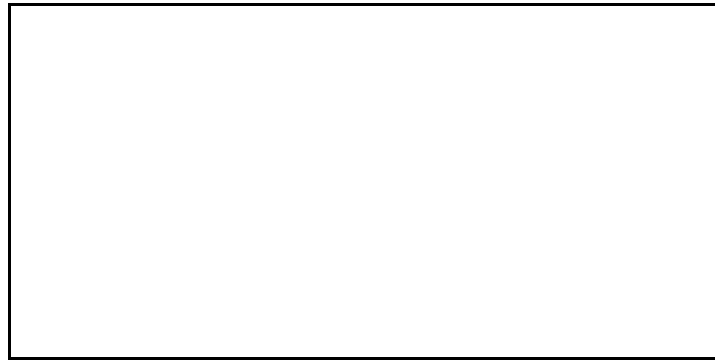


J-1 VISA WAIVER REVIEW APPLICATION INSTRUCTIONS

PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE AVOID TWO-SIDED DOCUMENTS AND USE ONLY 8 1/2" X 11" PAPER



Please **PRINT** your full name and address in **UPPERCASE** letters in the box above. This is the address we will use to mail you a copy of our recommendation regarding your waiver application. You must include a self-addressed stamped envelope with your application.

FEE INFORMATION

PLEASE SEND YOUR APPLICATION, SUPPORTING DOCUMENTS, AND FEE PAYMENT TO

U. S. Department of State
P. O. Box 952137
St. Louis, MO 63195-2137

The application fee is **\$230 PER J-1 APPLICANT**. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, Made payable to **THE U.S. DEPARTMENT OF STATE**. Include your name, date and place of birth on whatever form of payment you submit.

DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON

We will contact you regarding the next step in processing your application. You should receive a reply and information package within 6 weeks of submitting your data sheet and fee.

DO NOT CALL TO VERIFY THAT THE APPLICATION HAS ARRIVED

PAPERWORK REDUCTION ACT

*The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated response and cost burdens, and recommendations for reducing them. Please send your comments to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.



U.S. Department of State
J-1 VISA WAIVER REVIEW APPLICATION

TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED

1. _____
Last Name

2. _____
First Name Middle Name

3. _____
Date of Birth Place of Birth (*City and Country*)

4. Nationality or last legal permanent residence as shown on IAP-66 or

5. I am requesting a recommendation for a waiver based on (*Check one*)
 Exceptional Hardship Persecution Interested Gov. Agency
 No Objection Statement State Health Agency Request

6. Date & Place of first entrance to U.S. on original Exchange Visitor (J-1) visa:

 Date of Entry Port of Entry

7. Present Address

Home Phone _____
 Business _____
 Fax Number _____
 E-Mail _____

8. Last U.S. Address (*If not currently living in U.S.*)

9. Does this application include J-2 Yes No
 If your spouse is in J-1 status, he or she must apply separately for a waiver.

10. INS alien registration number: _____
 I am represented by the following attorney or organization and want all correspondence sent to the following
 Name of Attorney or Organization _____
 Address _____

 If an Attorney, please sign here _____

11. List all exchange visitor programs in which you participated beginning with the first program

12. Give an explanation for any period of time in the U.S. not covered by your IAP-66 or DS-2019.

13. Did your exchange visitor program include U.S. Government funds, funds from your own government, or funds from an international organization? Yes No

Signature

Date (*mm-dd-yyyy*)

DO NOT WRITE IN THIS SPACE

NO. EH. P. IGA. SDOH

 VISTA # _____
 Data rec'd _____
 Fee paid _____
 G-28 _____
 NO: _____ Country _____
 EH/P:- _____
 Docs. _____
 IGA: Letter _____
 Docs. _____
 Contract _____ CV _____
 Stmt: Facility _____ MD _____
 Labor _____ HPSA _____
 SDOH: Letter _____
 Contract _____ HPSA# _____