



Consulate General of Italy - Los Angeles

PHOTOGRAPH

National (D) visa application form

This form is free of charge

1. Surname (Family name)/ (x)				For official use only				
2. Surname at birth (Former family name(s)) / (x)								
3. First name(s) / (x)				Data della domanda:				
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality		Numero della domanda di visto:		
		6. Country of birth		Nationality at birth, if different		Domanda presentata presso:		
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female.		9. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (please specify)				Domanda presentata presso: <input type="checkbox"/> Ambasciata/Consolato <input type="checkbox"/> Centro comune <input type="checkbox"/> Fornitore di servizi <input type="checkbox"/> Intermediario commerciale <input type="checkbox"/> Altro		
10. For minors: surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian:								Nome:
11. National identity number, where applicable:								Responsabile della pratica:
12. Type of travel document: <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Service passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify):								Nome di chi ha ricevuto la pratica allo sportello:
				<input type="checkbox"/> Diplomatic passport		Documenti giustificativi:		
				<input type="checkbox"/> Official passport		<input type="checkbox"/> Documento di viaggio <input type="checkbox"/> Mezzi di sussistenza <input type="checkbox"/> Invito <input type="checkbox"/> Mezzi di trasporto <input type="checkbox"/> Assicurazione sanitaria di viaggio <input type="checkbox"/> Altro		
13. Numer of travel document		14. Date of issue.(day-month-yr)		15. Valid until (day-month-yr)		16. Issued by		
17. Applicant's home address and e-mail address						Telephone number(s)		
.....								
18. Are you residing in a country other than the country of your current nationality: <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent:.....:N..... Valid until								Decisione relativa al visto: <input type="checkbox"/> Rifiutato <input type="checkbox"/> Rifiutato per segnalazione SIS non cancellabile. <input type="checkbox"/> Pratica Sospesa <input type="checkbox"/> Rilasciato
19. Current occupation								Tipo di visto: <input type="checkbox"/> D
20. Employer, employer's address and telephone number. For students, name and address of educational institution.								<input type="checkbox"/> Valido: dal

<p>21. Purpose of travel:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Joining family member/ Accompanying family member</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Mission</td> <td><input type="checkbox"/> Diplomatic</td> </tr> <tr> <td><input type="checkbox"/> Religious activity</td> <td><input type="checkbox"/> Study</td> <td><input type="checkbox"/> Adoption</td> <td><input type="checkbox"/> Subordinate work</td> </tr> <tr> <td><input type="checkbox"/> Medical reasons</td> <td colspan="3"><input type="checkbox"/> Other (specify)/.....</td> </tr> <tr> <td><input type="checkbox"/> Autonomous work</td> <td colspan="3"></td> </tr> </table>	<input type="checkbox"/> Joining family member/ Accompanying family member	<input type="checkbox"/> Sport	<input type="checkbox"/> Mission	<input type="checkbox"/> Diplomatic	<input type="checkbox"/> Religious activity	<input type="checkbox"/> Study	<input type="checkbox"/> Adoption	<input type="checkbox"/> Subordinate work	<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Other (specify)/.....			<input type="checkbox"/> Autonomous work				<p>al.....</p> <p>Numero di ingressi:</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> Multipli</p>
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<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Other (specify)/.....																
<input type="checkbox"/> Autonomous work																	

(x) Provide the information as indicated in the travel document.

