

Online Nonimmigrant Visa Application (DS-160)

Application - Sensitive But Unclassified(SBU)

We do not need a printed copy of your application at any point during your interview process. Only print this application if you want a copy for your own records. If you print your application, please keep it secure.

Photo Provided:



Confirmation Number:

Sex:

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Personal, Address, Phone, and Passport/Travel Document Information

Name Provided: BERNAL RAMOS, MAYDA MARIA Full Name in Native Language: MAYDA MARIA BERNAL RAMOS NO Other Names Used:

Telecode Name Used: NO **FFMALF**

Marital Status: LEGALLY SEPARATED

Date of Birth: **20 SEPTEMBER 1967**

Place of Birth: SANCTI SPIRITUS, SANCTI SPIRITUS, CUBA

Country/Region of Origin (Nationality): **HONDURAS**

Do you hold or have you held any nationality other than the one YES

indicated above on nationality?

Other Country/Region of Origin (Nationality) (1): **CUBA** Do you hold a passport for the other country/region of origin YES

(nationality) above?

1806921 Passport Number:

Are you a permanent resident of a country/region other than your NO

country/region of origin (nationality) above?

0890201901957 National Identification Number: U.S. Social Security Number: DOES NOT APPLY U.S. Taxpayer ID Number: DOES NOT APPLY

RESIDENCIAL SAN MARTIN, CASA NUMERO 6 Home Address:

BLOQUE H

COMAYAGUA City: State/Province: **COMAYAGUA** Postal Zone/ZIP Code: 12101 Country/Region: **HONDURAS** Same Mailing Address? YES Primary Phone Number: 99736913

DOES NOT APPLY Secondary Phone Number: DOES NOT APPLY Work Phone Number:

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Do you have any additional phone numbers?

Email Address: maydabernal1967@gmail.com

Do you have any additional email addresses?

Do you have a social media presence?

Social Media Platform: (1): FACEBOOK

Social Media Identifier: MAYDA MARIA BERNAL RAMOS

Social Media Platform: (2): INSTAGRAM
Social Media Identifier: MAYDA BERNAL

Do you have any additional social media presence?

Passport/Travel Document Type:

REGULAR

Passport/Travel Document Number:

G667602

Passport Book Number:

G667602

Country/Authority that Issued Passport/Travel Document:

HONDURAS

City Where Issued:

TEGUCIGALPA

State/Province Where Issued: FRANCISCO MORAZAN

Country/Region Where Issued: HONDURAS

Issuance Date: 05 AUGUST 2021

Expiration Date: 05 AUGUST 2031

Have you ever lost a passport or had one stolen?

Travel Information

The List of Purposes of Trip to the U.S.

Purpose of Trip to the U.S. (1): TEMP. BUSINESS PLEASURE VISITOR (B)

Specify: BUSINESS & TOURISM (TEMPORARY VISITOR) (B1/B2)

Have you made specific travel plans?

Intended Date of Arrival: 01 NOVEMBER 2022

Intended Length of Stay in U.S.: 10 DAY(S)

Address where you will stay in the U.S.: 15110 FLAKIN K PL

Person/Entity Paying for Your Trip:

Are there other persons traveling with you?

NO

Have you ever been in the U.S.?

NO

Have you ever been issued a U.S. visa?

NO

Have you ever been refused a U.S. Visa, or been refused admission to

the United States, or withdrawn your application for admission at the port of entry?

Has anyone ever filed an immigrant petition on your behalf with the

United States Citizenship and Immigration Services?

NO

U.S. Contact Information

Contact Person Name in the U.S.: BERNAL, OLGA VALERO

Organization Name in the U.S.: DO NOT KNOW Relationship to You: RELATIVE

U.S. Contact Address: 15110 FLAKIN K PL

MIAMI LAKES, FLORIDA 33016

Phone Number: 3054988720
Email Address: DOES NOT APPLY

Family Information

Father's Surnames: BERNAL MARQUE
Father's Given Names: MARIO MANUEL
Father's Date of Birth: 09 JUNE 1940
Is your father in the U.S.? NO

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Mother's Surnames: RAMOS PEREZ

Mother's Given Names: DELIA MANUELA

Mother's Date of Birth: 17 JUNE 1944

Is your mother in the U.S.? NO

Do you have any immediate relatives, not including parents in the U.S.? NO

Do you have any other relatives in the United States? YES

Spouse's Full Name: MEZA MARTINEZ, ANTONIO

Spouse's Date of Birth: 23 JUNE 1975
Spouse's Country/Region of Origin (Nationality): HONDURAS

Spouse's City of Birth: VILLA SAN ANTONIO

Spouse's Country/Region of Birth: HONDURAS
Spouse's Address: DO NOT KNOW

Work/Education/Training Information

Primary Occupation: BUSINESS

Present Employer or School Name: COCINA LA CUBANA
Address: COLONIA SAN MARTIN

City: COMAYAGUA
State/Province: COMAYAGUA
Postal Zone/Zip Code: DOES NOT APPLY
Country/Region: HONDURAS
Work Phone Number: 98303478

Monthly Salary in Local Currency (if employed): DOES NOT APPLY

Briefly Describe your Duties: PROPIETARIA DE NEGOCIO PARA VE

NTA DE COMIDA EN LINEA.

