



APPLICATION FOR CERTIFICATE OF INTERNATIONAL EDUCATIONAL CHARACTER

Title of Program <i>(or Series)</i>
Name of Applicant <i>(U.S. Holder of Basic Rights) (Last, First, MI)</i>
Address of Applicant <i>(Street, City, State, Zip Code)</i>

GENERAL INFORMATION

Date of Production <i>(mm-dd-yyyy)</i>	Producer
Date of Release <i>(mm-dd-yyyy)</i>	Director
Language(s) Used In	Intended Audiences
	Grade Level

- | | | |
|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Black and White | <input type="checkbox"/> Negative | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Color | <input type="checkbox"/> Positive | <input type="checkbox"/> Silent |

Program Format <input type="checkbox"/> Motion Picture/Videotape/Videodisc <input type="checkbox"/> Slide/Transparency <input type="checkbox"/> Recording <i>(Includes CD/CDR/DVD Products)</i>	<input type="checkbox"/> Wall Chart/Map/Poster <input type="checkbox"/> Model <input type="checkbox"/> Other _____
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Summary of Content

DESCRIPTION OF SLIDE OR TRANSPARENCY

Slides/Transparencies Number _____ Size _____ In. By _____ In.	Records Numbers _____ Size _____	Cassettes Number _____
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DESCRIPTION OF MOTION PICTURE/VIDEOTAPE		
Motion Picture Gauge	Length In Feet	Description of Videodisc and other Motion Media Formats
Videotape Gauge	<input type="checkbox"/> Cassette	
Running Time	_____ Hours _____ Minutes	

DESCRIPTION OF RECORDING			
Format	<input type="checkbox"/> DVD <input type="checkbox"/> CD-CDR <input type="checkbox"/> Cassette <input type="checkbox"/> Diskette <input type="checkbox"/> Other	Number of Units	Length in Time

DESCRIPTION OF WALL CHART/MAP/POSTER			
<input type="checkbox"/> Wall Chart	<input type="checkbox"/> Map	<input type="checkbox"/> Poster	<input type="checkbox"/> Other
Constituent Material Dimensions _____ By _____		Form <input type="checkbox"/> Sets of Sheets <input type="checkbox"/> Single Sheets <input type="checkbox"/> Bound	

DESCRIPTION OF MODEL			
Dimensions Length _____ Height _____ Width _____			
		<input type="checkbox"/> Static	<input type="checkbox"/> Moving
Scale			
Constituent Materials		Predominant Colors	

STATEMENT OF OWNERSHIP

I _____ hereby certify the applicant named

 Type or Print
 above is the owner of the basic rights to the material(s) described in this application.*

_____ _____ _____
 Signature Title Date (mm-dd-yyyy)

_____ _____
 Telephone E-Mail Address

** If materials are not fully owned by applicant, please explain or attach documentation.*

ATTACH TO THIS APPLICATION A COMPLETE DESCRIPTION OF THE MATERIAL WITH THE EXACT WORDING OF TITLES, COPIES OF GUIDES, ETC., AND FORWARD THE MATERIAL, PREPAID, FOR REVIEW.

RETURN COMPLETED FORM

**ECA-IIP/EX
 Attestation Officer of the United States
 U.S. Department of State
 301 4th Street, SW
 Washington, DC 20547**

Telephone Number: 202-203-7447 Fax Number: 202-203-7469