

FORM ID _____

DS160 English

ד.ד.ד.
שירותי תיירות
 סעדיה גאון 24 ת"א טל: 03-6244332/7
 פקס: 03-7602033
 info@ddvisa.co.il www.ddvisa.co.il



surname	Given name
---------	------------

have you had any other names? Maiden/name change ☐ No ☐ yes: _____

Sex ☐ m ☐ f marital status: ☐ married ☐ divorced ☐ single ☐ widowed ☐ separated

Date of birth dd / mmm / yyyy	City of birth	Country of birth
nationality	Do you have or had any other nationality? <input type="checkbox"/> Yes <input type="checkbox"/> no	Specify
ID number	Do you have a social security number?	Do you have a US taxpayer number?

Purpose of trip: _____

Length of stay: _____ intended dates: ____/____/____

Location: _____ who's paying? _____

Are you traveling alone or with another person/people? ☐ Alone ☐ not alone

(If so, specify name/s of people/group and relationship with you) _____

Have you ever been to the US? ☐ Yes ☐ no

Have you ever been issued a US visa?

☐ Yes ☐ no Date of issue: ____/____/____

USA visits		
____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY
____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY

Have you ever been issued a US driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> no	License number	state
---	----------------	-------

Have you ever had a US visa revoked/refused? ☐ Yes ☐ no

Were you ever deported or removed from the US? ☐ Yes ☐ no

Have you ever been 10 printed? ☐ Yes ☐ no

Home address	city
Zip code	country
Phone number	e-mail address

Do you have a social media presence?

Name of platform	Handle/identifier

Have you ever had a passport lost or stolen? ☐ Yes ☐ no (provide details of incident)

Passport number	Issued in	Date of issue ____/____/____	Date of expiry ____/____/____
-----------------	-----------	---------------------------------	----------------------------------

Details of parents:

Father's surname	Father's given name	Father's date of birth ____/____/____
mother's surname	mother's given name	mother's date of birth ____/____/____

24 Saadia Gaon st. Tel Aviv tel:036244332/7

fax:037602033 cell:0525056505

email: info@ddvisa.co.il



do you have immediate family in the US? ☐ Yes ☐ no (provide full name, citizenship status and relationship)

do you have non-immediate family in the US? ☐ Yes ☐ no

Details of spouse/former spouse:

spouse's surname	spouse's given name	spouse's date of birth ____/____/____
Spouse's place of birth	Spouse's nationality	Dates of marriage

Occupation:

Employer/school name	address	Phone number
		ZIP
role	date of start	End date (pensioners/unemployed)

☐ Pensioners/unemployed – provide details of your last occupation.

Have you had another job in the past 5 years? ☐ Yes ☐ no

Employer/school name	address	Phone number
		ZIP
role	date of start	End date

Did you go to a secondary school/higher education? ☐ Yes ☐ no

University/college/school name	address	Phone number
		ZIP
Area of studies+degree	date of start	End date

Languages that you speak	

Countries visited in the past 5 years	

Were you in the military? ☐ Yes ☐ no

country	Branch of service	Rank/position
Military speciality	date of start	End date

Were you ever arrested or convicted in a crime? ☐ Yes ☐ no

If so, specify: _____

24 Saadia Gaon st. Tel Aviv tel:036244332/7

fax:037602033 cell:0525056505

email: info@ddvisa.co.il