

they received an answer to their request? The Department's approval is required before a Form DS-2019 can be printed. What happens if the request is denied?

(b) An exchange visitor (and the accompanying spouse and any dependent children) who failed to submit a change of current U.S. address as required under §62.63 is in violation of the Exchange Visitor Program regulations and is not eligible for reinstatement. The Department will deny any such application for reinstatement.

(c) An exchange visitor (and accompanying spouse and any dependent children) who is ineligible for reinstatement or whose request for reinstatement has been denied is no longer an Exchange Visitor Program participant. He or she cannot remain in the United States unless another lawful immigration status is obtained.

§62.78 Termination.

An exchange visitor who willfully or negligently fails to comply with the requirements established in Public Law 104-208, as amended, shall be terminated from the Exchange Visitor Program by the sponsor.

§62.79 Sanctions.

(a) The Department of State shall impose sanctions against a sponsor that has:

- (1) Willfully or negligently failed to comply with the reporting requirements established in Public Law 104-208, as amended; or,
- (2) Produced SEVIS Forms DS-2019 outside the United States or a United States territory; or,
- (3) Whose authorized representatives fail to secure their SEVIS logon ID and password.

(b) [Reserved]

Subpart G [Reserved]

Subpart H—Fees

§62.90 Fees.

(a) *Remittances.* Fees prescribed within the framework of 31 U.S.C. 9701 shall be submitted as directed by the Department and shall be in the amount prescribed by law or regulation. Remit-

tances must be drawn on a bank or other institution located in the United States and be payable in United States currency and shall be made payable to the "Department of State." A charge of \$25.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. If an applicant is residing outside the United States at the time of application, remittance may be made by a bank international money order or a foreign draft drawn on an institution in the United States, and payable to the Department of State in United States currency.

(b) *Amounts of fees.* The following fees are prescribed:

- (1) Request for program extension—\$198.
- (2) Request for change of program category—\$198.
- (3) Request for reinstatement—\$198.
- (4) Request for program designation—\$799.
- (5) Request for non-routine handling of an IAP-66 Form Request—\$43.

[65 FR 20083, Apr. 14, 2000]

APPENDIX A TO PART 62—CERTIFICATION OF RESPONSIBLE OFFICERS AND SPONSORS

In accordance with the requirement at §514.5(c)(6), the text of the certifications shall read as follows:

1. Responsible Officers and Alternate Responsible Officers

I hereby certify that I am the responsible officer (or alternate responsible officer, specify) for exchange visitor program number _____, and that I am a United States citizen or permanent resident. I understand that the Department of State may request supporting documentation as to my citizenship or permanent residence at any time and that I must supply such documentation when and as requested. (Name of organization) agrees that my inability to substantiate the representation of citizenship or permanent residence 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)

Witness: _____

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

Notary Public

2. Sponsors.

I hereby certify that I am the chief execu-
tive officer of (Name of Organization) with
the title of (specify); that I am authorized to
sign this certification and bind (Name of Or-
ganization). I further certify that (Name of
Organization) is a citizen of the United
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 VIS-
ITOR PROGRAM SERVICES, EX-
CHANGE-VISITOR PROGRAM APPLICA-
TION

Form Approved OMB _____
Serial No. _____

1. Name and Address of Sponsoring Organiza-
tion

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 Ex-
change Visitor while in the U.S.

SECTION II—PROGRAM DATA

8. Outline of Proposed Activities (If training,
See Reverse)

9. Arrangements for Supervision and Direc-
tion

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 knowl-
edge and belief and that I have completed ap-
propriate 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 con-
tinuation 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 appro-
priate fields: 01—Arts & Culture; 02—Infor-
mation Media and Communications; 03—Edu-
cation; 04—Business and Commercial; 05—
Banking and Financial; 06—Aviation; 07—

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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 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: ____

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 ma-

terial 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:

(Citizenship is required for all Responsible and Alternate Responsible Officers-See Reverse)

6. () Send _____ (indicate number) IAP-66 forms. (PLEASE ALLOW FOUR TO SIX WEEKS FOR RESPONSE AND REMEMBER TO SUBMIT THE ANNUAL REPORT)

7. () Send _____ copies of this form.

8. () Send _____ copies of *Codes for Educational and Cultural Exchange*.

9. () Cancel the above named Exchange Visitor Program.

(Signature of Responsible or Alternate Responsible Officer)

(Date)

(Title of Signing Officer)

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202-401-7964)

Exchange Visitor Program No. _____ Reporting Period _____ Provide Range of Forms IAP-66 Documents Covered by this Report (____ - ____).

(A) STATISTICAL REPORT

(1) ACTIVITY BY CATEGORY

	<i>Number</i>
Professor	_____
Research Scholar	_____
Short-term Scholar	_____
Trainee	_____
Student (College and University)	_____
Student (Practical Trainee)	_____
Teacher	_____
Student (Secondary)	_____
Specialists	_____
Physicians	_____
International Visitors	_____
Government Visitors	_____

Number

Camp Counselors	_____
Total	_____

(2) Forms IAP-66 Reconciliation

(i) Number of Forms IAP-66 voided or otherwise not used by participant _____.

