

## 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 **\$136 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# \_\_\_\_\_