

## § 62.77

### § 62.77 Reinstatement.

(a) Reinstatements will continue to be handled in accordance with the procedures established in § 62.45. A SEVIS reinstatement is processed as follows:

(1) The responsible officer must submit an electronic request for reinstatement to the Department through SEVIS.

(2) The responsible officer must print a copy of the reinstatement request (draft copy of the Form DS-2019) from the SEVIS system.

(3) The responsible officer must submit the official request along with the required supporting documentation justifying the reinstatement and the required, non-reimbursable fee (refer to § 62.90-Fee) to the Department within 30 calendar days of the SEVIS submission date.

(4) The Department will review the request. If approved, the Department will enter the approval in SEVIS, thereby opening the file so that the responsible officer may print a Form DS-2019. How is the sponsor going to know they received an answer to their request? The Department's approval is required before a Form DS-2019 can be printed. What happens if the request is denied?

(b) An exchange visitor (and the accompanying spouse and any dependent children) who failed to submit a change of current U.S. address as required under § 62.63 is in violation of the Exchange Visitor Program regulations and is not eligible for reinstatement. The Department will deny any such application for reinstatement.

(c) An exchange visitor (and accompanying spouse and any dependent children) who is ineligible for reinstatement or whose request for reinstatement has been denied is no longer an Exchange Visitor Program participant. He or she cannot remain in the United States unless another lawful immigration status is obtained.

### § 62.78 Termination.

An exchange visitor who willfully or negligently fails to comply with the requirements established in Public Law 104-208, as amended, shall be terminated from the Exchange Visitor Program by the sponsor.

## 22 CFR Ch. I (4-1-11 Edition)

### § 62.79 Sanctions.

(a) The Department of State shall impose sanctions against a sponsor that has:

(1) Willfully or negligently failed to comply with the reporting requirements established in Public Law 104-208, as amended; or,

(2) Produced SEVIS Forms DS-2019 outside the United States or a United States territory; or,

(3) Whose authorized representatives fail to secure their SEVIS logon ID and password.

(b) [Reserved]

### Subpart G [Reserved]

#### APPENDIX A TO PART 62—CERTIFICATION OF RESPONSIBLE OFFICERS AND SPONSORS

In accordance with the requirement at § 514.5(c)(6), the text of the certifications shall read as follows:

##### 1. Responsible Officers and Alternate Responsible Officers

I hereby certify that I am the responsible officer (or alternate responsible officer, specify) for exchange visitor program number \_\_\_\_\_, and that I am a United States citizen or permanent resident. I understand that the Department of State may request supporting documentation as to my citizenship or permanent residence at any time and that I must supply such documentation when and as requested. (Name of organization) agrees that my inability to substantiate the representation of citizenship or permanent residence made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by

(Name)

(Title)

Witness:

This \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public

##### 2. Sponsors.

I hereby certify that I am the chief executive officer of (Name of Organization) with the title of (specify); that I am authorized to sign this certification and bind (Name of Organization). I further certify that (Name of Organization) is a citizen of the United

## Department of State

## Pt. 62, App. B

States as that term is defined at 22 CFR §514.2. (Name of Organization) agrees that inability to substantiate the representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by \_\_\_\_\_

(Name) \_\_\_\_\_

(Title) \_\_\_\_\_

Attestation/Witness: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public \_\_\_\_\_

### APPENDIX B TO PART 62—EXCHANGE VISITOR PROGRAM SERVICES, EXCHANGE-VISITOR PROGRAM APPLICATION

Form Approved OMB \_\_\_\_\_

Serial No. \_\_\_\_\_

1. Name and Address of Sponsoring Organization \_\_\_\_\_

2. Name and Title of Responsible Officer \_\_\_\_\_

Telephone Number \_\_\_\_\_

3. Name and Title of Alternate Responsible Officer \_\_\_\_\_

Telephone Number \_\_\_\_\_

4. Type of Application  
(check one)

New \_\_\_\_\_ Re-Apply \_\_\_\_\_  
Re-Designation \_\_\_\_\_

### SECTION I—PROGRAM PARTICIPANT DATA (FOR DEFINITION & LENGTH OF STAY SEE 22 CFR \_\_\_\_\_)

5. Participation by Category (indicate total no. and approximate duration of stay in each category)

A. Student \_\_\_\_\_

B. Teacher \_\_\_\_\_

C. Professor \_\_\_\_\_

D. Researcher \_\_\_\_\_

E. Short-term Scholar \_\_\_\_\_

F. Specialist \_\_\_\_\_

G. Trainee \_\_\_\_\_

1. Specialty \_\_\_\_\_

2. Nonspecialty \_\_\_\_\_

H. Int'l Visitor \_\_\_\_\_

I. Gov't Visitor \_\_\_\_\_

J. Physicians \_\_\_\_\_

K. Camp Cnslr \_\_\_\_\_

L. Summr/Wk/Trvl \_\_\_\_\_

6. Method Of Selection \_\_\_\_\_

7. Arrangements for Financial Support of Exchange Visitor while in the U.S. \_\_\_\_\_

### SECTION II—PROGRAM DATA

8. Outline of Proposed Activities (If training, See Reverse) \_\_\_\_\_

9. Arrangements for Supervision and Direction \_\_\_\_\_

10. Purpose of Objective \_\_\_\_\_

11. Role of other Organizations Associated with Program (if any) \_\_\_\_\_

### SECTION III—CERTIFICATION

12. Citizenship Certification of Organization and Responsible Officer (see reverse)

13. I certify that information given in this application is true to the best of my knowledge and belief and that I have completed appropriate information on reverse of this form.

Signature of Responsible Officer \_\_\_\_\_

Date \_\_\_\_\_

### INSTRUCTIONS FOR ALL PROGRAMS

If additional space is needed in supplying answers to any questions, please use continuation sheets on plain white paper.

1-3. Names and addresses of organization and telephone numbers.

4. Select type of application.

5. Select appropriate categories (see 22 CFR prior to filling out this data).

6-7. Complete information on program sponsor.

8-11. Complete information on program.

IF TRAINING PROGRAM, identify appropriate fields: 01—Arts & Culture; 02—Information Media and Communications; 03—Education; 04—Business and Commercial; 05—Banking and Financial; 06—Aviation; 07—Science, Mechanical and Industrial; 08—Construction and Building Trades; 09—Agricultural; 10—Public Administration; 11—Training, Other

### Reapplication and Redesignation:

If your organization is making reapplication as an exchange visitor program, or applying for redesignation under 22 CFR \_\_\_\_\_, please certify to the following:

I hereby certify that as an officer of the organization making application for an exchange program under 22 CFR \_\_\_\_\_ or 22 CFR \_\_\_\_\_ that the following documents which have been submitted to the Department of