



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:	SORTO CABRERA, ELMER ANTONIO
Full Name in Native Language:	ELMER ANTONIO SORTO CABRERA
Other Names Used:	NO
Telecode Name Used:	NO
Sex:	MALE
Marital Status:	SINGLE
Date of Birth:	14 MARCH 1994
Place of Birth:	ESTANCIAS, SANTA ANA, LA PAZ, 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:	1215199400282
U.S. Social Security Number:	DOES NOT APPLY
U.S. Taxpayer ID Number:	DOES NOT APPLY
Home Address:	BARRIO ARRIBA MEDIA CUADRA AL ESTE DEL HOTEL MORALES
City:	COMAYAGUA
State/Province:	COMAYAGUA
Postal Zone/ZIP Code:	12101
Country/Region:	HONDURAS
Same Mailing Address?	YES
Primary Phone Number:	96589822
Secondary Phone Number:	99035418
Work Phone Number:	96455137
Do you have any additional phone numbers?	NO
Email Address:	elmersorto@yahoo.com
Do you have any additional email addresses?	NO

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Do you have a social media presence?	
Social Media Platform: (1):	FACEBOOK
Social Media Identifier:	ELMER SORTO
Do you have any additional social media presence?	NO
Passport/Travel Document Type:	REGULAR
Passport/Travel Document Number:	E0252248
Passport Book Number:	E0252248
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:	23 AUGUST 2022
Expiration Date:	23 AUGUST 2032
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)
Have you made specific travel plans?	NO
Intended Date of Arrival:	01 NOVEMBER 2022
Intended Length of Stay in U.S.:	14 DAY(S)
Address where you will stay in the U.S.:	437 DOYLE STREET
Person/Entity Paying for Your Trip:	SELF
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?	NO
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.:	BENITEZ, JUAN CARLOS
Organization Name in the U.S.:	DO NOT KNOW
Relationship to You:	RELATIVE
U.S. Contact Address:	437 DOYLE STREET ELIZABETH, NEW JERSEY 07206
Phone Number:	9232967407
Email Address:	DOES NOT APPLY

Family Information

Father's Surnames:	SORTO SALMERON
Father's Given Names:	PEDRO
Father's Date of Birth:	27 DECEMBER 1946
Is your father in the U.S.?	NO
Mother's Surnames:	CABRERA VELASQUEZ
Mother's Given Names:	EUSTACIA
Mother's Date of Birth:	22 FEBRUARY 1952
Is your mother in the U.S.?	NO

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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

Work/Education/Training Information

Primary Occupation: MEDICAL/HEALTH

Present Employer or School Name: CENTRO MEDICO VETERINARIO

Address: BARRIO ARRIBA

City: COMAYAGUA

State/Province: COMAYAGUA

Postal Zone/Zip Code: 12101

Country/Region: HONDURAS

Work Phone Number: 96455137

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

Briefly Describe your Duties: PROPIETARIO DE UNA CLINICA VETERINARIA Y TAMBIEN ES PROPIETARIO DE AGROVETERINARIO DEL VALLE, VENTA DE PRODUCTOS AGRICOLAS, MATERIALES DE FERRETERIA Y MEDICAMENTOS DE USO VETERINARIO.

Were you previously employed? YES

Employer Name (1): OIRSA

Employer Address:

A NIVEL NACIONAL

City: VARIOS

State/Province: VARIOS

Postal Zone/Zip Code: DOES NOT APPLY

Country/Region: HONDURAS

Telephone Number: 99291909

Job Title: INSPECTOR SEPA

Supervisor's Surname: MARADIAGA

Supervisor's Given Name: LUIS

Employment Date From: JANUARY 2018

Employment Date To: MARCH 2019

Briefly describe your duties: INSPECTOR SEPA, INSPECCION DE PRODUCTOS DE ORIGEN ANIMAL QUE INGRESAN Y SALEN DEL PAIS.

Have you attended any educational institutions at a secondary level or above? YES

Name of Institution (1): UNIVERSIDAD NACIONAL DE AGRICULTURA

Address of Institution: BARRIO EL ESPINO

City: CATACAMAS

State/Province: OLANCHO

Postal Zone/ZIP Code: DOES NOT APPLY

Country/Region: HONDURAS

Course of Study: MEDICO VETERINARIO

Date of Attendance From: FEBRUARY 2011

Date of Attendance To: DECEMBER 2017

Do you belong to a clan or tribe? NO

Provide a List of Languages You Speak:

Language Name (1): SPANISH

Have you traveled to any countries/regions within the last five years? YES

Provide a List of Countries/Regions Visited

Country/Region (1): GUATEMALA

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Country/Region (2):	MEXICO
Country/Region (3):	COLOMBIA
Country/Region (4):	EL SALVADOR
Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?	NO
Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?	NO
Have you ever served in the military?	NO
Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?	NO

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
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

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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 25-Aug-2022 05:09:29 (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 Siguiete 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.