OMB No. 1405-0126 EXPIRATION DATE: 01/31/2013 _ESTIMATED_BURDEN: 10_minutes*

Place Case Barcode Strip Here Before Mailing to the National Visa Center



U.S. Department of State CHOICE OF ADDRESS AND AGENT

For Immigrant Visa Applicants

Print or Type your Full Name

(Last Name)		(First Name)	(MI.)	
neck one box only to the	e left of the statement that is your	choice.		
I Appoint				
			Telephone Number	
	ttorney to receive mail about m		m the U.S. Department	
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Name of the person who will act as your agent or attorney for receipt of m		of mail	nail Telephone Number	
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PAPERWORK REDUCTION ACT

*Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

*The Department is currently testing an electronic application system for nonimmigrant visa application that will allow electronic submission and eliminate paper forms. Once testing on this application system is completed the Department is examining whether or not the system can be used for the immigrant visa system.