



U.S. Department of State
SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134
Expires 09/30/2008
Estimated Burden 1 Hour*

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

1. Last Name(s) <i>(List all Spellings)</i> Cubina		2. First Name(s) <i>(List all Spellings)</i> Jovelisa Cawaling		3. Full Name <i>(In Native Alphabet)</i>													
4. Clan or Tribe Name <i>(If Applicable)</i>			5. Spouse's Full Name <i>(If Married)</i>														
6. Father's Full Name Felipe Tura Cubina			7. Mother's Full Name Leonida Alberca Cawaling														
8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i> Rodney Lester Larson HOME: 952-975-3638 13700 Valley View Road, #121 WORK: 952-937-4650 Eden Prairie, Minnesota 55344 CELL: 612-770-5157																	
9. List All Countries You have Entered in the Last Ten Years <i>(Give the Year of Each Visit)</i> none		10. List All Countries That Have Ever Issued You a Passport Philippines		11. Have you ever lost a passport or had one stolen? ☐ Yes ☒ No													
12. Not Including Current Employer, List Your Last Two Employers <table border="1"><thead><tr><th>Name</th><th>Address</th><th>Telephone Number</th><th>Job Title</th><th>Supervisor's Name</th><th>Dates of Employment</th></tr></thead><tbody><tr><td colspan="6">self-employed</td></tr></tbody></table>						Name	Address	Telephone Number	Job Title	Supervisor's Name	Dates of Employment	self-employed					
Name	Address	Telephone Number	Job Title	Supervisor's Name	Dates of Employment												
self-employed																	
13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).			14. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience? ☐ Yes ☒ No If YES, please explain														
15. Have you ever performed military service? ☐ Yes ☒ No If yes, give name of country, branch of service, rank/position, military specialty, and dates of service.																	
16. Have you ever been in an armed conflict, either as a participant or victim? ☐ Yes ☒ No If YES, please explain.																	
17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools. <table border="1"><thead><tr><th>Name of Institution</th><th>Address/Telephone Number</th><th>Course of Study</th><th>Dates of Attendance</th></tr></thead><tbody><tr><td>College of Maasin</td><td>Maasin City, Southern Leyte</td><td>High School</td><td>1993-1996</td></tr></tbody></table>						Name of Institution	Address/Telephone Number	Course of Study	Dates of Attendance	College of Maasin	Maasin City, Southern Leyte	High School	1993-1996				
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College of Maasin	Maasin City, Southern Leyte	High School	1993-1996														
18. Have you made specific travel arrangements? ☒ Yes ☐ No If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location. 02-NOV-2006 8:05 AM Northwest Flight 20 to Tokyo, Japan Arrive 1:30 PM 3:20 PM Northwest Flight 20 to Minneapolis, MN Arrive 12:30 PM Rodney Larson, 13700 Valley View Road, #121, Eden Prairie, Minnesota 55344																	

Paperwork Reduction Act Statement

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, DC 20520.