



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: From (mm-dd-yyyy): 05-01-2016 To (mm-dd-yyyy): 05-01-2017		4. Exchange Visitor Category: AU PAIR 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 Name of Official Preparing Form 4450 Arapahoe Avenue Suite 100 Boulder, CO 80301 Signature of Responsible Officer or Alternate Responsible Officer			Alternate Responsible Officer Title 720-263-2440 Telephone Number 02-18-2016 Date (mm-dd-yyyy)	
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). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name _____ Title _____ 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).				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____ (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____			
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.							
海外 太郎 ↑ Signature of Applicant		Tokyo, Japan ↑ Place		13/APR/2016 ↑ 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