

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 t	to any U.S. Government department or agency or any
other State Department of Public Health	n, or any equivalent, other than the Delta Regional
Authority, to act on my behalf in any mat	ter 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 .
	day or,
Notary Public	