

Republic of the Philippines
 EXCHANGE VISITORS PROGRAM COMMITTEE
 Manila, Philippines

2 X 2 I. D.
 PICTURE

**APPLICATION FOR STATEMENT OF "NO-OBJECTION"
 TO WAIVE TWO-YEAR HOME RESIDENCE REQUIREMENT
 FOR EXCHANGE VISITOR PROGRAM (EVP) PARTICIPANTS**

EVP form 02NOS95

WAIVER NO.

NOTE: Please type or write legibly. Use additional papers if necessary. Please do not leave any blanks or questions unanswered. Write N/A if not applicable.

NAME _____ SEX () Male () Female
 (Last) (First) (Middle)

CIVIL STATUS () Single () Married () Widowed () Separated () Divorced

MAIDEN NAME (If married) _____

DATE OF BIRTH PLACE OF BIRTH _____
 (Day/ Month/ Year) (Town/Province)

NATIONALITY _____ CITIZENSHIP _____ RELIGION _____

PASSPORT NUMBER _____ DATE OF ISSUE _____ PLACE OF ISSUE _____

NAME OF SPOUSE _____ NATIONALITY _____ CITIZENSHIP _____
 (Last) (First) (Middle)

CHILDREN (if any): NAME	DATE OF BIRTH	PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHIL. ADDRESS _____ TEL. NO. _____

U. S. ADDRESS _____ TEL. NO. _____
 _____ FAX. NO. _____

IMMEDIATE RELATIVES IN THE PHILIPPINES:
 NAME _____ RELATIONSHIP _____
 ADDRESS _____ TEL. NO. _____

EMPLOYER / COMPANY AT THE TIME OF DEPARTURE FOR THE TRAINING PROGRAM:
 NAME _____
 ADDRESS OF THE EMPLOYER _____ TEL. NO. _____
 _____ FAX. NO. _____

EDUCATIONAL ATTAINMENT:	NAME OF SCHOOL	DEGREE / PROGRAM
VOCATIONAL / COLLEGE	_____	_____
MA / M.S.	_____	_____
PHD	_____	_____

HOW WAS YOUR EVP PROGRAM FINANCED?

- () GOVERNMENT FINANCED (Specify) _____
- () PERSONALLY FINANCED _____
- () FINANCED BY PRIVATE / NON-GOVERNMENT ORGANIZATION (Specify) _____

DATE AND PLACE OF ENTRY IN THE U. S. _____

LIST OF EXCHANGE VISITORS PROGRAM/S PARTICIPATED	PROGRAM NUMBER	INCLUSIVE DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASONS FOR THE REQUEST FOR A "NO-OBJECTION" OR WAIVER STATEMENT (Please enclose supporting documents)

I hereby declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Place and Date Completed

Signature over Printed Name

APPLICANT'S PRESENT ADDRESS:

E-MAIL ADDRESS:

- NOTE:
1. Application Form should be completed in three (3) copies.
 2. Documents coming from the United States should be authenticated by the Philippine Embassy / Consulate.
 3. This application form should be accompanied by supporting documents.