

TABLE OF CHANGES – FORM
Form I-131, Application for Travel Document
OMB Number: 1615-0013
08/12/2016

Reason for Revision: International Entrepreneurial Parole NPRM- Executive Action

Current Page Number and Section	Current Text	Proposed Text
<p>Page 1,</p>	<p>To Be Completed by an Attorney/Representative, if any.</p> <p>Fill in box if G-28 is attached to represent the applicant.</p> <p>Attorney State License Number:</p>	<p>[Page 1]</p> <p>To be completed by an attorney or BIA-accredited representative (if any).</p> <p>Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number (if applicable)</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p>
<p>Page 1, Start Here. Type or Print in Black Ink. Part 1. Information About You</p>	<p>Start Here. Type or Print in Black Ink.</p> <p>Part 1. Information About You</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p>	<p>[Page 1]</p> <p>Start Here. Type or print in black ink.</p> <p>Part 1. Information About You</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>Other Names Used (if any) Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space in Part 12. Additional Information.</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>Mailing Address</p> <p>3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p>

	<p>Physical Address</p> <p>2.a. In Care Of Name 2.b. Street Number and Name 2.c. [] Apt. [] Ste. [] Flr. [fillable field] 2.d. City or Town 2.e. State 2.f. ZIP Code 2.g. Postal Code 2.h. Province 2.i. Country</p> <p>Other Information</p> <p>3. Alien Registration Number (A-Number)</p> <p>4. Country of Birth 5. Country of Citizenship 7. Gender Male Female 6. Class of Admission 8. Date of Birth (mm/dd/yyyy) 9. U.S. Social Security Number (if any)</p>	<p>4. Is your current mailing address the same as your physical address? Yes/No</p> <p>If you answered “No” to Item Number 3., provide your physical address in Item Numbers 4.a.-4.i.</p> <p>Physical Address</p> <p>5.a. In Care Of Name 5.b. Street Number and Name 5.c. [] Apt. [] Ste. [] Flr. [fillable field] 5.d. City or Town 5.e. State 5.f. ZIP Code 5.g. Province 5.h. Postal Code 5.i. Country</p> <p>Other Information</p> <p>6. Alien Registration Number (A-Number) 7. USCIS Online Account Number (if any) 8. Country of Birth 9. Country of Citizenship or Nationality 10. Gender Male Female 11. Class of Admission 12. Date of Birth (mm/dd/yyyy) 13. U.S. Social Security Number (if any)</p>
<p>Page 2, Part 2. Application Type</p>	<p>1.a. I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.</p> <p>1.b. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.</p> <p>1.c. I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document</p> <p>1.d. I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.</p> <p>1.e. I am outside the United States, and I am applying for an Advance Parole Document.</p> <p>1.f. I am applying for an Advance Parole Document for a person who is outside the United States.</p>	<p>[Page 2]</p> <p>[No Change]</p>

	<p>If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.</p> <p>2.a. Family Name (<i>Last Name</i>) 2.b. Given Name (<i>First Name</i>) 2.c. Middle Name 2.d. Date of Birth (<i>mm/dd/yyyy</i>) 2.e. Country of Birth</p> <p>2.f. Country of Citizenship 2.g. Daytime Phone Number</p> <p>Physical Address (If you checked box 1.f.) 2.h. In Care of Name 2.i. Street Number and Name 2.j. Apt. Ste. Flr. 2.k. City or Town 2.l. State 2.m. Zip Code 2.n. Postal Code 2.o. Province 2.p. Country</p>	<p>1.g. I am the spouse or a child of an individual who is an Applicant for Entrepreneur Parole or is already in the United States as an Entrepreneur Parolee and I am applying for an Advance Parole Document</p> <p>If you selected Item Number 1.f. , provide the following information about that person in Item Number 2.a.- 5.i. If you selected Item Number 1.g. , provide the following information about the Principal Entrepreneur in Item Number 2.a.- 2.h.</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name 2.d. Date of Birth (mm/dd/yyyy) 2.e. Country of Birth 2.f. USCIS Online Account Number (if any) 2.g. Country of Citizenship or Nationality 2.h. Daytime Telephone Number</p> <p>Mailing Address 3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>4. Is your current mailing address the same as your physical address? Yes/No</p> <p>If you answered “No” to Item Number 4., or if you selected Item Number 1.f. in Part 2, provide your physical address in Item Numbers 5.a.-5.i.</p> <p>Physical Address 5a. In Care Of Name 5.b. Street Number and Name 5.c. [] Apt. [] Ste. [] Flr. [fillable field] 5.d. City or Town 5.e. State 5.f. ZIP Code 5.g. Province 5.h. Postal Code 5.i. Country</p>
New		<p>[Page 3]</p> <p>Part 3. Biographic Information</p>

