



U.S. Department of State

Exchange Visitor Attestation

I, _____, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that I do not now have pending, nor am I submitting during the pendency of this request, another request to any U.S. Government department or agency or any other State Department of Public Health, or any equivalent, other than the Delta Regional Authority, to act on my behalf in any matter relating to a waiver of my two-year home-country physical-presence requirement.

Signature

Date

Subscribed and sworn to before me This _____ day of _____, 20____.

Notary Public