



Application for Entrepreneur Parole

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

USCIS
Form I-941
OMB No. 1615-NEW
Expires 00/00/20xx

For USCIS Use Only	Receipt	Action Block
	Remarks	

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Entrepreneur (Applicant)

I am requesting:

- 1.a. Initial Parole
OR
1.b. Re-Parole
OR
1.c. Amended Application

If you are requesting a re-parole or filing an amended application, provide the Receipt Number of your current Form I-941 approval in **Item Number 2.** below.

2. Receipt Number
▶

Your Full Name

3.a. Family Name (Last Name)
3.b. Given Name (First Name)
3.c. Middle Name

Other Names Used

Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10.**

Additional Information

4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Other Information

5. Alien Registration Number (A-Number)
▶ A-

6. USCIS Online Account Number (if any)
▶

7. U.S. Social Security Number (if any)
▶

8. Date of Birth (mm/dd/yyyy)

9. Sex Male Female

10. Marital Status
 Single Married Divorced Widowed

Part 1. Information About the Entrepreneur (Applicant) (continued)

- 11. Country of Birth
- 12. Country of Citizenship or Nationality
- 13. Date of Last Arrival in the United States (if any) (mm/dd/yyyy)
- 14. Current or Last Class of Admission (if any) (for example, B-1, F-1, H-1B)
- 15. If you are present in the United States, other than on the basis of an Entrepreneur Parole, provide the receipt number of your most recent filing with USCIS (if applicable).

Provide information about your most recent Form I-94 Arrival-Departure Record, in **Item Numbers 16.a. - 16.f. (if any).**

- 16.a. Form I-94 Arrival-Departure Record Number
- 16.b. Passport Number
- 16.c. Travel Document Number (if any)
- 16.d. Country of Issuance for Passport or Travel Document
- 16.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
- 16.f. Date that Authorized Stay Expired or Will Expire as Shown on Form I-94 or I-95 (mm/dd/yyyy)
- 17.a. Have you, or any person included in this application, ever been in exclusion, deportation, removal, or rescission proceedings, or are you now in such proceedings?
 Yes No

If you answered "Yes," to **Item Number 17.a.**, provide the following information below:

- 17.b. Name of the Person in Proceedings

Where do you want USCIS to send all travel documents for you, and your spouse and dependent children (if applicable)?

- 18.a. To the U.S. address in **Part 1, Item Numbers 19.a. - 19.f.**
- 18.b. To a U.S. Embassy or U.S. Consulate at:
Name of U.S. Embassy or U.S. Consulate
- 18.c. To a Department of Homeland Security (DHS) office overseas at:
Name of DHS Office

Entrepreneur's Current U.S. Mailing Address

- 19.a. In Care Of Name
- 19.b. Street Number and Name
- 19.c. Apt. Ste. Flr.
- 19.d. City or Town
- 19.e. State 19.f. ZIP Code

Entrepreneur's Current Physical Address

- 20.a. Street Number and Name
- 20.b. Apt. Ste. Flr.
- 20.c. City or Town
- 20.d. State 20.e. ZIP Code
- 20.f. Province
- 20.g. Postal Code
- 20.h. Country

Entrepreneur's Education

- 21. Name of Institution of Higher Learning
- 22. Type of Degree/Major Field of Study
- 23. Date Degree Received (mm/dd/yyyy)

Part 1. Information About the Entrepreneur
(Applicant) (continued)

School Address

24.a. Street Number and Name

24.b. Apt. Ste. Flr.

24.c. City or Town

24.d. State 24.e. ZIP Code

24.f. Province

24.g. Postal Code

24.h. Country

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

Black Blue Brown

Gray Green Hazel

Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No hair) Black Blond

Brown Gray Red

Sandy White Unknown/Other

Part 3. Information About Family Members
Requesting Parole or Re-Parole with
Entrepreneur

Entrepreneur's Spouse's Information

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3. USCIS Online Account Number (if any) ▶

4. Date of Birth (mm/dd/yyyy)

5. Country of Birth

6. Country of Citizenship or Nationality

Entrepreneur's Spouse's Other Names Used

Provide any other names your spouse has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

Entrepreneur's Dependent Children

Provide the following information about each child. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Child 1

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

Part 3. Information About Family Members Requesting Parole or Re-Parole with Entrepreneur (continued)

9. A-Number (if any) ▶ A-
10. USCIS Online Account Number (if any) ▶
11. Date of Birth (mm/dd/yyyy)
12. Country of Birth
13. Country of Citizenship or Nationality

Child 2

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name
15. A-Number (if any) ▶ A-
16. USCIS Online Account Number (if any) ▶
17. Date of Birth (mm/dd/yyyy)
18. Country of Birth
19. Country of Citizenship or Nationality

