

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. Sumr/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

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

State, Exchange Visitor Program Services, remain in effect and not altered in any way:

(1) Legal status as a corporation such as Articles of Incorporation and By Laws. Provide dates and state of both: _____

(2) Accreditation. Provide date, type of accreditation, and State of accreditation: _____

(3) Evidence of Licensure. Provide date, type of license, and state of licensure: _____

(4) Authorization of governing body authorizing application. Please provide date of such authorization and authorizing body: _____

(5) Activities in which the organization has been engaged have not changed since application dated: _____

(6) Citizenship. Provide the date of compliance with citizenship requirements: _____. If citizenship compliance is not current, please complete the following:

Organization: I hereby certify that I am an officer of _____ with the title of _____; that I am authorized by the (Board of Directors, Trustees, etc.) to sign this certification and bind _____; and that a true copy certified by the (Board of Directors, Trustees, etc.) of such authorization is attached. I further certify that _____ is a citizen of the United States as that term is defined at 22 CFR 514.1.

Responsible Officer or Alternate Responsible Officer: I hereby certify that I am the responsible officer (or alternate responsible officer) for _____, and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence. _____ agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and immediate return of or accounting for all IAP-66 forms transferred to it.

Certification as to (1)-(6) Requirements:

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signed in ink by (Name) _____ Title _____

Subscribed and sworn to before me this _____ day of _____, 19____. Notary Public

Department of State Use Only

Type of program: _____ Subtype if applicable: _____

No. Forms IAP-66: _____ Categories: _____

Please return form to: Exchange Visitor Program Services-GC/V, Department of State, Washington, DC 20547

NOTE: Public reporting burden for this collection of information (Paperwork Reduction Project: OMB No. 3116-0011) is estimated to average _____ minutes/hours per response, including time for reviewing instructions, researching 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 other aspect of this collection of information, including suggestions for reducing this burden, to Department of State Clearance Officer, M/ASP, Department of State, 301 4th Street, SW., Washington, DC 20547; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

APPENDIX C TO PART 62—UPDATE OF INFORMATION ON EXCHANGE-VISITOR PROGRAM SPONSOR

Please amend the Department of State records for Exchange-Visitor Program Number _____ assigned to _____ as follows: (Name of institution/organization)

1. Change the name of the Program Sponsor from the above to _____

2. Change the address of the Program Sponsor From: _____

(city) (state) (zip) To: _____

(city) (state) (zip)

3. () Change the telephone number from _____ to _____

() Change the fax number from _____ to _____

4. () Change the name of the Responsible Officer of the above program from _____ to _____

5. a. Delete the following Alternate Responsible Officer: _____

5. b. Add the following Alternate Responsible Officer: _____