

## **U. S. AGENCY FOR INTERNATIONAL DEVELOPMENT EXEMPTION OF REQUIREMENT TO USE USAID-SPONSORED J-1 VISA**

(FOR INTERNAL LISAIDLISE ONLY)

(FOR <u>INTERNAL</u> USAID USE UNLT)	
Name of Individual(s) Sponsored by USAID (Last, Fi [for groups, please attach roster of individuals]	rst, Middle Initial):
2. Operating Unit (USAID Mission or USAID/W Office) sponsoring the individual:	
3. Name of Program:	
4. Name of Program Provider/Implementing Partner an	d Contact Information (Phone and Address of Provider):
5. Brief Description of Program:	
6. Program Start/End Dates:	
I hereby except the individual(s) specified above from the Agency's requirement for foreign nationals to use a USAID-sponsored J-1 visa for travel to the U.S., in accordance with ADS 252, due to the following reason(s) [check all that apply]:  High-level government officials holding a <a href="mailto:pre-existing">pre-existing</a> A visa and having recognized diplomatic titles, privileges, and immunities;	
Sponsored by USAID/Mexico, traveling to the United States for no more than 14 business days, and holding a B-1/B-2 Border Crossing Card (BBBCC) or B-1/B-2 Border Crossing Visa (BBBCV);	
Travel is required in order to meet urgent, sensitive, and high priority Mission program requirements;	
Travel to the U.S. on a visa other than a USAID-sponsored J-1 visa is in the best interest of the Agency because [provide a brief explanation]:	
I confirm that the USAID Operating Unit sponsoring the individual(s) will be responsible for tracking the whereabouts of the individual(s) at all times while in the United States; a copy of this signed AID 252-2 form will be sent to the USAID Responsible Officer (RO) or Alternate Responsible Officer (ARO) at EVpolicy@usaid.gov; current U.S. contact information for the individual(s) will be provided to the USAID RO or ARO at any time upor request; and the Operating Unit will monitor timely U.S. departure of the individual(s).	
Signature of USAID Mission Director or Washington Office Director:	Name of Signer (Type or Print):
Title:	Date:

Any questions concerning this AID form may be directed to:

– Exchange Visitor Visa Compliance team, M/MPBP/POL, <a href="mailto:EVpolicy@usaid.gov">EVpolicy@usaid.gov</a>

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