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**U.S. Customs and  
Border Protection**



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# AUTHORIZATION APPROVED

Your travel authorization has been approved and you are authorized to travel to the United States under the Visa Waiver Program. This does not guarantee admission to the United States; a Customs and Border Protection (CBP) officer at a port of entry will have the final determination.

APPLICATION NUMBER	EXPIRATION DATE
6721S427Y6I06024	08/03/2024

## APPLICANT INFORMATION

**Family Name**

CROCCHIOLO

**First (Given) Name**

TOMMASO

**Gender**

Male

**Date of Birth**

August 22, 2005

**City of Birth**

MILANO

**Country of Birth**

ITALY (ITA)

**Passport Number**

YB9975369

**Country of Citizenship**

ITALY (ITA)

**National Identification Number**

**Issuance Date**

August 3, 2022

**Issuing Country**

ITALY (ITA)

**Personal Identification Number**

**Expiration Date**

August 2, 2027

## OTHER CITIZENSHIP/NATIONALITY

**Are you now, a citizen or national of any other country?** No

**Have you ever been a citizen or national of any other country?** No

**E-mail Address**

INFO@REPORTERLIVE.IT

**Confirm E-mail Address**

INFO@REPORTERLIVE.IT

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## PERSONAL INFORMATION

Are you known by any other names or aliases? No

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

## YOUR CONTACT INFORMATION

**Address Line 1**

VIA MANZONI 13

**Address Line 2****Apartment Number****City**

PANTIGLIATE

**State/Province/Region**

MILANO LOMBARDIA

**Country**

ITALY (ITA)

**Telephone Type**

Mobile

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

3884703491

## SOCIAL MEDIA (OPTIONAL)

N/A

## GE MEMBERSHIP

Are you a member of the CBP Global Entry Program? No

## PARENTS

**Family Name**

CROCCHIOLO

**First (Given) Name**

CLAUDIO

**Family Name**

MERAFFINO

**First (Given) Name**

SILVIA

## EMPLOYMENT INFORMATION

**Do you have a current or previous employer?** No

## TRAVEL INFORMATION

**Is your travel to the US occurring in transit to another country?** No

### U.S. Point of Contact Information

**Name**

CHANCELLOR HOTEL

**Address Line 1**

433 POWELL STREET

**Address Line 2**

**Apartment Number**

**City**

SAN FRANCISCO

**State/Province/Region**

CALIFORNIA

**Country Code**

UNITED STATES (USA) (+1)

**Phone Number**

8004284748

### Address While in the U.S.

**Address Line 1**

**Address Line 2**

**Apartment Number**

**City**

**State/Province/Region**

## EMERGENCY CONTACT INFORMATION IN OR OUT OF THE U.S.

**Family Name**

MERAFINO

**First (Given) Name**

STEFANO

**E-mail Address**

STEVE MERA@GMAIL.COM

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

3358371560

## ELIGIBILITY QUESTIONS

- 1) 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):** No
- 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.
- 2) 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?** No
- 3) Have you ever violated any law related to possessing, using, or distributing illegal drugs?** No
- 4) Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?** No
- 5) 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?** No
- 6) Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government?** No
- 7) Have you ever been denied a U.S. visa you applied for with your current or previous passport, or have you ever been refused admission to the United States or withdrawn your application for admission at a U.S. port of entry?** No
- 8) Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government?** No
- 9) Have you traveled to, or been present in Iran, Iraq, Libya, North Korea, Somalia, Sudan, Syria or Yemen on or after March 1, 2011?**

Paperwork Reduction Act: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0111. The estimated average time to complete this application is 23 minutes. If you have any comments regarding this burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, 10th Floor, Washington DC 20229. Expiration April 30, 2023.

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APPLICATION NUMBER	EXPIRATION DATE
0112T4M051W0F555	08/03/2024

## APPLICANT INFORMATION

**Family Name**  
MERAFFINO

**First (Given) Name**  
SILVIA

**Gender**  
Female

**Date of Birth**  
November 13, 1969

**City of Birth**  
MILANO

**Country of Birth**  
ITALY (ITA)

**Passport Number**  
YB9975361

**Country of Citizenship**  
ITALY (ITA)

**National Identification Number**

**Issuance Date**  
August 3, 2022

**Issuing Country**  
ITALY (ITA)

**Personal Identification Number**

**Expiration Date**  
August 2, 2032

## OTHER CITIZENSHIP/NATIONALITY

**Are you now, a citizen or national of any other country?** No

**Have you ever been a citizen or national of any other country?** No

**E-mail Address**  
INFO@REPORTERLIVE.IT

**Confirm E-mail Address**  
INFO@REPORTERLIVE.IT

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## PERSONAL INFORMATION

Are you known by any other names or aliases? No

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

## YOUR CONTACT INFORMATION

**Address Line 1**

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**Address Line 2****Apartment Number****City**

