

THE BELGIAN-AMERICAN CHAMBER OF COMMERCE  
IN THE UNITED STATES

INTERNATIONAL EXCHANGE PROGRAM

Company Questionnaire and Statement

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This application serves as a basis for completing the Certificate of Eligibility (form DS-2019) which the trainee/intern will need to apply for the J-1 Exchange Visitor Visa. Please complete all items carefully.

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As specified in the following application, this offer of training/ internship is extended to:

\_\_\_\_\_ from \_\_\_\_\_  
*Name of Individual* *Country*

- Intern  
 Trainee

I. **TRAINING/INTERNSHIP ENTITY INFORMATION**

Company/Organization Name: \_\_\_\_\_

Company/Organization Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *State* *Zip Code*

Training/Internship Location if different  
from above: \_\_\_\_\_

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Official Responsible: \_\_\_\_\_  
*Name* *Title*

Telephone Number/Department: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Official to receive the Belgian-American Chamber of Commerce in the United States ("BACC") correspondence:

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Federal Express/DHL # : \_\_\_\_\_  
(will only be used to send DS-2019 Form to trainee)

Number of Employees: \_\_\_\_\_ Nearest Airport: \_\_\_\_\_

Description of Business or Organization: \_\_\_\_\_

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Date Business Began: \_\_\_\_\_

Home Office Location: \_\_\_\_\_

**II. TRAINING / INTERNSHIP EXPERIENCE OFFERED**

(All items must be completed.)

A. Dates of Training/ Internship:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Date Year Month Date Year

Number of Weeks: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

B. Type of Training/Internship:

- Rotation through several departments
- Concentration in a single department
- Special projects
- Rotation followed by special project
- Participation in the training entity's regular training program
- To be determined after trainee's arrival

C. Training/Internship Plan: Please complete the Form DS - 7002

D. Will a contract or agreement be signed between the training/internship entity and the trainee/intern?

\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, please attach a copy of the signed document*

E. Qualifications Supervisor:

1. Name of Supervisor: \_\_\_\_\_

2. Title and Function of Supervisor: \_\_\_\_\_

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3. Academic Background of Supervisor: \_\_\_\_\_

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4. Professional Experience of Supervisor: \_\_\_\_\_

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5. Professional Licensing of Supervisor: \_\_\_\_\_

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### III. **FINANCIAL ARRANGEMENTS**

- A. Travel Costs: Training / internship entity will pay for: [ ] none [ ] some [ ] all of the trainee/intern's travel from home country to the training location. If only a portion of the travel will be provided by the training/internship entity, please state the portion provided (such as travel from U.S. port-of-entry to training location):

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- B. Maintenance Allowance ("stipend") (Must be sent, in writing, to trainee/intern).

\$ \_\_\_\_\_ per \_\_\_\_\_ paid \_\_\_\_\_  
(week/month/year) (weekly/monthly/etc.)

- C. Other Benefits: Please state any other "benefit(s)" which the training/internship entity will provide, such as use of a training/internship entity-owned vehicle, housing, etc., and estimate the monthly value of each.

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- D. Health/ Accident Insurance: All trainees/interns and any accompanying dependents must have the minimum coverage for the entire length of stay in the United States as outlined in the enclosed "Insurance Information" document. This coverage will include the dates of training/internship as stated on the DS-2019 PLUS the additional 30 days allowed for travel.

Insurance will be provided by:

- ( ) Trainee/ Intern  
( ) Training/Internship Entity – Policy and number must be attached (See Host Employer Insurance Verification Form)

Is coverage effective immediately?

\_\_\_\_\_ Yes \_\_\_\_\_ No *If no, how long is the waiting period?* \_\_\_\_\_

**IV. PERSONAL EXPENSES**

A. Transportation: What means of transportation will be available for the commute to place of training/internship? ( ) Subway ( ) Bus ( ) Walk ( ) Other

Do you advise the purchase/lease of an automobile? Yes ( ) No ( )

Please provide a rough estimate of monthly transportation expenses: \$ \_\_\_\_\_

B. Accommodations: Please describe any assistance training/internship entity can provide to trainee/intern in finding housing

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Please state approximate monthly cost of room and board in area where trainee/intern will be placed. (These figures are used to give your trainee/intern an idea of the cost of living in the training/internship location)

Room \$ \_\_\_\_\_ Board \$ \_\_\_\_\_

**V. AUTHORIZATION**

This is to certify that: (a) to the best of my knowledge, the foreign national named herein intends to enter the United States for the purpose of practical training/internship and does not intend to abandon his/her non-immigrant status; (b) it is not the intent of the training/internship entity to assist the trainee/intern in remaining in the United States for purposes other than the practical training/internship assignment or activities appropriate to the training/internship assignment; and (c) it is understood that the trainee/intern and any accompanying dependents enter the United States under the legal sponsorship of the BACC, and that any substantial change in the trainee/intern's program, activities, plans or training/internship location must be approved, in advance, by the BACC. Please retain a copy of this form for your records.

Authorization by: \_\_\_\_\_  
*Name (printed)* *Title*

\_\_\_\_\_  
*Signature* *Date*

**THE BELGIAN-AMERICAN CHAMBER OF COMMERCE  
IN THE UNITED STATES**

**THE BELGIAN-AMERICAN CHAMBER OF COMMERCE IN THE UNITED STATES THIRD  
PARTY AGREEMENT WITH TRAINING/INTERNSHIP ENTITIES**

In order for the Belgian-American Chamber of Commerce in the United States ("BACC") to sponsor a trainee/Inters to participate in your program, you must agree to accept the responsibilities and obligations outlined below. Please sign and return this copy to the BACC office. The BACC will keep the copy and consider it binding for all J-1 trainees/interns sponsored by the BACC participating in your program. We suggest you keep a copy for your files.

