



Online Nonimmigrant Visa Application (DS-160)

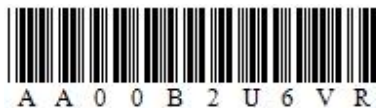
Application - *Sensitive But Unclassified(SBU)*

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:



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

Name Provided:	CASTRO ARGUELLO, DAVID AARON
Full Name in Native Language:	DAVID AARON CASTRO ARGUELLO
Other Names Used:	NO
Telecode Name Used:	NO
Sex:	MALE
Marital Status:	SINGLE
Date of Birth:	21 NOVEMBER 2013
Place of Birth:	CHOLUTECA, CHOLUTECA, HONDURAS
Country/Region of Origin (Nationality):	HONDURAS
Do you hold or have you held any nationality other than the one indicated above on nationality?	NO
Are you a permanent resident of a country/region other than your country/region of origin (nationality) above?	NO
National Identification Number:	0601201400791
U.S. Social Security Number:	DOES NOT APPLY
U.S. Taxpayer ID Number:	DOES NOT APPLY
Home Address:	RESIDENCIAL ANDALUCIA 3 BLOQUE H CASA 11
City:	CHOLUTECA
State/Province:	CHOLUTECA
Postal Zone/ZIP Code:	51101
Country/Region:	HONDURAS
Same Mailing Address?	YES

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Primary Phone Number:	99717130
Secondary Phone Number:	99354467
Work Phone Number:	DOES NOT APPLY
Do you have any additional phone numbers?	NO
Email Address:	yonycastrosoriano@gmail.com
Do you have any additional email addresses?	NO
Do you have a social media presence?	
Social Media Platform: (1):	NONE
Social Media Identifier:	
Do you have any additional social media presence?	NO
Passport/Travel Document Type:	REGULAR
Passport/Travel Document Number:	G858194
Passport Book Number:	G858194
Country/Authority that Issued Passport/Travel Document:	HONDURAS
City Where Issued:	CHOLUTECA
State/Province Where Issued:	CHOLUTECA
Country/Region Where Issued:	HONDURAS
Issuance Date:	14 JANUARY 2022
Expiration Date:	15 JANUARY 2027
Have you ever lost a passport or had one stolen?	NO

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)
Intended Date of Arrival:	01 NOVEMBER 2022
Intended Length of Stay in U.S.:	12 DAY(S)
Address where you will stay in the U.S.:	3531 CASTIE HILL DRIVE
Person/Entity Paying for Your Trip:	OTHER PERSON
Person Paying for Your Trip:	CASTRO SORIANO , YONY PANTALEON
Telephone Number:	99717130
Email Address:	DOES NOT APPLY
Relationship to You:	PARENT
Is the address of the party paying for your trip the same as your Home or Mailing Address?	YES
Are there other persons traveling with you?	YES
Are you traveling as part of a group or organization?	YES
Name of the Group:	FAMILIAR VACATION
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	NO

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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.: NUNEZ CASTILLO, JOSE RODRIGO
 Organization Name in the U.S.: DO NOT KNOW
 Relationship to You: RELATIVE
 U.S. Contact Address: 3531 CASTIE HILL DRIVE
 WOODBRIDGE, VIRGINIA 22193
 Phone Number: 0015716161765
 Email Address: DOES NOT APPLY

Family Information

Father's Surnames: CASTRO SORIANO
 Father's Given Names: YONY PANTALEON
 Father's Date of Birth: 24 JANUARY 1979
 Is your father in the U.S.? NO
 Mother's Surnames: ARGUELLO SANDOVAL
 Mother's Given Names: KAREN WALESKA
 Mother's Date of Birth: 06 APRIL 1983
 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

Security and Background Information

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, 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.) NO

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? NO

Are you or have you ever been a drug abuser or addict? NO

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? NO

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? NO

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? NO

Have you ever been involved in, or do you seek to engage in, money laundering? NO

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? NO

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? NO

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? NO

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? NO

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Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?	NO
Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?	NO
Are you a member or representative of a terrorist organization?	NO
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?	NO
Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?	NO
Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?	NO
Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?	NO
Have you ever engaged in the recruitment or the use of the child soldiers?	NO
Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?	NO
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?	NO
Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?	NO
Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?	NO
Have you ever been removed or deported from any country?	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?	NO
Have you voted in the United States in violation of any law or regulation?	NO
Have you ever renounced United States citizenship for the purpose of avoiding taxation?	NO

Location Information

Location where you will be submitting your application

Current Location: TEGUCIGALPA, HONDURAS

Preparer of Application

Did anyone assist you in filling out this application?	YES
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 07-Jul-2022 12:41:27 (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 leído 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 orden 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 Siguierte 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.