Were you previously employed?

Employer Name (1): INVERSIONES TODOAGRO

Employer Address:

BARRIO LOS AMADORES,

ALDEA SAN

City: FRANCICO SOROGUARA
State/Province: FRANCISCO MORAZAN
Postal Zone/Zip Code: DOES NOT APPLY
Country/Region: HONDURAS
Telephone Number: 32710216

Job Title:ADMINISTRADORASupervisor's Surname:DO NOT KNOWSupervisor's Given Name:DO NOT KNOWEmployment Date From:JANUARY 2021Employment Date To:DECEMBER 2021Briefly describe your duties:ADMINISTRADORA

Have you attended any educational institutions at a secondary level or

above?

YES

Name of Institution (1):SILVERIO FLACO NUNEZAddress of Institution:SANCTI SPIRITUSCity:SANCTI SPIRITUS

State/Province: CUBA

Postal Zone/ZIP Code: DOES NOT APPLY
Country/Region: HONDURAS

Course of Study: LICENCIATURA EN EDUCACION

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Date of Attendance From: Date of Attendance To: **JULY 1992** Do you belong to a clan or tribe? NO Provide a List of Languages You Speak: **SPANISH** Language Name (1): Have you traveled to any countries/regions within the last five years? NO Have you belonged to, contributed to, or worked for any professional, NO social, or charitable organization? Do you have any specialized skills or training, such as firearms, NO explosives, nuclear, biological, or chemical experience? Have you ever served in the military? NO Have you ever served in, been a member of, or been involved with a NO paramilitary unit, vigilante unit, rebel group, guerrilla group, or

Security and Background Information

insurgent organization?

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid,	NO
gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and	
others diseases as determined by the Department of Health and Human Services.)	

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?

Are you or have you ever been a drug abuser or addict?

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?

Have you ever been involved in, or do you seek to engage in, money laundering?

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?

Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States?

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?

Are you a member or representative of a terrorist organization?

Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years?

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?

Have you ever engaged in the recruitment or the use of the child soldiers?

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?

Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?

Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration NO benefit by fraud or willful misrepresentation or other unlawful means?

Have you ever been removed or deported from any country?

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?

Have you voted in the United States in violation of any law or regulation?

Have you ever renounced United States citizenship for the purpose of avoiding taxation?

Location Information

Location where you will be submitting your application

Current Location: TEGUCIGALPA, HONDURAS

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NO

NO

NO

NO

NO

NO NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

NΩ

NO

NO

NO

NO

NO

NO

Preparer of Application

Did anyone assist you in filling out this application?

Preparer Names: DOES NOT APPLY
Organization Name: USA SOLUTIONS

Street Address: BARRIO SAN FRANCISCO, ESQUINA OPUESTA AL

BANCO POPULAR

City: COMAYAGUA
State/Province: COMAYAGUA

Postal Zone/ZIP Code: 12101

Country/Region: HONDURAS

Relationship to You: AGENT

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Usted firmó su solicitud de manera electrónica el 24-Aug-2022 03:47:34 (GMT-05:00). Se le requirió firmar su solicitud personalmente y de manera electrónica al menos que por reglamento quede exento de ello y aún si el formulario fue elaborado a su nombre por alguien más. Su firma electrónica certifica que usted ha leido y entendido las preguntas en su solicitud de Visa de No-Inmigrante y que además todas sus respuestas son verdaderas y realizadas a su mejor entender y convicción. La entrega de una solicitud conteniendo declaraciones falsas y engañosas pueden resultar en la negativa permanente de una visa para entrar a los Estados Unidos de Norteamérica. Todas las declaraciones hechas en esta solicitud no están sujetas a juramento pero deben ser hechas bajo protesta de decir verdad. (28 U.S.C. 1746).

La información que usted ha proporcionado en su solicitud y alguna otra enviada junto con ésta, puede ser puesta a disposición de otras agencias del gobierno con el derecho y la autoridad legal que les confiere para usar dicha información, incluso para propósitos del órden público y leyes de inmigración. Si se obtienen huellas dactilares como parte de su proceso de solicitud, éstas pueden ser usadas con el propósito de compararlas con otras huellas dactilares en el Sistema de Identificación de Siguiente Generación (Next Generation Identification System) NGI por sus siglas en inglés, de la Oficina Federal de Investigación (Federal Bureau of Investigation - FBI por sus siglas en inglés) o por sus sistemas subsecuentes (incluyendo civiles, criminales y archivos existentes de huellas dactilares). La fotografía que proporcione junto con su solicitud puede ser utilizada para verificación de empleo u otros propósitos competentes a la legislación de los Estados Unidos de Norteamérica.