PANTIGLIATE

**State/Province/Region**

MILANO LOMBARDIA

**Country**

ITALY (ITA)

**Telephone Type**

Mobile

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

3384259269

## SOCIAL MEDIA (OPTIONAL)

N/A

## GE MEMBERSHIP

Are you a member of the CBP Global Entry Program? No

## PARENTS

**Family Name**

MERAFFINO

**First (Given) Name**

GIUSEPPE

**Family Name**

GROSSI

**First (Given) Name**

REGINA

## EMPLOYMENT INFORMATION

**Do you have a current or previous employer?** Yes

**Job Title**

PEOPLE AND DEVELOPMENT  
PRACTICE LEADER

**Employer Name**

AIMS INTERNATIONAL ITALIA

**Address Line 1**

CORSO VENEZIA 45

**Address Line 2****City**

MILANO

**State/Province/Region**

MILANO LOMBARDIA

**Country**

ITALY (ITA)

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

0276394366

## TRAVEL INFORMATION

**Is your travel to the US occurring in transit to another country?** No

### U.S. Point of Contact Information

**Name**

CHANCELLOR HOTEL

**Address Line 1**

433 POWELL STREET

**Address Line 2****Apartment Number****City**

SAN FRANCISCO

**State/Province/Region**

CALIFORNIA

**Country Code**

UNITED STATES (USA) (+1)

**Phone Number**

8004284748

### Address While in the U.S.

**Address Line 1****Address Line 2****Apartment Number**



**City****State/Province/Region****EMERGENCY CONTACT INFORMATION IN OR OUT OF THE U.S.****Family Name**

MERAFINO

**First (Given) Name**

STEFANO

**E-mail Address**

STEVEMERA@GMAIL.COM

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

3358371560

**ELIGIBILITY QUESTIONS**

1) 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):

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- Diphtheria
- Tuberculosis, infectious
- Plague
- Smallpox
- Yellow Fever
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- Severe acute respiratory illnesses capable of transmission to other persons and likely to cause mortality.

2) 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?

No

3) Have you ever violated any law related to possessing, using, or distributing illegal drugs?

No

4) Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?

No

5) 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?

No

**6) Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government?** No

**7) Have you ever been denied a U.S. visa you applied for with your current or previous passport, or have you ever been refused admission to the United States or withdrawn your application for admission at a U.S. port of entry?** No

**8) Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government?** No

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APPLICATION NUMBER	EXPIRATION DATE
172Z24W687908556	08/03/2024

## APPLICANT INFORMATION

**Family Name**  
CROCCHIOLO

**First (Given) Name**  
CLAUDIO

**Gender**  
Male

**Date of Birth**  
May 20, 1966

**City of Birth**  
MONDOVI'

**Country of Birth**  
ITALY (ITA)

**Passport Number**  
YB9975362

**Country of Citizenship**  
ITALY (ITA)

**National Identification Number**

**Issuance Date**  
August 3, 2022

**Issuing Country**  
ITALY (ITA)

**Personal Identification Number**

**Expiration Date**  
August 2, 2032

## OTHER CITIZENSHIP/NATIONALITY

**Are you now, a citizen or national of any other country?** No

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**State/Province/Region**

MILANO LOMBARDIA

**Country**

ITALY (ITA)

**Telephone Type**

Mobile

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

3385467491

## SOCIAL MEDIA (OPTIONAL)

N/A

## GE MEMBERSHIP

Are you a member of the CBP Global Entry Program? No

## PARENTS

**Family Name**

CROCCHIOLO

**First (Given) Name**

MARIO

**Family Name**

AMBROSIO

**First (Given) Name**

MARIA

## EMPLOYMENT INFORMATION

**Do you have a current or previous employer?** Yes

**Job Title**  
PROJECT MANAGER

**Employer Name**  
CHE BANCA

**Address Line 1**  
VIALE BODIO 37

**Address Line 2**

**City**  
MILANO

**State/Province/Region**  
LOMBARDIA

**Country**  
ITALY (ITA)

**Country Code**

**Phone Number**

## TRAVEL INFORMATION

**Is your travel to the US occurring in transit to another country?** No

### U.S. Point of Contact Information

**Name**  
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**Address Line 2**

**Apartment Number**

**City**  
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**State/Province/Region**  
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**Address Line 1**

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**City****State/Province/Region****EMERGENCY CONTACT INFORMATION IN OR OUT OF THE U.S.****Family Name**

AMBROSIO

**First (Given) Name**

MARIA

**E-mail Address**

AMBROSIO.MARITA43@GMAIL.COM

**Country Code**

ITALY (ITA) (+39)

**Phone Number**

3339289212

**ELIGIBILITY QUESTIONS**

1) 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):

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