

Employment Authorization for Work/Travel J1 Visa Holders



The DS2019 form is the employment authorization for J1 visa participants. When you are hiring a J1 Work/Travel visa participant, you must always ask to see their DS2019 form. The visa stamped in their passport is not sufficient without a DS2019 form with valid dates. If in doubt, please call the sponsoring agency to confirm that a participant is legal to work. The form will be printed on white paper from the SEVIS database (Student and Exchange Visitor Information System) by the sponsoring agency and signed in blue. We recommend you photo copy each participant's form for your records. Below is a sample DS2019 form.

Points of Interest:

The DS2019 form will be printed on **WHITE** paper.

Pre-arranged Employer's or J1 Agency Address

Sponsoring Company and Program Number
Type of J1 Visa

Dates Legal to Work (cannot be extended or changed)

Visa Category and Description must say "Summer Travel/Work; Basic skills, general"

Immigration Stamp

Responsible Officer Signature (legally in blue ink)

Form DS2019 is formerly know as form IAP-66

U.S. Department of State				OMB APPROVAL NO.1405-0119 EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS					
1. Family Name: PARTICIPANT		First Name: IMA		Middle Name: GOOD	Gender: FEMALE
Date of Birth (mm-dd-yyyy): 02-11-1982		City of Birth: WESTMEATH		Country of Birth: IRELAND	Citizenship Country Code: EI
Legal Permanent Residence Country Code: EI		Legal Permanent Residence Country: IRELAND		Position Code: 215	Position: UNIVERSITY UNDERGRADUATE STUDENTS
U.S. Address: 2330 Marinship Way Suite 250 Sausalito, CA 94965					
2. Program Sponsor: Camp Counselors USA/Work Experience USA				Exchange Visitor Program Number: P-4-05533	
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:		4. Exchange Visitor Category:			
From (mm-dd-yyyy): 06-15-2003		SUMMER TRAVEL/WORK			
To (mm-dd-yyyy): 10-14-2003		Subject/Field Code: 32.0101			
		Subject/Field Code Description: Basic Skills, General			
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:					
All other organizations providing support : \$2,500.00					
Personal funds : \$700.00					
Total : \$3,200.00					
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER		7. William Harwood		Responsible Officer	
Name of Official Preparing Form		Title		415-339-2728	
2330 Marinship Way		Suite 250		Telephone Number	
Sausalito, CA 94965		Signature of Responsible Officer or Alternate Responsible Officer		04-01-2003	
Date (mm-dd-yyyy)		Signature of Responsible Officer or Alternate Responsible Officer		Date (mm-dd-yyyy)	
8. Statement of Responsible Officer or Referring 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. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement.					
2. <input type="checkbox"/> Subject to two-year residence requirement based on:					
A. <input type="checkbox"/> Government financing and/or					
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or					
C. <input type="checkbox"/> PL 94-484 as amended					
(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)					
Brian G. McInerney Vice Consul of the United States of America					
Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) 4/11/03					
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.					
Signature of Participant _____ Dublin, Ireland _____ 04-15-2003					
Signature of Applicant _____ Place _____ Date (mm-dd-yyyy)					