TN VISA SUPPORT LETTER

To Whom It May Concern:

This letter is provided in support of the application for a TN visa under the United States–Mexico–Canada Agreement (USMCA) for the following beneficiary, who is seeking entry into the United States as a professional under the TN visa category.

Beneficiary Information:

Full Name: _____

Citizenship: _____

Passport Number: _____

Date of Birth: _____

Employer Information:

Employer Name: _____

Employer Address: _____

Contact Person: _____

Contact Email/Phone: _____

Position and Employment Details:

Job Title: _____

Detailed Description of Duties:

The beneficiary will perform professional services consistent with the TN visa classification. Duties include (but are not limited to) the following: design, development, consulting, implementation, analysis, and management of projects in compliance with applicable professional standards and client requirements. The services are specialized and require at least a bachelor's degree or equivalent experience.

Anticipated Length of Employment: _____

Salary and Compensation:

Salary Amount: _____ USD

Payment Terms and Frequency: _____

Eligibility and Qualifications:

The beneficiary holds all necessary credentials, including valid educational qualifications and/or professional licenses, required to perform the duties of the position described herein, and meets all the requirements for TN visa eligibility as outlined by the USMCA regulations.

Statement of Compliance:

The employer certifies that the employment of the beneficiary complies with all applicable United States laws and regulations governing TN visa employment. This letter is issued solely for the purpose of supporting the beneficiary's

TN visa application and does not constitute an offer of permanent employment.

Terms and Conditions:

1. The beneficiary's employment is temporary and for the duration required to complete the assigned project or job duties.
2. Employment may be terminated by the employer or beneficiary in accordance with applicable laws and contractual terms.
3. The beneficiary will abide by all U.S. laws and regulations during their stay.
4. Any changes to employment circumstances will be reported to the appropriate U.S. government agencies as required.

EMPLOYER'S AUTHORIZED SIGNATURE

Signature: _____

Name and Title:

Date:

BENEFICIARY'S SIGNATURE

Signature: _____

Full Name:

Date: