

## Department of State

## Pt. 62, App. B

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]

### 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 des-

ignation and the immediate return of or accounting for all Forms IAP-66 transferred to it.

Signed in ink by \_\_\_\_\_

(Name) \_\_\_\_\_

(Title) \_\_\_\_\_

Witness: \_\_\_\_\_

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 executive officer of (Name of Organization) with the title of (specify); that I am authorized to sign this certification and bind (Name of Organization). 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 VISITOR PROGRAM SERVICES, EXCHANGE-VISITOR PROGRAM APPLICATION

Form Approved OMB \_\_\_\_\_  
Serial No. \_\_\_\_\_

1. Name and Address of Sponsoring Organization \_\_\_\_\_

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 \_\_\_\_\_