

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:

# Your Personal Copy -- Do Not Bring to Interview

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

Name Provided: HERNANDEZ LIZARDO, MANUEL JASER
Full Name in Native Language: MANUEL JASER HERNANDEZ LIZARDO

Other Names Used:

Telecode Name Used:

NO

Sex:

MALE

Marital Status: MARRIED

Date of Birth: 22 JUNE 1994

Place of Birth: LA PAZ, LA PAZ, HONDURAS

Country/Region of Origin (Nationality): HONDURAS

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

Do you hold or have you held any nationality other than the one indicated above on nationality?

indicated above on nationality:

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

country/region of origin (nationality) above?

National Identification Number: 1201199400457
U.S. Social Security Number: DOES NOT APPLY

U.S. Taxpayer ID Number: DOES NOT APPLY

Home Address: COLONIA JULIAN SUAZO BLOQUE 5 CASA 2

City: LA PAZ
State/Province: LA PAZ

Postal Zone/ZIP Code: 15101

Country/Region: HONDURAS

Same Mailing Address?

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Primary Phone Number: +50432280512

Secondary Phone Number: +50489488335

Work Phone Number: 27742638

Do you have any additional phone numbers?

Email Address: dluciery@yahoo.com

Do you have any additional email addresses? NO

Do you have a social media presence?

Social Media Platform: (1): FACEBOOK

Social Media Identifier: MANUEL LIZARDO

Social Media Platform: (2): INSTAGRAM

Social Media Identifier: MANUEL.LIZARDO.5209

Do you have any additional social media presence? NO

Passport/Travel Document Type:

REGULAR

Passport/Travel Document Number:

E958698

Passport Book Number:

E958698

Country/Authority that Issued Passport/Travel Document:

HONDURAS

City Where Issued: TEGUCIGALPA

Issuance Date: 07 APRIL 2016
Expiration Date: 07 APRIL 2026

Have you ever lost a passport or had one stolen? NO

### Travel Information

State/Province Where Issued:

Country/Region Where Issued:

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)

FRANCISCO MORAZAN

**HONDURAS** 

Have you made specific travel plans?

Intended Date of Arrival: 01 NOVEMBER 2022

Intended Length of Stay in U.S.: 15 DAY(S)

Address where you will stay in the U.S.: 127 MUSGNUG AVE

City, State, Postal/Zip Code: MINEOLA, NEW YORK 11501

Person/Entity Paying for Your Trip:

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.?

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

the United States, or withdrawn your application for admission at the

port of entry?

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NO

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Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?

#### **U.S. Contact Information**

Contact Person Name in the U.S.: HERNANDEZ, MANUEL DE JESUS

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

Relationship to You: RELATIVE

U.S. Contact Address: 127 MUSGNUG AVE

MINEOLA, NEW YORK 11501

Phone Number: 5163200616
Email Address: DOES NOT APPLY

**Family Information** 

Father's Surnames: HERNANDEZ

Father's Given Names: MANUEL DE JESUS
Father's Date of Birth: 20 OCTOBER 1969

Is your father in the U.S.?

Status: OTHER/I DON'T KNOW

Mother's Surnames: MARTINEZ

Mother's Given Names: MARIBEL LIZARDO

Mother's Date of Birth: 01 NOVEMBER 1967

Is your mother in the U.S.? NO

Do you have any immediate relatives, not including parents in the U.S.? YES

Relative Name (1): HERNANDEZ, YOHAN

Relationship to you: SIBLING

Status: U.S. CITIZEN

Spouse's Full Name: SUAZO RUBIO, DAFNE LUCIERY

Spouse's Date of Birth: 13 FEBRUARY 1988

Spouse's Country/Region of Origin (Nationality): HONDURAS

Spouse's City of Birth: COMAYAGUA COMAYAGUA

Spouse's Country/Region of Birth: HONDURAS

Spouse's Address: SAME AS HOME ADDRESS

### Work/Education/Training Information

Primary Occupation: BUSINESS

Present Employer or School Name: VARIEDADES EL EXITO

Address: BARRIO SAN ANTONIO FRENTE AL

PARQUE FRANCISCO MORAZAN

City: LA PAZ
State/Province: LA PAZ
Postal Zone/Zip Code: 15101
Country/Region: HONDURAS
Work Phone Number: 27742638

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

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Briefly Describe your Duties: ADMINISTRADOR DEL NEGOCIO FAMI

LIAR DE DOS TIENDAS

Were you previously employed?

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

above?

Name of Institution (1): LICEO JESUS DE NAZARETH

Address of Institution: BARRIO TORONDON

City: COMAYAGUA

State/Province: COMAYAGUA

Postal Zone/ZIP Code: 12101

Country/Region: HONDURAS

Course of Study: BACHILLERATO EN ADMINISTRACION DE EMPRESAS

Date of Attendance From:

01 FEBRUARY 2011

Date of Attendance To:

30 NOVEMBER 2013

Do you belong to a clan or tribe?

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

Country/Region (2): EL SALVADOR

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?

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?

### **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.)

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? NO

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been NO 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 NO 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,

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NO

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knowingly benefited from the trafficking activities?

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to NO 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 NO United States? Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist NO Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist NO organizations? 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 NO 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? 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, NO or other acts of violence? 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, NO particularly severe violations of religious freedom? Have you ever been directly involved in the establishment or enforcement of the population controls forcing a NO 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? NO Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United NO States immigration benefit by fraud or willful misrepresentation or other unlawful means? 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 NO custody by a U.S. court? 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 03-Aug-2022 09:57:20 (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.