

l,	(name of exchange visitor)
hereby declare and certify, under penalty of th	ne provisions of 18 USC, 101, that: (1)
I have sought or obtained the cooperation of	UTAH DEPARTMENT OF HEALTH
(the name of the U.S. Government Agency	which will submit/is submitting an IGA
request on behalf of the exchange visitor to	obtain a waiver of the two-year home
residence requirement); and (2) I do not now	have pending, nor will I submit during
the pendency of this request, another reques	t to any U.S. Government departmen
or agency or any equivalent, to act on my be	ehalf in any matter relating to a waive
of my two-year home residence requirement	
Signed	 Date
	_ 5.15