



# ARKANSAS SECRETARY OF STATE

**MARK MARTIN**

## ***Application Instructions for International Student Exchange Visitor Placement Organizations***

1. The application must be typewritten or printed legibly.
2. All sections of the application must be completed.
3. Out-of-state business entities must be qualified in the State of Arkansas and in "good standing", as determined by the Arkansas Secretary of State, before registering as an International Student Exchange Visitor Placement Organization.
4. Registrations forms that are incomplete or not accompanied by payment will be returned as unprocessed.
5. Registrations are valid for one (1) calendar year, beginning January 1.
6. Renewal registration applications must be submitted by January 1 of the calendar year in which the organization intends to place students in the state.
7. Organizations that fail to renew by January 1 will be required to register as a new applicant for that calendar year.
8. Any changes in registration information must be submitted to the Office of the Secretary of State within thirty (30) days. These changes include, but are not limited to:
  - a. Change of Organization name
  - b. Replacement of the Chief Executive Officer, Local Representative(s) or Agent for Service of process.
  - c. Change of address/phone number for the Chief Executive Officer, Local Representative(s) or Agent for Service of process.
9. Mail the completed application with all required attachments and payment to:

**Arkansas Secretary of State  
Business and Commercial Services Division  
1401 West Capitol Ave, Ste 250  
Little Rock AR 72201**





# ARKANSAS SECRETARY OF STATE

  

## MARK MARTIN

### *International Student Exchange Visitor Placement Organization*

Registration Application pursuant to A.C.A. 6-18-1701 et seq.

New Application \$150.00       Renewal Application \$50.00

This organization is a:

Corporation     Limited Liability Company     Sole Proprietorship     Partnership     Other

1. The name of the organization is \_\_\_\_\_

The physical address of the organization is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

The mailing address of the organization is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

The email address of the organization is \_\_\_\_\_

2. The name, phone number and address of the Chief Executive Officer is:

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. The name, phone number and address of the person within the organization who has primary responsibility for supervising placements in Arkansas:

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. The names, phone numbers and addresses of the local representatives in Arkansas, attach additional list if necessary:

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



5. The name, phone number and address of the agent for service of process and service of notices is:

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Is the organization exempt from US federal income tax? Yes No. If Yes, attach the IRS letter.

7. Is the organization currently listed with the Council on Standards for International Education travel? Yes No. If Yes, attach the "Approval for Listing" letter.

8. The following applicable attachments must accompany the application for registration as an International Student Exchange Visitor Placement Organization.

- The most recent brochure describing the organization's programs.
- Evidence of agreement or contract between the organization and the insurance carrier(s) that provide health and accident insurance to the students.
- A copy of an actual informational document that is provided to the student, host family and school administrator.
- Evidence the organization has approval by the U.S. State Department to place students in the United States.
- A complete list of students placed in Arkansas schools during the previous year in the following format: Name, School, and Length of Placement, Home Country
- A detailed explanation if any of the above requirements do not apply to the organization.

This document is hereby executed under penalty of perjury and is, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person within the organization who has primary responsibility for supervising placements in Arkansas

\_\_\_\_\_  
Date



# ARKANSAS SECRETARY OF STATE

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## MARK MARTIN

### *Statement of Compliance*

I, \_\_\_\_\_, acting in the capacity of \_\_\_\_\_,  
hereby certify that I am authorized to act on behalf of \_\_\_\_\_,  
an international student exchange visitor placement organization.

I hereby certify that the laws, rules, and requirements relating to the placement of students in the State of Arkansas by the above named organization have been reviewed and understood.

I further certify on behalf of the above-named organization that it has a local representative living within 120 miles of each student's host family's residence.

I further certify on behalf of the above-named organization that all monetary and nonmonetary compensation paid to employees, who are residents of Arkansas, have been reported in accordance with current state income tax law.

I understand if service of process and service of notices cannot be reasonably given to the officer as provided by the organization, service of process and service of notices shall be affected in accordance with the laws of the State of Arkansas. I also understand that the Secretary of State may request such supporting documentation as to this affidavit from the organization at any time, and that such documentation must be supplied when and as requested.

### *Notary Certificate*

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing  
instrument and acknowledged that he/she executed the same in the capacity and for the purposes therein  
stated. IN WITNESS WHEREOF I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Date

