OMB No. 1615-0025: Expires 08/31/08 I-508, Waiver of Rights, Privileges, **Exemptions and Immunities** (Under Section 247(b) of the INA)

Department of Homeland Security U.S. Citizenship and Immigration Services

| Type or print in black ink. Applicant must complete and submit all copies of this form. | | |
|---|--|--|
| | Alien Registration Number: | A# |
| Last Name I, | First Name | Middle Name |
| | tus entitling me to a nonimmigrant class Trader or Treaty Investor) or 15(G) (Inte ne Immigration and Nationality Act. | 1 & 1 |
| | retain the status of an alien lawfully admemptions and immunities that would other occupational status. | |
| = | salary from the French Republic are require on Form I-508F. Both form I-508 and Services (USCIS). | |
| 1. I was born on: (mm/dd/yyyy) | At: (City/Province/State/Cou | ntry) |
| | | |
| | | |
| 2. I am employed by: (Name and Addre | ess of Mission or Organization) | |
| | | |
| 3. U.S. Social Security Number: | U.S. State Departme Personal Identificati | |
| 4. Signature: |] | Date: (mm/dd/yyyy) |
| · · · · · · · · · · · · · · · · · · · | | Date: (mm/aa/yyyy) |
| | | |
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| | SE ONLY. (FRENCH NATIONALS PAID BY TH | |

Form I-508 (Rev.05/27/08)Y USCIS FILE COPY

What is the Purpose of This Form?

This form is used by a person whose occupational status entitles him or her to nonimmigrant status under section 101(a)(15)(A),(E), or (G) of the Immigration and Nationality Act (INA) as a Government Official, Treaty Trader or Treaty Investor, or International Organization Representative, respectively, to waive rights, privileges, exemptions, and immunities associated with such occupational status.

Where Should I File This Form?

If you are filing this form in conjunction with an application to adjust status to that of a lawful permanent resident, file this form at the same U.S. Citizenship and Immigration Services (USCIS) office where you must submit the related Form I-485. If you are filing this form in conjunction with an application for reentry permit, file this form at the same USCIS office where you must submit the related Form I-131.

Our Authority to Collect This Information

The authority for collection of the information requested on this form is contained in 8 U.S.C. 1257(b), 8 CFR 223.2, 8 CFR 245.1, and 8 CFR 247. Submission of the information by an alien to request that he or she be permitted to retain status as an immigrant lawfully admitted for permanent residence, to adjust to that of an alien lawfully admitted for permanent residence, or to obtain a reentry permit, is voluntary.

The solicited information on this form will be used principally by U.S. Citizenship and Immigration Services (USCIS) to determine whether (1) the status of the alien applicant shall be adjusted under the provisions of section 247(a) of the Immigration and Nationality Act (INA), 8 U.S.C. 1257(a), to that of a nonimmigrant as described by section 101(a)(15)(A), (E) or (G) of the INA, 8 U.S.C. 1101(a)(15)(A), (E) or (G); (2) the status of the alien applicant shall be adjusted under the provisions of 8 CFR Part 245 to that of an alien lawfully admitted for permanent residence; or (3) the alien applicant may obtain a reentry permit under 8 CFR Part 223.

As a matter of routine use, the information solicited may also be disclosed to other Federal, state, local, or foreign law enforcement and regulatory agencies, the Department of State, the Internal Revenue Service, the Department of Defense, including any component thereof (if the applicant has served in the Armed Forces of the United States); the Central Intelligence Agency, Interpol; and other authorized individuals and organizations. Disclosure of this information may be made during the course of an investigation to elicit further information required by USCIS to carry out its functions.

Failure to provide any or all of the solicited information may result in (1) the alien's adjustment of status from that of a lawful permanent resident to that of a nonimmigrant classified under paragraph 15(A), 15(E) or 15(G) of section 101(a) of the INA; (2) denial of the alien's application to adjust status to that of a lawful permanent resident; or (3) denial of the alien's application for a reentry permit.

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act an agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0025. **Do not submit your application to this address.**

I-508, Waiver of Rights, Privileges, Exemptions and Immunities (Under Section 247(b) of the INA)

Department of Homeland SecurityU.S. Citizenship and Immigration Services

Type or print in black ink. Applicant must complete and submit all copies of this form. Alien Registration Number: A# Last Name First Name Middle Name I, believe that I have an occupational status entitling me to a nonimmigrant classification under paragraph 15(A) (Government Official), 15(E) (Treaty Trader or Treaty Investor) or 15(G) (International Organization Representative) of section 101(a) of the Immigration and Nationality Act. Accordingly, I seek to acquire and/or retain the status of an alien lawfully admitted for permanent residence and hereby waive all rights, privileges, exemptions and immunities that would otherwise accrue to me under any law or executive order by reason of such occupational status. **NOTE:** French Nationals receiving a salary from the French Republic are required to complete this form I-508, and also complete an additional waiver on Form I-508F. Both form I-508 and I-508F must be submitted together to U.S. Citizenship and Immigration Services (USCIS). 1. I was born on: (mm/dd/yyyy) **At:** (City/Province/State/Country) **2.** I am employed by: (Name and Address of Mission or Organization) 3. U.S. Social Security Number: **U.S. State Department-Issued Personal Identification Number (PID):** 4. Signature: Date: (mm/dd/yyyy) FOR GOVERNMENT USE ONLY. (FRENCH NATIONALS PAID BY THE FRENCH REPUBLIC.) FORM I-508F EXECUTED. EXEMPT FROM U.S. TAXES NOT EXEMPT FROM U.S. TAXES.

STATE DEPT. COPY

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Where Should I File This Form?

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As a matter of routine use, the information solicited may also be disclosed to other Federal, state, local, or foreign law enforcement and regulatory agencies, the Department of State, the Internal Revenue Service, the Department of Defense, including any component thereof (if the applicant has served in the Armed Forces of the United States); the Central Intelligence Agency, Interpol; and other authorized individuals and organizations. Disclosure of this information may be made during the course of an investigation to elicit further information required by USCIS to carry out its functions.

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|---|---|--|--|--|
| | Alien Registration | Alien Registration Number: A# | | |
| Last Name I, | First Name | Middle Name | | |
| (Government Official), 15(E | ational status entitling me to a nonimmigrant (E) (Treaty Trader or Treaty Investor) or 15(G) 01(a) of the Immigration and Nationality Act. | (International Organization | | |
| | re and/or retain the status of an alien lawfully ileges, exemptions and immunities that would of such occupational status. | <u> </u> | | |
| | eceiving a salary from the French Republic aronal waiver on Form I-508F. Both form I-508 aigration Services (USCIS). | | | |
| 1. I was born on: (mm/dd/yyy | y) At: (City/Province/State | ?/Country) | | |
| | | | | |
| | | | | |
| 2. I am employed by: (Nam | ne and Address of Mission or Organization) | | | |
| | | | | |
| | | | | |
| 3. U.S. Social Security Nur | - | rtment-Issued ïcation Number (PID): | | |
| | <u> </u> | <u> </u> | | |
| | | | | |
| 4. Signature: | | Date: (mm/dd/yyyy) | | |
| | | | | |
| | | | | |
| FOR GOVER | RNMENT USE ONLY. (FRENCH NATIONALS PAID E | BY THE FRENCH REPUBLIC.) | | |
| FORM I-508F EXECUTED. | EXEMPT FROM U.S. TAXES | NOT EXEMPT FROM U.S. TAXES. | | |

Form I-508 (Rev. 05/27/08)Y Page 5 IRS COPY

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