<p>22. City of destination</p>	<p>23. Schengen country of first entry</p>		
<p>24. Number of entries requested:</p> <p><input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Multiple.</p>	<p>25. Duration of stay. Indicate the number of days (max. 365 days)</p>		
<p>26. Schengen visas issued in the past three years:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes. Date(s) of validity: from to</p>			
<p>27. Fingerprints previously taken for a Schengen visa application:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate date if known:</p>			
<p>28. Number of the Nullaosta issued for a Joining family member visa/Accompanying family member visa/ Subordinate work visa (only when required by the regulations governing the type of visa requested).....</p> <p>Issued by the SUI of the city of Valid from until.....</p>			
<p>29. Intended date of arrival in the Schengen area</p>	<p>30. Intended date of departure from the Schengen area (only for visas valid from 91days to 364 days)</p>		
<p>31. Name of the person who requested the family reunion visa, or the name of the employer. Indicate your address in Italy, if it is visa for Adoption, Religious Activities, Medical Reasons, Sport, Study, Mission.</p>			
<p>Address and e-mail address of the person(s) who requested the family reunion visa, or the name of the employer.</p>	<p>Telephone number and fax number of the person(s) who requested the family reunion visa, or the name of the employer.</p>		
<p>32. Name and address of the inviting company/ organization.</p>	<p>Telephone number and fax number of the company/ organization..</p>		
<p>Name, address, telephone number, fax number and e-mail address of the contact person of the company/ organization.</p>			
<p>33. The applicant's expenses for travel and stay are the responsibility of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> the applicant.</p> <p>Means of support:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Traveller's cheques</p> <p><input type="checkbox"/> Credit cards</p> <p><input type="checkbox"/> Prepaid accomodation</p> <p><input type="checkbox"/> Prepaid transportation</p> <p><input type="checkbox"/> Other (specify)</p> <p>INFORMATION NOT NECESSARY FOR THE FOLLOWING VISAS: Joining Family Member, Accompanying Family Member, Subordinate Work, Autonomous Work, Mission, Diplomatic, Adoption.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> of the sponsor (host, company, organization), specify:.....</p> <p>referred to in field n. 31 or 32.</p> <p><input type="checkbox"/> other (specify).....</p> <p>Means of support:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Accommodation provided</p> <p><input type="checkbox"/> All expenses covered during the stay..</p> <p><input type="checkbox"/> Prepaid transportation</p> <p><input type="checkbox"/> Other (specify)</p> </td> </tr> </table>		<p><input type="checkbox"/> the applicant.</p> <p>Means of support:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Traveller's cheques</p> <p><input type="checkbox"/> Credit cards</p> <p><input type="checkbox"/> Prepaid accomodation</p> <p><input type="checkbox"/> Prepaid transportation</p> <p><input type="checkbox"/> Other (specify)</p> <p>INFORMATION NOT NECESSARY FOR THE FOLLOWING VISAS: Joining Family Member, Accompanying Family Member, Subordinate Work, Autonomous Work, Mission, Diplomatic, Adoption.</p>	<p><input type="checkbox"/> of the sponsor (host, company, organization), specify:.....</p> <p>referred to in field n. 31 or 32.</p> <p><input type="checkbox"/> other (specify).....</p> <p>Means of support:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Accommodation provided</p> <p><input type="checkbox"/> All expenses covered during the stay..</p> <p><input type="checkbox"/> Prepaid transportation</p> <p><input type="checkbox"/> Other (specify)</p>
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34. Personal data of the family member who is a citizen of the EU, EEA or CH:		
Surname (family name).		First name(s)
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with a EU, EEA or CH citizen: <input type="checkbox"/> spouse <input type="checkbox"/> son/daughter <input type="checkbox"/> other direct ascendant –grandchild <input type="checkbox"/> dependent ascendant		
36. Place Date		37. Signature (Signature of parent or legal guardian if applicant is a minor)

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<p>I am aware that the handling visa fee is not refunded if the visa is refused.</p>
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I am aware of and consent to the following: that the collection of the data required by this application, the taking of my photograph and, if applicable, the taking of my fingerprints are mandatory for the examination of the visa application, and that the personal data concerning me which appears on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant Italian authorities and processed by those authorities for the purpose of a decision on my visa application.

Such data, as well data concerning the decision taken on my application or a decision whether to annul or revoke an issued visa will be entered into and stored in the visa information system of the Italian Embassy/Consulate and of the Italian Ministry of Foreign Affaire.

Such data will be accessible to the national authorities responsible for visas. Furthermore, such data will be accessible to the Schengen authorities competent for carrying out checks on visas at external borders, to the immigration and asylum authorities of the Member States (for the purpose of verifying whether the conditions for the legal entry into, the stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or no longer fulfil these conditions), to the authorities of the Member States responsible for examining of an asylum application. Under certain conditions the data will also be available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and other serious criminal offences.

I am aware that I have the right to obtain notification of the data relating to me recorded in the visa information system, and the right to request that inaccurate data relating to me be corrected and that data relating to me processed unlawfully be deleted. At my request, the authority examining my application will inform me of the manner in which I may exercise my right to verify my personal data, and have them corrected or deleted, including the related remedies according to the national legislation. The responsible national authority is the “Garante per la Protezione dei Dati Personali”.

I declare that all the data provided by me are complete and correct. I am aware that false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Italian Representative (article 331 c.p.p.).

The mere fact that a visa has been granted does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5, paragraph 1 of Regulation EU n. 562/2006 (Schengen Borders Code) and of Article 4 of Italian Law 286/98 and for said reasons I will be refused entry.

ANNOTAZIONI (riservato all'Ufficio)

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<p>Place</p> <p>Date</p>	<p>Signature (Signature of parent or legal guardian if applicant is a minor)</p>
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