

INSTRUCTIONS

The U.S. Department of State records on Exchange Visitor Program Sponsors must be up-to-date. From time to time, lists of Program Sponsors, their addresses, names of personnel authorized to sign the DS-2019, (Responsible Officers and/or Alternate Responsible Officers) are provided to U.S. Consuls and Immigration Officers so that they may verify the validity of DS-2019 forms presented to them. If records are not up-to-date, it is possible that a U.S. Consul or Immigration Officer might refuse to accept a DS-2019.

THIS FORM SHOULD BE FILLED OUT AS FOLLOWS:

Enter the Program Number as it appears in the U.S. Department of State records, followed by the name of the institution/organization as it is currently recorded. (Do not use Roman numbers in the Program Number.)

- 1-4. Enter any appropriate changes of program address, telephone number, fax number, and/or Responsible Officer.
5. Enter any changes in Alternate Responsible Officer(s). (Indicate name(s) of previous Alternate Responsible Officer(s), if replacing.)

PLEASE INCLUDE A CITIZENSHIP CERTIFICATION FOR EACH RESPONSIBLE AND ALTERNATE RESPONSIBLE OFFICER

I hereby certify that I am the responsible (or alternate) officer for this program, and that I am a citizen of the United States (or a person lawfully admitted to the United States for legal permanent residence).

_____ (Name of Organization)

agrees that my inability to substantiate my citizenship or status as a legal permanent resident will result in the immediate withdrawal of its designation and the immediate return of or account for all Forms DS-2019 transferred to it (22 CFR 62.2).

I also understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

Signed in ink (Name) _____ (Print Name) _____

Title _____

6. If you wish to receive an allotment of DS-2019 forms, indicate the number of forms. If an increase in program levels is requested, please provide a letter of explanation for the increase.
7. Indicate the number of additional copies of this form, Codes for Educational and Cultural Exchange or the Exchange Visitor Program brochure requested.
8. If you desire, you may request that the Exchange Visitor Program indicated on this form be cancelled. (Cancellation of an Exchange Visitor Program by the sponsor will not preclude the establishment of a new program at a later date.)

PLEASE SEND CORRESPONDENCE TO:

General: jvisa@state.gov

Academic and Government Programs Division:

AGexchanges@state.gov

Alien Physician: DesignationAlienPhys@state.gov

Au Pair: DesignationAuPair@state.gov

Camp Counselor: DesignationCC@state.gov

Intern: DesignationIntern@state.gov

Secondary School: DesignationSSSP@state.gov

Summer Work Travel: DesignationSWT@state.gov

Teacher: DesignationTeacherPr@state.gov

Trainee: DesignationTrainee@state.gov

Mail: Office of Designation; Private Sector Exchange Directorate (ECA/EC/D); SA-5
U.S. Department of State; 2200 C Street, NW; Washington, DC; 20522-0505

* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, public and private organizations. The information is to be used in evaluating prospective Exchange Visitor Program sponsors. Responses are mandatory. An Agency/or organization may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, ECA/EC/D, SA-5, Washington, DC 20522-0505.



U.S. Department of State
PRIVATE SECTOR EXCHANGES
OFFICE OF DESIGNATION

OMB APPROVAL NO. 1405-0147
 EXPIRATION DATE: XX/XX/20XX
 ESTIMATED BURDEN: 20 MINUTES

UPDATE OF INFORMATION ON EXCHANGE VISITOR PROGRAM SPONSOR

Exchange Visitor Program Number _____

Program Sponsor Name _____

1. Change the name of the Program Sponsor from the above to _____
(New Articles of Incorporation designating legal name change must be submitted with request.)

2. Change the address of the Program Sponsor

From:

To:

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

() Change the fax number from _____ to _____

() Change the email address from _____
 to _____

CITIZENSHIP IS REQUIRED FOR EACH RESPONSIBLE AND ALTERNATE RESPONSIBLE OFFICER,
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4. Change the Responsible Officer of the above program from _____
 to _____

5. Add the following Alternate Responsible Officer(s)

_____	_____
Name (Last,First)	Telephone number and Email Address
_____	_____
Name (Last,First)	Telephone number and Email Address
_____	_____
Name (Last,First)	Telephone number and Email Address
_____	_____
Name (Last,First)	Telephone number and Email Address

**(PLEASE ALLOW FOUR TO SIX WEEKS
 FOR DISTRIBUTION OF FORMS (22 CFR 62.12(a))**

6. DS-2019 _____ (Indicate number)

7a. Exchange Visitor Program "Welcome" brochure _____ (Indicate number)

7b. Au Pair Program Brochure _____ (Indicate number)

8. Cancel the above named Exchange Visitor Program (*designated program sponsor*)

Signature of Responsible or Alternate Responsible Officer	Print Name
Title of Signing Officer	Date (mm-dd-yyyy)