Part 4. Information About Additional Entrepreneurs Requesting Parole or Re-Parole with the Same Start-Up Entity

Entrepreneur 1

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. Country of Citizenship or Nationality

4. Receipt Number (if applicable) ▶

Entrepreneur 2

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
6. Date of Birth (mm/dd/yyyy)
7. Country of Citizenship or Nationality
8. Receipt Number (if applicable) ▶

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners

Information About the Qualifying Start-Up Entity

1. Start-Up Entity Legal Name

Start-Up Entity Address

- 2.a. Street Number and Name
- 2.b. Apt. Ste. Flr.
- 2.c. City or Town
- 2.d. State 2.e. ZIP Code
3. Federal Employer Identification Number

4. DUNS Number (if any)
5. Trade Name "DBA" (Doing Business As)
6. Date Start-Up Entity Established in United States (mm/dd/yyyy)
7. Number of Full-Time Employees in United States
8. Your Ownership Stake/Percentage of Start-Up Entity %

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

Applying for Initial Parole

9. Explanatory Statement. Provide a detailed statement explaining how you meet the criteria for entrepreneur parole. Your statement should include an explanation of your role in the operations of that entity, as well as how your involvement with the start-up entity will advance the start-up entity's growth and business success such as to result in a significant public benefit. You may provide this statement in the space provided in **Part 10. Additional Information** or attach a separate sheet of paper; type or print your name and startup entity identification number at the top of each sheet; indicate the **Page Number, Part Number** and **Item Number** to which your answer refers; and sign and date each sheet.

10.a. Did your start-up entity receive a qualified investment of at least \$345,000 within the 365 days immediately preceding the filing of this application?
 Yes No

If you answered "Yes" to **Item Number 10.a.**, provide the amount of qualified investment and date the qualified investment was received in **Item Numbers 10.b. - 10.c.**

10.b. Amount of Qualified Investment
\$

10.c. Date Qualified Investment Received (mm/dd/yyyy)

11.a. Did your start-up entity receive a qualified government award or grant of at least \$100,000 within the 365 days immediately preceding the filing of this application?
 Yes No

If you answered "Yes" to **Item Number 11.a.**, provide the amount of qualified government award or grant and date the qualified government award or grant was received in **Item Numbers 11.b. - 11.c.**

11.b. Amount of Qualified Government Award or Grant
\$

11.c. Date Qualified Grant or Award Received (mm/dd/yyyy)

Alternative Criteria

12.a. Does your start-up entity partially meet one or more of the above threshold criteria?
 Yes No N/A

If you answered "Yes" to **Item Number 12.a.**, provide the amounts of qualified investment and/or qualified government award or grant that was received in **Item Numbers 12.b. - 12.c.**

12.b. Amount of Qualified Investment
\$

12.c. Amount of Qualified Government Award or Grant
\$

Applying for Re-Parole

13. Is this the same start-up entity for which you were granted an initial parole?
 Yes No

If you answered "No" to **Item Number 13.**, explain the current status of the start-up entity for which you were granted initial parole in **Item Number 14.** If you need more space to complete this section, use the space provided in **Part 10. Additional Information.**

14. Explanation

Re-Parole Criteria

Provide evidence that you continue to meet the definition of entrepreneur and that your business continues to meet the definition of start-up entity.

15. Do you own at least 10 percent of the shares, or similar type of equity interest, in the start-up entity?
 Yes No

16. Do you continue to perform an active and central role in the start-up entity?
 Yes No

17. Is the start-up entity continuing to lawfully operate in the United States?
 Yes No

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

18.a. Did your start-up entity receive at least \$500,000 in qualifying investments during the initial parole period?
 Yes No N/A

18.b. Provide the amounts of qualifying investments.
\$

19.a. Did your start-up entity create at least 10 qualified jobs with the start-up entity during the initial parole period?
 Yes No N/A

19.b. Provide the number of qualified jobs.

20.a. Did your start-up reach at least \$500,000 in annual revenue during the initial parole period?
 Yes No N/A

20.b. Provide the amount of annual revenue generated.
\$

21.a. Did the annual revenue generated by your start-up entity average 20 percent growth during the initial parole period?
 Yes No N/A

21.b. Provide the percentage of annual revenue growth.
 %

Alternative Criteria

22.a. Does your start-up entity partially meet one or more of the above threshold criteria?
 Yes No N/A

If you answered "Yes" to **Item Number 22.a.**, provide the applicable information requested in **Item Numbers 22.b. - 22.d.**

22.b. Total Amount of Revenue Generated During Current Period of Parole
\$

22.c. Total Amount of Additional Qualified Investment During Current Period of Parole
\$

22.d. Total Number of Qualified Jobs Created During Current Period of Parole

23. Provide a detailed statement explaining how you continue to meet the criteria for entrepreneur parole. Your statement should include an explanation of your continued or new role in the operations of that entity, as well as how your involvement with the start-up entity will advance the start-up entity's growth and business success such as to result in a significant public benefit. You may provide this statement in the space provided in **Part 10. Additional Information** or attach a separate sheet of paper; type or print your name and startup entity identification number at the top of each sheet; indicate the **Page Number, Part Number** and **Item Number** to which your answer refers; and sign and date each sheet.

