



APPLICATION FOR CERTIFICATE OF INTERNATIONAL EDUCATIONAL CHARACTER

Title of Program (or Series)

Name of Applicant (U.S. Holder of Basic Rights) (Last, First, MI)

Address of Applicant (Street, City, State, Zip Code)

GENERAL INFORMATION

Date of Production (mm-dd-yyyy)	Producer
---------------------------------	----------

Date of Release (mm-dd-yyyy)	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"/> Wall Chart/Map/Poster
<input type="checkbox"/> Slide/Transparency	<input type="checkbox"/> Model
<input type="checkbox"/> Recording (Includes CD/CDR/DVD Products)	<input type="checkbox"/> Other _____

Summary of Content

DESCRIPTION OF SLIDE OR TRANSPARENCY

Slides/Transparencies Number _____ Size _____ In. By _____ In.	Records Numbers _____ Size _____	Cassettes Number
--	--	---------------------

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	Number of Units	Length in Time
	<input type="checkbox"/> Cassette	<input type="checkbox"/> Diskette	<input type="checkbox"/> Other	

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