



To Whom It May Concern:

This is to certify that the individual listed on the DS-2019 form presented to you has been admitted into the United States on a J-1 Exchange Visitor Visa, under the sponsorship of Cultural Vistas, to pursue a program of practical training or internship, as per the Department of State Exchange Visitor Program. This individual is only required to present Form DS-2019 to apply for a Social Security Card.

Please issue this individual a Social Security Card coded appropriately for an international trainee or intern who will undertake training in the United States for the period stated on their DS-2019 form and whose income during that period will be exempt from Social Security taxes. For reference, use the Program Operating Manual System, published by the Social Security Administration, Manual Section **RM 10211.345.C1A** which contains evidence on exchange visitors.

As of August 23, 2012 U.S. Customs and Border Protection will no longer stamp form DS-2019 upon admission into the U.S. Therefore, this individual's DS-2019 form bears no indication of entry. Please reference their I-94 record for information on admission.

If you have any questions please do not hesitate to contact us.

Sincerely,

Train USA Team  
212-497-3500  
[train@culturalvistas.org](mailto:train@culturalvistas.org)  
[www.culturalvistas.org](http://www.culturalvistas.org)

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# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First Jonathan	Full Middle Name	Last Ginsburg Nagar								
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last								
	OTHER NAMES USED												
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)	Mexico City City	Mexico State or Foreign Country	Office Use Only FCI	<b>4 DATE OF BIRTH</b> MM/DD/YYYY	06/12/1994							
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input checked="" type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input type="checkbox"/> Other (See Instructions On Page 3)							
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7 RACE</b> Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander							
<b>8</b>	<b>SEX</b>		<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female									
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First Jacqueline	Full Middle Name	Last Nagar Mehl								
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<input type="checkbox"/> Unknown	
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First Eduardo	Full Middle Name	Last Ginsburg Weingarten								
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<input type="checkbox"/> Unknown	
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)												
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last								
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY									
<b>14</b>	<b>TODAY'S DATE</b> 09/10/2019 MM/DD/YYYY	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> +52 15513619033 Area Code Number										
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. Google LLC Jonathan Ginsburg Nagar/jginsburgn 1600 Amphitheatre Parkway City Mountain View State/Foreign Country California ZIP Code 94043										
<b>17</b>	<b>YOUR SIGNATURE</b>		<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify										

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
PBC		EVI		EVA		EVC	
PRA		NWR		DNR		UNIT	
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
				DATE			
				DATE			