



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

1. Surname/Primary Name: kokusai		Given Name: taro		Gender: FEMALE		NO016549730	
Date of Birth (mm-dd-yyyy): 10-01-1992		City of Birth: Yamato Funabashi-shi		Country of Birth: JAPAN		Citizenship Country Code: JA	
Citizenship Country: male		Legal Permanent Residence Country Code: JA		Legal Permanent Residence Country: JAPAN		Position Code: 215	
Position: UNIVERSITY UNDERGRADUATE STUDENTS		Primary Site of Activity: Kaigai Brian and Kaigai Hanaiko 1234 SAKURAST DANVILLE, CA 12345-6789					
2. Program Sponsor: Au Pair International, Inc.				Program Number: P-4-10153			
Participating Program Official Description: AU PAIR							
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.							
3. Form Covers Period:		4. Exchange Visitor Category:					
From (mm-dd-yyyy): 05-01-2016		AU PAIR					
To (mm-dd-yyyy): 05-01-2017		Subject/Field Code: 19.0709		Subject/Field Code Remarks: Child Care Provider/Assistant			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Suzuki, Brian and Suzuki, Yoko : \$10,100.00 Total : \$10,100.00							
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).			7. Michelle Jones			Alternate Responsible Officer	
			Name of Official Preparing Form 4450 Arapahoe Avenue Suite 100 Boulder, CO 80301			Title 720-263-2440 Telephone Number 02-18-2016 Date (mm-dd-yyyy)	
			Signature of Responsible Officer or Alternate Responsible Officer <i>Michelle Jones</i>				
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.							
Signature of Responsible Officer or Alternate Responsible Officer				Date (mm-dd-yyyy) of Signature			
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)			
The Exchange Visitor in the above program:				*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.			
1. <input type="checkbox"/> Not subject to the two-year residence requirement.				(1) Exchange Visitor is in good standing at the present time			
2. <input type="checkbox"/> Subject to two-year residence requirement based on:		(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)		Date (mm-dd-yyyy)			
A. <input type="checkbox"/> Government financing and/or				Signature of Responsible Officer or Alternate Responsible Officer			
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or				(2) Exchange Visitor is in good standing at the present time			
C. <input type="checkbox"/> PL 94-484 as amended				Date (mm-dd-yyyy)			
Name		Title		Signature of Responsible Officer or Alternate Responsible Officer			
Signature of Consular or Immigration Officer		Date (mm-dd-yyyy)					
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).							
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.							
海外 太郎		Tokyo, Japan		13/APR/2016			
Signature of Applicant		Place		Date			



申請者のサイン (パスポートの署名と同じもの) 都道府県・国名 サインした日付