- 1) I agree to act in accordance with all United States Department of State ("DOS") regulations relating to Exchange Visitor Programs.
- 2) I affirm that the Company Questionnaire and Statement accurately reflects the content of the training/internship and experience being extended to the trainee/intern.
- 3) I agree to provide all trainees/interns with a comprehensive orientation program which will include giving them a packet containing office rules, a training/internship program plan, emergency information, and other information as required by DOS regulations. In addition, I will suggest to all trainees/interns specific neighborhoods and places of interest to visit and cultural events to attend.
- 4) I will be responsible for ensuring that my employees possess and maintain the demonstrable competence to provide training/internship in the subjects offered to each exchange visitor, and I hereby affirm that the training/internship plan truly reflects the content of the training experience being extended to the trainee.
- 5) I certify that there are sufficient plant, equipment and trained personnel to provide the training/internship specified in the training plan, that the training/internship is not designed to recruit and train aliens for employment in the U.S., and that the trainees/interns will not replace full-time U.S. employees.
- 6) I will organize at least two cross-cultural events per month for all trainees/interns to participate in.
- 7) I understand that all trainees/interns must be covered by health and accident insurance, as specified in the Federal Regulations, during their entire length of stay. If the trainee/intern and I choose to meet this requirement through a training/internship entity insurance plan, I understand that it is my responsibility to maintain this coverage continuously during the trainee/intern's presence in the United States on the J-1 Visa.
- 8) I will neither encourage nor render any assistance, including helping a trainee/intern change visa categories, which would keep a trainee/intern in the United States beyond the end date shown on the DS-2019, the document governing the trainee/intern's admission and stay in the United States. I also understand that, for trainees, eighteen (18) months is the maximum time allowed for training while for intern the maximum time for training is twelve (12) months.

- 9) I agree to submit all changes affecting the trainee/intern to the BACC in advance for approval. Such changes include, but are not limited to, location, content, and length of training/internship. I agree to communicate immediately by phone and then by signed letter any circumstances which differ from the Company Questionnaire and Statement submitted to the BACC. I will submit all requests regarding a transfer of the trainee/intern to another training/internship location during the program three (3) to four (4) weeks prior to the date of transfer.
- 10) I understand that the BACC will inspect my training/internship facilities, equipment, and physical plant and conduct interviews with the trainees/interns and the supervisors. I also understand that if the BACC finds that I have failed to fulfill any obligation, it will recommend program changes to the supervisor in order to rectify the problem. I agree that the BACC may disqualify me from participation in the program if I materially or consistently fail to achieve the BACC's training/internship objectives.
- 11) I agree to respond to any requests by the BACC concerning my company's trainees/interns in a timely manner and complete and follow through on any paperwork required by the BACC.
- 12) I understand that the BACC has the right to withdraw sponsorship from any trainee/intern, whose training/internship entity does not comply with the BACC's program, compelling that trainee/intern to leave the country, and to deny all future applications from that training/internship entity. There will be no refund of the program fee if sponsorship is withdrawn.
- 13) If a trainee/intern ceases his or her training/internship program for any reason, I will inform the BACC within three (3) days.

My signature indicates that I understand and agree to the conditions above. I realize that if I do not fulfill my obligations and responsibilities as stated, the BACC will not continue its sponsorship of my training entity.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Please Print)*

Title: \_\_\_\_\_

Training Entity: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions about the above statement, it is important that you contact the BACC at the above address and telephone number.

## BACC Obligations

1. The BACC is the exchange visitor program sponsor and is responsible for ensuring the compliance of the exchange visitor program and of the host company's training/internship program with the DOS regulations governing exchange visitor programs.
2. The BACC will assure that trainees/interns are covered by health and accident insurance meeting the minimum standards prescribed by DOS.
3. The BACC will be responsible for the screening and selection of trainees/interns participating in the exchange program. The BACC will ensure the proper match between the trainee/intern's background, needs and experience, and the host company's objectives. The BACC will ensure that the trainee/intern possesses sufficient proficiency in English to participate in his or her training/internship program.
4. The BACC will ensure that trainees/interns are provided with sufficient pre-arrival information and orientation regarding the culture and living conditions in the United States. The BACC will monitor each trainee/intern's training/internship program to ensure that the trainee/intern is engaged in activities consistent with the approved training program and to assist in the successful completion of the training/internship program.
5. The BACC will be responsible for the issuance of the DS-2019 form, which authorizes the issuance of a J-1 visa, to trainees/interns participating in the exchange program.
6. The BACC will provide a contact person who can be reached at all times by trainees/interns and host companies in an emergency situation.
7. The BACC will submit an annual report to DOS, in the form prescribed by DOS, reviewing the status of the exchange visitor program.
8. The BACC will assure that trainees/interns are covered by health and accident insurance meeting the minimum standards prescribed by DOS.

The BACC will arrange for adequate, qualified and trained staffing and sufficient support for the administration of the exchange program.

The Belgian-American Chamber of Commerce in the United States

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Tamara Zouboff, Executive Director

Date