

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: MARQUEZ FIGUEROA, ELIAN DAVID Full Name in Native Language: ELIAN DAVID MARQUEZ FIGUEROA Other Names Used: NO NO Telecode Name Used:

Sex: MALE

Marital Status: SINGLE

17 FEBRUARY 2020 Date of Birth:

Place of Birth: LA ESPERANZA, INTIBUCA, HONDURAS

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

Do you hold or have you held any nationality other than the one NO

indicated above on nationality?

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

country/region of origin (nationality) above?

1208202000499 National Identification Number:

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

Home Address: COLONIA BELLA VISTA

MARCALA City:

LA PAZ State/Province:

15201 Postal Zone/ZIP Code:

Country/Region: **HONDURAS**

Same Mailing Address?

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Primary Phone Number: +50496753659
Secondary Phone Number: +50498328656

Work Phone Number: DOES NOT APPLY

Do you have any additional phone numbers? NO

Email Address: walterm1625@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:

City Where Issued:

Do you have any additional social media presence? NO

Passport/Travel Document Type: REGULAR
Passport/Travel Document Number: E0252571
Passport Book Number: E0252571
Country/Authority that Issued Passport/Travel Document: HONDURAS

State/Province Where Issued: FRANCISCO MORAZAN

Country/Region Where Issued: HONDURAS

Issuance Date: 24 AUGUST 2022
Expiration Date: 24 AUGUST 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)

TEGUCIGALPA

Intended Date of Arrival: 01 NOVEMBER 2022

Intended Length of Stay in U.S.: 8 DAY(S)

Address where you will stay in the U.S.: 801 SW 135TH WAY
Person/Entity Paying for Your Trip: OTHER PERSON

Person Paying for Your Trip: MARQUEZ BONILLA , WALTER ANTONIO

Telephone Number: +50496753659

Email Address: walterm1625@gmail.com

Relationship to You: PARENT

Is the address of the party paying for your trip the same as your Home YES

or Mailing Address?

Are there other persons traveling with you?

YES

Are you traveling as part of a group or organization?

YES

Name of the Group: FAMILY VACATION

Have you ever been in the U.S.?

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.: HERRERA , JOSE LUIS

Organization Name in the U.S.: DO NOT KNOW

Relationship to You: FRIEND

U.S. Contact Address: 801 SW 135TH WAY

SUNRISE, FLORIDA 33325

Phone Number: 7864120230

Email Address: DOES NOT APPLY

Family Information

United States?

Father's Surnames: MARQUEZ BONILLA

Father's Given Names: WALTER ANTONIO

Father's Date of Birth: 22 NOVEMBER 1992

Is your father in the U.S.?

Mother's Surnames: FIGUEROA VALLADARES

Mother's Given Names: JOHAJANA MARILU

Mother's Date of Birth: 06 SEPTEMBER 1993

Is your mother in the U.S.?

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

Do you have any other relatives in the United States? 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

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?

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

NO 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?

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

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: 1RA AVENIDA 6 CALLE BARRIO SAN FRANCISCO

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 04:30:59 (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 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.