

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.