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
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 _______

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.

_________________________________________ Date
Signature of Chief Executive Officer

_________________________________________ Date
Signature of person within the organization who has primary responsibility for supervising placements in Arkansas
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.

_________________________________________________
Signature of Chief Executive Officer

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