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| [http://mfa.gov.ir/uploads/mfalogo.png](http://mfa.gov.ir/index.aspx?siteid=1)  ISLAMIC REPUBLIC OF IRAN  MINISTRY OF FOREIGN AFFAIRS  GENERAL DIRECTORATE FOR CONSULAR AFFAIRS  **VISA APPLICATION FORM II**  **FOR UNITED STATES NATIONALS** | |
| 1. | What is the main purpose of your visit to the Islamic Republic of Iran? |
| 2. | What is your permanent home address, telephone number and email address? |
| 3. | What is your employer’s complete address and telephone number? |
| 4. | Have you ever held an official position(s) in the government; Congress; or judiciary of the United States of America? If yes, please specify the title and duration of the position. |
| 5. | Have you ever travelled to Iran before? If yes, please provide detailed information on the dates, host, people and places visited during the stay. |
| 6. | What is your educational background? Please provide information on the school(s)/university you have studied at and/or graduated from. |
| 7. | Do you have any particular skill(s)/expertise? |
| 8. | Which professional, social or charitable organization(s) are you, or have you been, affiliated to? |
| 9. | Do you have any friends/relatives in Iran? If yes, please list their full name(s), contact information and address(es). |
| 10. | Have you performed military service or have you ever been a member of any military forces, mercenaries or militia? |
| 11. | Would you be involved in any media, press, or journalistic activity or scientific research in the Islamic Republic of Iran? If yes, where and when? |
| 12. | Have you ever been infected by any contagious diseases? |

I, (INSERT NAME) hereby confirm that all the information provided above is indeed true, correct and accurate.

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PRINT FULL NAME Signature INSERT DATE