DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

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GUAM - CNMI VISA WAIVER INFORMATION

Instructions: This form must be completed by every nonimmigrant visitor not in possession of a visitor's visa, who is a citizen of one of the eligible countries *enumerated in 8 CFR 212.1(q) and is applying to enter and remain on Guam or the CNMI for a maximum stay of forty-five (45) days. This regulation applies only to entry into Guam or the CNMI; entry to any other part of the United States pursuant to this regulation is prohibited. Print legibly with pen in ALL CAPITAL LETTERS. Use English. Complete items # 1-9; and sign and date the bottom of this form after carefully reading all of the information. Children under the age of fourteen (14) must have their form signed by a parent, guardian, or other responsible adult. When all sections are completed, you must review for accuracy, read the certification section and sign or certify the form as applicable. This paper form must be presented to the U.S. Customs and Border Protection Officer until the electronic equivalent is required. * The airline can provide you with the current list of eligible countries.

Important Message: If you are a citizen or a national of any of the following countries: Australia, Brunei, Japan, New Zealand, South Korea, Singapore, United Kingdom or the geographical area of Taiwan with an approved and unexpired Electronic System for Travel Authorization, commonly known as ESTA, you do not need to complete this form.

1. Surname/Family Name (exactly as in passport)

2. First (Given) Name and Middle Name (exactly as in passport)

3. Are you known by any other names or aliases? ☐ Yes ☐ No

If yes: Alias Surname/Family Name: _____ Alias First (Given) Name: _____

Alias Surname/Family Name: _____ Alias First (Given) Name: _____

4. Date of Birth (mm/dd/yyyy)

5. City of Birth

6. Country of Birth

7. Gender

8. Country of Citizenship

9. What is your National Identification Number?

10. Passport Number Issuing Country Passport Issuing Date (mm/dd/yyyy) Passport Expire Date (mm/dd/yyyy)

11. Have you ever been a citizen or a national of any other country? ☐ Yes ☐ No

If yes, provide the country of Citizenship/Nationality: _____

12. Have you ever been issued a passport or national identity card for travel by any other country? ☐ Yes ☐ No

If yes, then:

Issuing Country	Document Type	Document Number	Expiration Date (mm/dd/yyyy)
Issuing Country	Document Type	Document Number	Expiration Date (mm/dd/yyyy)

13. Are you now a citizen or national of any other country? ☐ Yes ☐ No

If yes, then provide the country of citizenship/nationality: _____

14. How did you acquire citizenship/nationality from this country?

15. Have you ever applied for an immigrant or nonimmigrant U.S. visa before? ☐ Yes ☐ No If yes, then:

Place you applied Date you applied (mm/dd/yyyy) Type of Visa requested?

Was Visa issued? ☐ Yes ☐ No If no, then, was application withdrawn or denied? ☐ Yes ☐ No

If yes, has your Visa ever been cancelled? ☐ Yes ☐ No

16. Are you a member of the CBP Global Entry Program? ☐ Yes ☐ No

If yes, provide the PASSID/Membership Number: _____

17. Are you under the age of 14? ☐ Yes ☐ No If yes:

Father First (Given) Name _____ Father Surname/Family Name _____

Mother First (Given) Name _____ Mother Surname/Family Name _____

18. Personal Contact Information

Email _____ Country Code and Phone Number _____

Home Address _____ City _____

State/Province/Region _____ Country _____

19. Address while in Guam or CNMI

Address _____ City _____ ☐ Guam ☐ CNMI Phone Number _____

20. Emergency Contact Information In or Out of the United States

Family Name _____ First (Given) Name _____ Email Address _____

Country Code _____ Phone Number _____ Country Name _____

21. Do you have a physical or mental disorder; or are you a drug abuser or addict; or do you currently have any of the following diseases? Communicable diseases are specified pursuant to section 361(b) of the Public Health Service Act: Cholera, Diphtheria, Tuberculosis infectious, Plague, Smallpox, Yellow Fever, Viral Hemorrhagic Fevers, including Ebola, Lassa, Marburg, Crimean-Congo, severe acute respiratory illnesses capable of transmission to other persons and likely to cause mortality. ☐ Yes ☐ No

22. Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority? ☐ Yes ☐ No

23. Have you ever violated any law related to possessing, using, or distributing illegal drugs? ☐ Yes ☐ No

24. Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide? ☐ Yes ☐ No

25. Have you ever committed fraud or misrepresented yourself or others to obtain, or assist others to obtain, a visa or entry into the United States? ☐ Yes ☐ No

26. Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government?

☐ Yes ☐ No

27. Are you currently seeking employment in Guam or CNMI? ☐ Yes ☐ No

28. Were you previously employed in the United States without prior permission from the U.S. government? ☐ Yes ☐ No

29. Have you traveled to, or been present in Iraq, Syria, Iran, Sudan, Libya, Somalia, or Yemen on or after March 1, 2011?

☐ Yes ☐ No

Important Notice : Your admission into and stay on Guam or the CNMI is for maximum period of forty-five (45) days. You may not apply for: (1) a change of nonimmigrant status; (2) adjustment of status to temporary or permanent resident; or (3) an extension of stay.

Warning : You are ineligible for admission to Guam or the CNMI if you have previously violated the terms of any prior admission to the United States under the Guam-CNMI Visa Waiver Program or the prior Guam Visa Waiver Program. Violation of the terms of a current admission will render you subject to removal from Guam or the CNMI. A nonimmigrant who accepts unauthorized employment is subject to removal.

Waiver of Rights: I hereby waive any rights to review or appeal a CBP Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any action in removal proceedings.

Certification: I certify that I have read and understand all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief.

_____ _____

Signature Date

Paperwork Reduction Act Notice: A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 19 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to: U.S. Customs and Border Protection, Office of Regulations and Rulings, 90K Street, NE., Washington DC 20229.