## グアム・CNMI(北マリアナ諸島/サイパン)査証免除プログラム E/Dカード(Iー736)

- ◆2009年11月28日(現地時間)から開始されるグアム・CNMI(北マリアナ諸島/サイパン)杳証免除プログラム を利用して入国する場合、記入・提出します。本カード(I-736)の他にI-94も必要となります。
- ▶グアム、北マリアナ諸島/サイパンに46日以上、90日未満の滞在を希望する、または、 グアム、北マリアナ諸島/サイパンから米国の他の都市に続けて旅行する場合は米国査証免除プログラムを 利用する必要があります。この場合、入国カードはI-94W(米国を参照)となります。
- ◆2009年10月22日現在、本カードの日本語版は入手できておりません。11月28日のプログラム開始時に 日本語版が導入されていない場合、日本語版導入までは英語版を記入・提出する必要があります。

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

OMB No. 1651-0109 Expires 08/31/2012

## 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 st have their form signed ustoms and Border e you with the current

|  | the bottom of this form after carefully reading all of the information. On by a parent, guardian, or other responsible adult. When all items are  | completed, present this form to the U.S. Co   |  |
|--|---|---|--|
|  | Protection Officer along with your completed CBP Form I-94, Arrival<br>list of eligible countries.  | Departure Record. * The airline can provide   |  |
| (1)  | Summes/Family Names (exactly as in passport)     YAMADA   | All applicants must read and answ     A visa waiver is not available to pers  |  |
| (2)  | First Name and Middle Name TARO   | specific categories defined by law as<br>United States (except when a waiver  |  |
| (3)  | Other Names Used     NONE   | advance). Complete information rega<br>and whether any may be applicable  |  |
| (4)  | <ol> <li>Date of Birth (Day/Month/Year)</li> <li>09/12/1977</li> </ol>  | <ul> <li>from U.S. Customs and Border Prote<br/>include persons:</li> </ul>   |  |
| (5)  | Place of Birth (City and Country)     TOKYO, JAPAN  | <ul> <li>Afflicted with contagious diseases<br/>who have suffered serious mental</li> </ul>                         |  |
| (6)  | 6. Passport Number<br>TM1234567   | <ul> <li>Arrested or convicted for any offer<br/>though subject of a pardon, amnes<br/>action;</li> </ul>           |  |
| (7)  | <ol> <li>Date Passport Issued (Day/Month/Year)</li> <li>02/08/2008</li> </ol>   | Believed to be narcotic addicts or it.  |  |
| (8)  | Have you applied for an immigrant or nonimmigrant     U.S. visa before?   | <ul> <li>Previously removed from or unlaw<br/>States;</li> </ul>  |  |
| (9)  | No Yes (if yes, complete the following)  Place you applied  | <ul> <li>Who seek, have sought or have pr<br/>other documentation, or entry into</li> </ul>                         |  |
| (9)  | TOKYO, JAPAN  | fraud or willful misrepresentation;  • Who have engaged in any terroris   |  |
| (10)   | Date you applied (Day/Month/Year)<br>02 / 12 / 2005   | member of a terrorist organization  |  |
| (11)   | Type of visa requested  | Who ordered, incited, assisted, or<br>in the persecution of any person b     selicion personal origin or political. |  |
| (12)   | Was visa issued?  | <ul> <li>religion, national origin, or political<br/>control, direct or indirect, of the Na</li> </ul>              |  |
|  | □ No ☒ Yes  | the government of any area occup<br>the Nazi Government of Germany  |  |
| /40  | Has your U.S. visa ever been cancelled?   | in genocide in any country.   |  |
| (13  | X No Yes  | Do any of these appear to apply to y<br>(If yes, you may be denied entry into Gua                                   |  |
|  | Important Notice: Your admission into and stay on Guam or the CNMI is for maximum period of fo may not apply for: (1) a change of nonimmigrant status; (2) adjustment of status to temporary or per (3) an extension of stay. |   |  |
| Warning: You are ineligible for admission to Guam or the CNMI if you have previously violated the<br>admission to the United States under the Guam-CNMI Visa Waiver Program or the prior Guam Visa<br>Violation of the terms of a current admission will render you subject to removal from Guam or the CI |   |   |  |

wer the following: ons who are within inadmissible to the is obtained in arding these categories to you can be obtained ection. Generally, they

- (e.g., tuberculosis) or
- nse or crime even sty, or other such legal
- traffickers;
- fully in, the United
- rocured a visa, or the United States by
- t activity or are a
- otherwise\_participated ecause of race, opinion under the azi Government, or of or who participated

ou? X No Tyes (14) am or the CNMI)

orty-five (45) days. You rmanent resident; or

terms of any prior Waiver Program. NMI. 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 semoval 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.

山田 太郎 12/04/2010 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 5 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: If you have any comments regarding the estimate you can write to: U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

CBP Form I-736 (10/08)

- (2)名 (3)その他名前 (4)生年月日(日/月/年) (5)出生地/都市と国 (6)旅券番号
- (7) 旅券の発行年月日(日/月/年)
- (8)米国の非移民査証、または移民査証を申請したことがありますか(ある場合、続く5問にも回等する)
- (9)査証申請した場所 (10)査証の申請年月日(日/月/年) (11)申請した査証の種類
- (12) 査証は発行されましたか
- (13) 一度取得した米国査証を取り消されたことがありますか
- (14) Aの項目のいずれか一つでもあたなに該当するものはありますか・・項目の訳文は次ページを参照 (該当する場合、入国を拒否されることがあります)
- (15)署名 (16)入国年月日(日/月/年)

Α

## A部分の訳文

- ●伝染病(例えば、結核)または重度の精神病を患っている者
- ●恩赦、大赦またはこれに類する法的措置を受けた場合であっても、何らかの犯罪により逮捕されたかまたは有罪宣告をうけた者
- ●麻薬中毒者または不正取引人と思われる者
- ●過去に米国から強制退去を受けた者、米国に不法入国した者
- ●不正手段または故意の虚偽申告により、米国査証またはその他文書の取得や入国を試みたことのある者
- ●テロ活動に従事していた、またはテロ組織のメンバーであった者
- ●ドイツ・ナチ政府の、またはドイツ・ナチ政府によって占領された、またはそれと同盟関係にあった 地域の政府による直接または間接支配下で、いかなる人に対してであれ、人種、宗教、出身国、 政治的意見を理由として迫害を加えることを命令、扇動、幇助したり、またはその他の形で参加した者