

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: MACHADO AGUILAR, ALISER MARIA

Full Name in Native Language: ALISER MARIA MACHADO AGUILAR

Other Names Used: NO

Telecode Name Used: NO

Sex: FEMALE
Marital Status: SINGLE

Date of Birth: 28 AUGUST 2009

Place of Birth: COMAYAGUA, COMAYAGUA, HONDURAS

Country/Region of Origin (Nationality): HONDURAS

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

indicated above on nationality?

National Identification Number:

NO

NO

Are you a permanent resident of a country/region other than your

country/region of origin (nationality) above?

0301200902545

U.S. Social Security Number: DOES NOT APPLY

U.S. Taxpayer ID Number: DOES NOT APPLY

Home Address: COLONIA LOMAS DEL RIO, BLOQUE F, CASA 2

City: COMAYAGUA

State/Province: COMAYAGUA

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Postal Zone/ZIP Code: 12101

Country/Region: HONDURAS

Same Mailing Address? YES

Primary Phone Number: 99044888

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

Do you have any additional phone numbers? NO

Email Address: aguilardelcid3565@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?

Passport/Travel Document Type:

Passport/Travel Document Number:

G707555

Passport Book Number:

G707555

Country/Authority that Issued Passport/Travel Document:

HONDURAS

City Where Issued:

COMAYAGUA

State/Province Where Issued:

COMAYAGUA

Issuance Date: 09 SEPTEMBER 2021
Expiration Date: 10 SEPTEMBER 2026

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

Travel Information

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)

HONDURAS

Intended Date of Arrival: 01 NOVEMBER 2022

Intended Length of Stay in U.S.: 5 DAY(S)

Address where you will stay in the U.S.: 9787 MTN LAUREL WAY APARTAMENT 20

City, State, Postal/Zip Code: LAUREL, MARYLAND 20723-6335

Person/Entity Paying for Your Trip: OTHER PERSON

Person Paying for Your Trip: AGUILAR DEL CID , DELFINA ALICIA

Telephone Number: 99044888

Email Address: DOES NOT APPLY

Relationship to You: PARENT

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

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or Mailing Address?

Are there other persons traveling with you?

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.?

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

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

NO

U.S. Contact Information

Contact Person Name in the U.S.: PORTILLO AGUILAR, EVELYN MELISSA

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

Relationship to You: RELATIVE

U.S. Contact Address: 9787 MTN LAUREL WAY APARTAMENT 20

LAUREL, MARYLAND 20723-6335

Phone Number: 12407554504
Email Address: DOES NOT APPLY

Family Information

Father's Surnames:

Father's Given Names:

DO NOT KNOW

Mother's Surnames:

AGUILAR DEL CID

Mother's Given Names:

DELFINA ALICIA

Mother's Date of Birth:

14 JUNE 1975

Is your mother in the U.S.?

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

Relative Name (1): PORTILLO AGUILAR, EVELYN MELISSA

Relationship to you: CHILD

Status: OTHER/I DON'T KNOW

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?

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NO

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? NO 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 NO 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 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 activities? 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? NO 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? 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

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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 26-Jul-2022 03:05:47 (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.