(ii) Number of Forms IAP-66 issued for dependents _____.

(iii) Number of Forms IAP-66 currently on hand _____.

(B) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

Responsible Officer (signed) _____
Date _____

Name and address of sponsoring institution _____

APPENDIX E TO PART 62—UNSKILLED OCCUPATIONS

For purposes of 22 CFR 514.22(c)(1), the following are considered to be "unskilled occupations":

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers
- (8) Cashiers
- (9) Charworkers and Cleaners
- (10) Chauffeurs and Taxicab Drivers
- (11) Cleaners, Hotel and Motel
- (12) Clerks, General
- (13) Clerks, Hotel
- (14) Clerks and Checkers, Grocery Stores
- (15) Clerk Typist
- (16) Cooks, Short Order
- (17) Counter and Fountain Workers
- (18) Dining Room Attendants
- (19) Electric Truck Operators
- (20) Elevator Operators
- (21) Floorworkers
- (22) Groundskeepers
- (23) Guards

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- (24) Helpers, any industry
- (25) Hotel Cleaners
- (26) Household Domestic Service Workers
- (27) Housekeepers
- (28) Janitors
- (29) Key Punch Operators
- (30) Kitchen Workers
- (31) Laborers, Common
- (32) Laborers, Farm
- (33) Laborers, Mine
- (34) Loopers and Toppers
- (35) Material Handlers
- (36) Nurses' Aides and Orderlies
- (37) Packers, Markers, Bottlers and Related
- (38) Porters
- (39) Receptionists
- (40) Sailors and Deck Hands
- (41) Sales Clerks, General
- (42) Sewing Machine Operators and Handstitchers
- (43) Stock Room and Warehouse Workers
- (44) Streetcar and Bus Conductors
- (45) Telephone Operators
- (46) Truck Drivers and Tractor Drivers
- (47) Typist, Lesser Skilled
- (48) Ushers, Recreation and Amusement
- (49) Yard Workers

PART 63—PAYMENTS TO AND ON BEHALF OF PARTICIPANTS IN THE INTERNATIONAL EDUCATIONAL AND CULTURAL EXCHANGE PROGRAM

Sec.

- 63.1 Definitions.
- 63.2 Applicability of this part under special circumstances.
- 63.3 Grants to foreign participants to observe, consult, demonstrate special skills, or engage in specialized programs.
- 63.4 Grants to foreign participants to lecture, teach, and engage in research.
- 63.5 Grants to foreign participants to study.
- 63.6 Assignment of United States Government employees to consult, lecture, teach, engage in research, or demonstrate special skills.
- 63.7 Grants to United States participants to consult, lecture, teach, engage in research, demonstrate special skills, or engage in specialized programs.
- 63.8 Grants to United States participants to study.
- 63.9 General provisions.

AUTHORITY: Sec. 4, 63 Stat. 111, as amended, 75 Stat. 527-538; 22 U.S.C. 2658, 2451 note; Reorganization Plan No. 2 of 1977; Executive Order 12048 of March 27, 1978.

SOURCE: 44 FR 18019, Mar. 26, 1979, unless otherwise noted. Redesignated at 64 FR 54540, Oct. 7, 1999.

EDITORIAL NOTE: Nomenclature changes to part 63 appear at 64 FR 54540, Oct. 7, 1999.

§ 63.1 Definitions.

For the purpose of this part the following terms shall have the meaning here given:

(a) *International educational and cultural exchange program of the Department of State.* A program to promote mutual understanding between the people of the United States and those of other countries and to strengthen cooperative international relations in connection with which payments are made direct by the Department of State, as well as similar programs carried out by other Government departments and agencies and by private organizations with funds appropriated or allocated to the Department of State when the regulations in this part apply under the provisions of § 515.2 (a) and (b).

(b) *Program and Agency.* For convenience, the international educational and cultural exchange program of the Department of State will hereinafter be referred to as the "program," and the Department of State will hereinafter be referred to as the "Agency."

(c) *Participant.* Any person taking part in the program for purposes listed in § 515.3 through § 515.8 including both citizens of the United States and citizens and nationals of the other countries with which the program is conducted.

(d) *Transportation.* All necessary travel on railways, airplanes, steamships, buses, streetcars, taxicabs, and other usual means of conveyance.

(e) *Excess baggage.* Baggage in excess of the weight or size carried free by public carriers on first class service.

(f) *Per diem allowance.* Per diem in lieu of subsistence includes all charges for meals and lodging; fees and tips; telegrams and telephone calls reserving hotel accommodations; laundry, cleaning and pressing of clothing; transportation between places of lodging or business and places where meals are taken.

§ 63.2 Applicability of this part under special circumstances.

(a) *Funds administered by another department or agency.* The regulations in this part shall apply to payments made to or on behalf of participants from funds appropriated or allocated to the