input type="checkbox"/> NO Brother/ Mother _____ Daughter _____ Sister _____</p>	
<p>38. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM. 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"> ● 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? <input type="checkbox"/> YES <input type="checkbox"/> NO ● 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? <input type="checkbox"/> YES <input type="checkbox"/> NO ● 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? <input type="checkbox"/> YES <input type="checkbox"/> NO ● Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO ● 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? <input type="checkbox"/> YES <input type="checkbox"/> NO ● 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <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? <i>(if answer is YES, then have that person complete item 40.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>40. Application Prepared By:</p> <p>NAME: _____ Relationship to Applicant: _____</p> <p>ADDRESS: _____</p> <p>Signature of Person Preparing Form: _____ DATE (dd-mm-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 or America upon arrival at a port of entry if he or she is found inadmissible.</p> <p>APPLICANT'S SIGNATURE _____ DATE (dd-mm-yyyy) _____</p>	
<p>Privacy Act and Paperwork Reduction Act Statements</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>	



**U.S. Department of State
SUPPLEMENT TO
NONIMMIGRANT VISA APPLICATION**

PLEASE BE SURE TO SUBMIT THIS PAGE WITH THE REST OF YOUR APPLICATION

DO NOT MARK OR WRITE IN THIS SPACE

Barcode Number: O1CN20S53M

29. Additional Visits to the U.S.:

30. Additional Visa issuances:

31. Additional Visa Refusals:





Approvato OMB 1405-0134
Scadenza 30/06/2002
Tempo previsto di esecuzione 1 ora

Dipartimento di Stato degli Stati Uniti d'America
MODULO SUPPLEMENTARE PER LA RICHIESTA DI VISTO PER NON IMMIGRANTI
DS-157

SCRIVERE A MACCHINA O IN STAMPATELLO NEGLI APPOSITI SPAZI					
INSERIRE FOGLI AGGIUNTIVI SE NECESSARIO					
1. COGNOME /1 (Indicare ogni variazione)	2. NOME DI BATTESIMO (Indicare ogni variazione)	3. NOME E COGNOME (In lingua madre)			
4. NOME DEL CLAN O TRIBU' DI APPARTENENZA (Se attinente)			5. NOME E COGNOME DELLO/A SPOSO/A		
6. NOME E COGNOME DEL PADRE			7. NOME E COGNOME DELLA MADRE		
8. NOME ED INDIRIZZO DEL CONTATTO/1 O DELL'ORGANIZZAZIONE/1 DI RIFERIMENTO NEGLI U.S.A (PERSONE O AZIENDE). (Indicare anche il numero di telefono).					
9. Indicare tutti i Paesi visitati negli ultimi dieci anni (Indicare l'anno di riferimento).		10. Indicare tutti i paesi che Le hanno rilasciato un passaporto		11. Le e' mai stato rubato o ha mai smarrito il passaporto? <input type="checkbox"/> SI <input type="checkbox"/> NO	
12. Indicare i due datori di lavoro piu' recenti, PRECEDENTI quello attuale					
Nome		Indirizzo		Numero di Telefono	
Posizione		Nome del supervisore		Data di assunzione	
13. Indicare tutte le organizzazioni Professionali, Sociali e Istituti di Carita' a cui Lei appartiene (o ha appartenuto), alle quali contribuisce (o ha contribuito) o per le quali lavora (o ha lavorato).			14. Possiede delle capacita' o ha ricevuto un addestramento particolare, incluso l'impiego di armi da fuoco, di esplosivi, conoscenze nel settore nucleare, della biologia o chimica? <input type="checkbox"/> SI <input type="checkbox"/> NO Se si, specificare.		
15. Ha mai prestato servizio militare? <input type="checkbox"/> SI <input type="checkbox"/> NO Se Si, indicare il nome del paese, il ramo, il grado, lo stato di servizio, la specializzazione e date relative al Servizio.					
16. E' mai stato coinvolto in un conflitto armato, sia come partecipante che come vittima? <input type="checkbox"/> SI <input type="checkbox"/> NO Se Si, specificare.					
17. Indicare tutti gli istituti scolastici che lei frequenta o ha frequentato. Includere scuole professionali (compresi gli istituti tecnici), ad esclusione della scuola elementare.					
Nome dell'istituto		Indirizzo/Telefono		Corso o materia	
Date di frequenza					
18. Ha un programma di viaggio specifico? <input type="checkbox"/> SI <input type="checkbox"/> NO Se Si, fornire l'itinerario completo del viaggio, includendo le date di partenza e di arrivo, informazioni sul volo, localita' specifiche che verranno visitate, ed il contatto per ciascuna localita'.					
Dichiarazione sul regolamento per la riduzione della modulistica					
Si stima che il costo, in termini di tempo, per compilare il modulo sia di circa un'ora per ogni modulo, incluso il tempo necessario per ricercare le fonti dei dati esistenti, ottenere i dati necessari, fornire le informazioni richieste e controllarle. Non si e' obbligati a fornire le informazioni a meno che dalla raccolta di dati risulti un numero OMB ancora valido. Inviare i commenti sull'accuratezza di questa stima di tempo ed eventuali suggerimenti per la sua riduzione a: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520-1849.					

DS-157 - January 1, 2002