



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119
EXPIRES: 10/31/2020
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: [Redacted] Gender: MALE N0036469226
Date of Birth (mm-dd-yyyy): 04-19-2005 City of Birth: Almaty Country of Birth: KAZAKHSTAN Citizenship Country Code: KZ Citizenship Country: KAZAKHSTAN
Legal Permanent Residence Country Code: KZ Legal Permanent Residence Country: KAZAKHSTAN Position Code: 215 Position: UNIVERSITY UNDERGRADUATE STUDENTS
Primary Site of Activity: Food Lion 2628 Atlantic Beach NC 1010 West Fort Macon Road Atlantic Beach, NC 28512
2. Program Sponsor: Alliance Abroad Group Inc. Program Number: P-4-4424
Participating Program Official Description: SUMMER TRAVEL/WORK
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.
3. Form Covers Period: From (mm-dd-yyyy): 05-19-2025 To (mm-dd-yyyy): 09-01-2025
4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject/Field Code: 52.1803 Subject/Field Code Remarks: Retail Associate
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Personal funds : \$1,500.00 Total : \$1,500.00

6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.
7. Amanda Estrada Alternate Responsible Officer
Name of Official Preparing Form: 2021 E 5TH ST Suite 110 AUSTIN, TX 78702 Address of Responsible Officer or Alternate Responsible Officer
Telephone Number: 512-382-8862 ext. 191 Date (mm-dd-yyyy): 01-21-2025
Signature of Responsible Officer or Alternate Responsible Officer: [Signature]

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date (mm-dd-yyyy): . Transfer of this exchange visitor from program number sponsored by to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.
Signature of Responsible Officer or Alternate Responsible Officer Date (mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).
The Exchange Visitor in the above program:
1. [X] Not subject to the two-year residence requirement.
2. [] Subject to two-year residence requirement based on:
A. [] Government financing and/or
B. [] The Exchange Visitor Skills List and/or
C. [] PL 94-484 as amended
Name: John R Leake Title: Vice Consul of the United States of America
Signature of Consular or Immigration Officer: [Signature] Date (mm-dd-yyyy): 04-02-2025

TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)
*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.
(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer
(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy)
Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.
Signature of Applicant: [Signature] Place: Almaty Date (mm-dd-yyyy): 04-02-2025