

Name of Applicant (Last, First, & Middle)

SMITH, JACOB JOE

Date of Birth (mm/dd/yyyy)

10/12/1988

10. Parental Information

Mother/Father/Parent - First & Middle Name (at Parent's Birth)

CASSIDY

Last Name (at Parent's Birth)

JONES

Date of Birth (mm/dd/yyyy)

04/05/1954

Place of Birth (City & State if in the U.S. or City & Country as it is presently known)

MIAMI, FL

Gender

☒ M
☐ F
☐ X

U.S. Citizen?

☒ Yes
☐ No

Mother/Father/Parent - First & Middle Name (at Parent's Birth)

ANTHONY

Last Name (at Parent's Birth)

RUSSEL

Date of Birth (mm/dd/yyyy)

05/04/1951

Place of Birth (City & State if in the U.S. or City & Country as it is presently known)

MIAMI, FL

Gender

☒ M
☐ F
☐ X

U.S. Citizen?

☒ Yes
☐ No

11. Have you ever been married?

☐ Yes ☒ No If yes, complete the remaining items in #11.

Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)

Date of Birth (mm/dd/yyyy)

Place of Birth

U.S. Citizen?

Date of Marriage

(mm/dd/yyyy)

Have you ever been widowed or divorced?

☐ Yes ☐ No

Widow/Divorce Date

(mm/dd/yyyy)

12. Additional Contact Phone Number

323-454-6767

☒ Home ☐ Work ☐ Cell

13. Occupation (if age 16 or older)

TEACHER

14. Employer or School (if applicable)

MIAMI HIGH SCHOOL

15. Height

6'1"

16. Hair Color

BROWN

17. Eye Color

GREEN

18. Travel Plans (If no travel plans, please write "none")

Departure Date (mm/dd/yyyy)

Return Date (mm/dd/yyyy)

NONE

NONE

Countries to be Visited

NONE

19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Do not list a P.O. Box.)

Street/RFD # or URB

Apartment/Unit

City

State

Zip Code

20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)

Name

Address: Street/RFD # or P.O. Box

Apartment/Unit

ANNE MARIE YOUTH

12 FLOWER STREET

10

City

State Zip Code

Phone Number

Relationship

MIAMI

FL

32012

555-555-5555

COLLEAGUE

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card?

☐ Yes ☒ No If yes, complete the remaining items in #21.

Name as printed on your most recent passport book

Most recent passport book number

Most recent passport book issue date (mm/dd/yyyy)

Status of your most recent passport book: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired)

Name as printed on your most recent passport card

Most recent passport card number

Most recent passport card issue date (mm/dd/yyyy)

Status of your most recent passport card: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence

- ☐ Birth Certificate SR CR City Filed
- ☐ Nat./Cit. Cert. USCIS USCOC Date/Place Acquired
- ☐ Report of Birth Filed/Place
- ☐ Passport C/R S/R See #21 #1001
- ☐ Other
- ☐ Attached

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web 2 locate ducts against wall or maximum of 51 mm away from wall 3 each wall anchor shall satisfy the following criteria unless other analysis is made a tensile load $3.8 \times$ duct weight safety factor 4 b shear load $\times 1.2 \times$ duct weight safety factor 4 figure 4 8m support from wall hvac duct construction standards metal and flexible

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