24.a. Are you maintaining a household income that is greater than 400 percent of the Federal Poverty Guidelines?
 Yes No

If you answered "Yes" to **Item Number 24.a.**, provide the information requested in **Item Numbers 24.b. - 24.c.**

24.b. Amount of Household Income in Last Full Calendar Year
\$

24.c. Number of Members of Household

Filing an Amended Application to Report a Material Change

In the space below, provide a detailed explanation of any material changes to the facts on which your or your family's parole was based. If you need more space to complete this section, use the space provided in **Part 10. Additional Information.**

25. Explanation

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

26.a. Are you maintaining a household income that is greater than 400 percent of the Federal Poverty Guidelines?

Yes No

If you answered "Yes" to **Item Number 26.a.**, provide the information requested in **Item Numbers 26.b. - 26.c.**

26.b. Amount of Household Income in Last Full Calendar Year
\$

26.c. Number of Members of Household

Information About the Owners of the Start-Up Entity

If there are multiple owners of the start-up entity, you must list all other individuals or entities that own a share of the start-up entity and identify their ownership percentage.

Owner 1

27.a. Family Name (Last Name)

27.b. Given Name (First Name)

27.c. Middle Name

27.d. Legal Entity Name (if any)

27.e. Trade Name "DBA" (Doing Business As)

Other Names Used

Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10**.

Additional Information.

28.a. Family Name (Last Name)

28.b. Given Name (First Name)

28.c. Middle Name

Other Information

29. A-Number (if any)
▶ A-

30. U.S. Social Security Number (if any)
▶

31. USCIS Online Account Number (if any)
▶

32. Date of Birth (mm/dd/yyyy)

33. Country of Birth

34. Country of Citizenship or Nationality

35.a. Percentage of Ownership in the Start-Up Entity Listed in **Part 5., Item Number 1.**

35.b. Position Held (if any) in the Entity Listed in **Part 5., Item Number 1.**

Address and Contact Information

36.a. Street Number and Name

36.b. Apt. Ste. Flr.

36.c. City or Town

36.d. State **36.e.** ZIP Code

36.f. Province

36.g. Postal Code

36.h. Country

37. Daytime Telephone Number

38. Fax Number

39. Email Address (if any)

40. Website Address (if any)

Owner 2

41.a. Family Name (Last Name)

41.b. Given Name (First Name)

41.c. Middle Name

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

41.d. Legal Entity Name (if any)

41.e. Trade Name "DBA" (Doing Business As)

Other Names Used

Provide any other names used for Owner 2 since birth, including aliases, maiden name, and nicknames. If extra space is needed to complete this section, use the space provided in Part 10. Additional Information.

42.a. Family Name (Last Name)

42.b. Given Name (First Name)

42.c. Middle Name

Other Information

43. A-Number (if any)

▶ A-

44. U.S. Social Security Number (if any)

▶

45. USCIS Online Account Number (if any)

▶

46. Date of Birth (mm/dd/yyyy)

47. Country of Birth

48. Country of Citizenship or Nationality

49.a. Percentage of Ownership in the Start-Up Entity Listed in Part 5., Item Number 1.

49.b. Position Held (if any) in the Entity Listed in Part 5., Item Number 1.

Address and Contact Information

50.a. Street Number and Name

50.b. Apt. Ste. Flr.

50.c. City or Town

50.d. State

50.e. ZIP Code

50.f. Province

50.g. Postal Code

50.h. Country

51. Daytime Telephone Number

52. Fax Number

53. Email Address (if any)

54. Website Address (if any)

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award

Name of Investor (if an individual)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. A-Number (if any)

▶ A-

4. U.S. Social Security Number (if any)

▶

5. Country of Birth

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award
(continued)

Mailing Address and Contact Information

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

7. Daytime Telephone Number

8. Fax Number

9. Email Address (if any)

10. Website Address (if any)

Information on Investment

11.a. Aggregate Amount of Investment \$

11.b. Types of Investment (for example, equity or convertible debt)

Qualified Investor Verification

12. Is the investor a U.S. citizen or lawful permanent resident of the United States? Yes No

13. Has the investor been permanently or temporarily enjoined from participating in the offer or sale of a security or in the provision of services as an investment adviser, broker, dealer, municipal securities dealer, government securities broker, government securities dealer, bank, transfer agent or credit rating agency; barred from association with any entity involved in the offer or sale of securities or provision of such services; or otherwise found to have participated in the offer or sale of securities or provision of such services in violation of law? Yes No

List all investments in other start-ups by this investor during the preceding five years. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

14. Name of Company

15. DUNS Number (if any)

16. Year of Investment

17. Amount of Investment \$

18. Type of Investment

19.a. Street Number and Name

19.b. Apt. Ste. Flr.

