



Consulate General of Italy - Los Angeles

PHOTOGRAPH

National (D) visa application form

This form is free of charge

1. Surname (Family name)/ (x)				<p>.....</p> <p>For official use only</p>	
2. Surname at birth (Former family name(s)) / (x)					
3. First name(s) / (x)					
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality		<p>Data della domanda:</p> <p>Numero della domanda di visto:</p> <p>Domanda presentata presso:</p> <p><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</p> <p>Nome:</p>	
	6. Country of birth	Nationality at birth, if different			
8. Sex:		9. Marital status:		<p>Nome:</p> <p>Responsabile della pratica:</p> <p>Nome di chi ha ricevuto la pratica allo sportello:</p>	
<input type="checkbox"/> Male <input type="checkbox"/> Female.		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Other (please specify)			
10. For minors: surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian:				<p>Responsabile della pratica:</p> <p>Nome di chi ha ricevuto la pratica allo sportello:</p>	
N/A					
11. National identity number, where applicable:				<p>Documenti giustificativi:</p> <p><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 <input type="checkbox"/> di viaggio <input type="checkbox"/> Altro</p>	
N/A					
12. Type of travel document:				<p>Decisione relativa al visto:</p> <p><input type="checkbox"/> Rifiutato <input type="checkbox"/> Rifiutato per segnalazione SIS non cancellabile. <input type="checkbox"/> Pratica Sospesa <input type="checkbox"/> Rilasciato</p> <p>Tipo di visto:</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> Valido:</p> <p>dal</p>	
<input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Service passport. <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify):					
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					
19. Current occupation				Student	
20. Employer, employer's address and telephone number. For students, name and address of educational institution.					
Loyola Marymount University (LMU)				(310) 338-2700	
1 LMU Drive					
Los Angeles, CA 90045					

21. Purpose of travel: <input type="checkbox"/> Joining family member/ Accompanying family member <input type="checkbox"/> Religious activity <input type="checkbox"/> Sport <input type="checkbox"/> Mission <input type="checkbox"/> Diplomatic <input type="checkbox"/> Medical reasons <input checked="" type="checkbox"/> Study <input type="checkbox"/> Adoption <input type="checkbox"/> Subordinate work <input type="checkbox"/> Autonomous work <input type="checkbox"/> Other (specify) / 		al..... Numero di ingressi: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multipli
(x) Provide the information as indicated in the travel document.		
22. City of destination <p style="text-align: center;">Florence, Italy</p>	23. Schengen country of first entry 	
24. Number of entries requested: <input type="checkbox"/> One <input type="checkbox"/> Two <input checked="" type="checkbox"/> Multiple.	25. Duration of stay. Indicate the number of days (max. 365 days) <p style="text-align: center;">98 days</p>	
26. Schengen visas issued in the past three years: <input checked="" type="checkbox"/> No ne <input type="checkbox"/> Yes. Date(s) of validity: from to.....		
27. Fingerprints previously taken for a Schengen visa application: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Indicate date if known:		
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)..... N/A Issued by the SUI of the city of N/A Valid from N/A until N/A		
29. Intended date of arrival in the Schengen area <p style="text-align: center;">04 September 2022</p>	30. Intended date of departure from the Schengen area (only for visas valid from 91days to 364 days) <p style="text-align: center;">10 December 2022</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 style="text-align: center;">Dr. Jason Houston, Dean, Gonzaga in Florence Via Giorgio La Pira 11/13 50121 Firenze, ITALY</p>		
Address and e-mail address of the person(s) who requested the family reunion visa, or the name of the employer. <p style="text-align: center;">same as above #31 houston@gonzaga.edu</p>	Telephone number and fax number of the person(s) who requested the family reunion visa, or the name of the employer. <p style="text-align: center;">Tel: 39 055 215 226 Fax: 39 055 295 921</p>	
32. Name and address of the inviting company/ organization. same as above #31	Telephone number and fax number of the company/ organization.. same as above #31	
Name, address, telephone number, fax number and e-mail address of the contact person of the company/ organization. <p style="text-align: center;">same as above #31</p>		
33. The applicant's expenses for travel and stay are the responsibility of:		
<input type="checkbox"/> the applicant. Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Prepaid accomodation <input type="checkbox"/> Prepaid transportation <input type="checkbox"/> Other (specify) INFORMATION NOT NECESSARY FOR THE FOLLOWING VISAS: Joining Family Member, Accompanying Family Member, Subordinate Work, Autonomous Work, Mission, Diplomatic, Adoption.	<input type="checkbox"/> of the sponsor (host, company, organization), specify: referred to in field n. 31 or 32. <input type="checkbox"/> other (specify) Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay.. <input type="checkbox"/> Prepaid transportation <input type="checkbox"/> Other (specify)	

[illegible]

The undersigned declares that he/she has read the privacy statement concerning the issuance of visas, in accordance with the General Data Protection Regulation (EU) 2016/679.

Place	Los Angeles, CA	Signature (Signature of parent or legal guardian if applicant is a minor)
Date	20 April November 2022	