19.c. City or Town

19.d. State 19.e. ZIP Code

19.f. Province

19.g. Postal Code

19.h. Country

Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$500,000 in revenue with average annualized revenue growth of at least 20 percent.

Company 1

20. Name of Company

21. DUNS Number (if any)

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award (continued)

22.a. Street Number and Name

22.b. Apt. Ste. Flr.

22.c. City or Town

22.d. State 22.e. ZIP Code

22.f. Province

22.g. Postal Code

22.h. Country

Company 2

23. Name of Company

24. DUNS Number (if any)

25.a. Street Number and Name

25.b. Apt. Ste. Flr.

25.c. City or Town

25.d. State 25.e. ZIP Code

25.f. Province

25.g. Postal Code

25.h. Country

Name of Investor (if an organization such as a Venture Capital Firm, Accelerator or Incubator)

26.a. Legal Entity Name

26.b. Trade Name "DBA" (Doing Business As)

26.c. DUNS Number (if any)

Address and Contact Information

27.a. Street Number and Name

27.b. Apt. Ste. Flr.

27.c. City or Town

27.d. State 27.e. ZIP Code

27.f. Province

27.g. Postal Code

27.h. Country

28. Daytime Telephone Number

29. Fax Number

30. Email Address (if any)

31. Website Address (if any)

Information on Investment

32.a. Aggregate Amount of Investment \$

32.b. Types of Investment (for example, equity or convertible debt)

Qualified Investor Verification

33. Is the investor majority owned and controlled, directly and indirectly, by U.S. citizens or lawful permanent residents of the United States? Yes No

34. Has the investor been permanently or temporarily enjoined from participating in the offer or sale of a security or in the provision of services as an investment adviser, broker, dealer, municipal securities dealer, government securities broker, government securities dealer, bank, transfer agent or credit rating agency; barred from association with any entity involved in the offer or sale of securities or provision of such services; or otherwise found to have participated in the offer or sale of securities or provision of such services in violation of law? Yes No

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award
(continued)

List all investments in other start-ups by this investor during the preceding five years. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

- 35. Name of Company
- 36. DUNS Number (if any)
- 37. Year of Investment
- 38. Amount of Investment \$
- 39. Type of Investment

Address Information

- 40.a. Street Number and Name
- 40.b. Apt. Ste. Flr.
- 40.c. City or Town
- 40.d. State 40.e. ZIP Code
- 40.f. Province
- 40.g. Postal Code
- 40.h. Country

Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$500,000 in revenue with average annualized revenue growth of at least 20 percent.

Company 1

- 41. Name of Company
- 42. DUNS Number (if any)

- 43.a. Street Number and Name
- 43.b. Apt. Ste. Flr.
- 43.c. City or Town
- 43.d. State 43.e. ZIP Code
- 43.f. Province
- 43.g. Postal Code
- 43.h. Country

Company 2

- 44. Name of Company
- 45. DUNS Number (if any)
- 46.a. Street Number and Name
- 46.b. Apt. Ste. Flr.
- 46.c. City or Town
- 46.d. State 46.e. ZIP Code
- 46.f. Province
- 46.g. Postal Code
- 46.h. Country

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award
(continued)

Name of Government Entity Providing Grant/Award

47. Name of Approving Official

Address and Contact Information

48.a. Street Number and Name

48.b. Apt. Ste. Flr.

48.c. City or Town

48.d. State 48.e. ZIP Code

48.f. Province

48.g. Postal Code

48.h. Country

49. Daytime Telephone Number

50. Fax Number

51. Email Address (if any)

52. Website Address (if any)

Information on Grant/Award

53.a. Aggregate of Amount of Grant/Award
\$

53.b. Types of Grant/Award

Part 7. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-941 Instructions before completing this part. You must file Form I-941 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in **Part 8.** read to me every question and instruction on this application and my answer to every question in

,
a language in which I am fluent, and I understood.

2. At my request, the preparer named in **Part 9.**,
,
prepared this application for me based upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Part 7. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature

➔

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application. USCIS will issue a notice of intent to terminate your participation in the Significant Public Benefit Entrepreneur Program if a start-up entity fails to submit the required information or upon a determination that the start-up entity no longer serves the purpose of promoting economic growth.

Part 8. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

NOTE: If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 10. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print the start-up entity's name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Name of Start-Up Entity

2. Start-Up Entity Identification Number

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

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