		<p>1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino</p> <p>2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander</p> <p>3. Height Feet__ Inches __</p> <p>4. Weight Pounds ___</p> <p>5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other</p> <p>6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other</p>
<p>Page 3, Part 3. Processing Information</p>	<p>1. Date of Intended Departure (mm/dd/yyyy)</p> <p>2. Expected Length of Trip (in days)</p> <p>3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? Yes/No</p> <p>3.b. If “Yes”, Name of DHS office.</p>	<p>[Page 3]</p> <p>Part 4. Processing Information</p> <p>[No Change]</p> <p>3.b. If you answered “Yes” to Item Number 3.a., provide the name of the DHS office</p>

	<p>4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? YES/NO (If “Yes” give the following information for the last document issued to you):</p> <p>4.b. Date Issued (<i>mm/dd/yyyy</i>)</p> <p>4.c. Disposition (<i>attached, lost, etc.</i>)</p> <p>If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.</p> <p>Where do you want this travel document sent? (Check one)</p> <p>5. To the U.S. address shown in Part 1. (2.a. - 2.i.) of this form.</p> <p>6. To a U.S. Embassy or U.S. Consulate at</p> <p>6.a. City or Town</p> <p>6.c. Country</p> <p>7. To a DHS office overseas at</p> <p>7.a. City or Town</p> <p>7.b. Country</p> <p>If you checked “6” or “7”, where should the notice to pick up the travel document be sent?</p> <p>8. To the address show in Part 2 (2.h.-2.p.) of this form</p> <p>9. To the address shown in below (Part 3., 10.a.-10.i.)of this form:</p> <p>10.a. In Care Of Name</p> <p>10.b. Street Number and Name</p> <p>10.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field]</p> <p>10.d. City or Town</p> <p>10.e. State</p> <p>10.f. Zip Code</p> <p>10.g. Postal Code</p> <p>10.h. Province</p> <p>10.i. Country</p> <p>10.j. Daytime Phone Number</p>	<p>4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? Yes/No</p> <p>If you answered "Yes" to Item Number 4.a., provide the following information for the last document issued to you.</p> <p>4.b. Date Issued (<i>mm/dd/yyyy</i>)</p> <p>4.c. Disposition (<i>attached, lost, etc.</i>)</p> <p>If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.</p> <p>Where do you want this travel document sent? (Select one)</p> <p>5. __To the U.S. address shown in Part 1. (Item Number 3.a. - 3.h.) of this form.</p> <p>6.a. __To a U.S. Embassy or U.S. Consulate at</p> <p>6.b. City or Town</p> <p>6.c. Country</p> <p>7.a. __To a DHS office overseas at</p> <p>7.b. City or Town</p> <p>7.c. Country</p> <p>If you selected Item Number 6.a. or 7.a. above, where should the notice to pick up the travel document be sent?</p> <p>8.a. __To the address show in Part 2 (Item Number 3.a.- 3.h.) of this form</p> <p>8.b. __To the address shown in below (Part 4., Item Number 9.a.-9.i.)</p> <p>9.a. In Care Of Name</p> <p>9.b. Street Number and Name</p> <p>9.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field]</p> <p>9.d. City or Town</p> <p>9.e. State</p> <p>9.f. ZIP Code</p> <p>9.g. Province</p> <p>9.h. Postal Code</p> <p>9.i. Country</p> <p>10. Daytime Telephone Number</p>
<p>Page 3, Part 4. Information About Your Proposed</p>		<p>[Page 4]</p> <p>Part 5. Information About Your Proposed</p>

<p>Travel</p>	<p>1.a. Purpose of trip. <i>(If you need more space, continue on a separate sheet of paper.)</i></p> <p>1.b. List the countries you intend to visit. <i>(If you need more space, continue on a separate sheet of paper.)</i></p>	<p>Travel</p> <p>1.a. Purpose of Trip (If you need more space, use the space provided in Part 12. Additional Information.)</p> <p>1.b. List the countries you intend to visit. (If you need more space, use the space provided in Part 12. Additional Information.)</p>
<p>Page 3, Part 5. Complete Only If Applying for a Re- entry Permit</p>	<p>Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?</p> <p>1.a. ___ Less than 6 months 1.b. ___ 6 months to 1 year 1.c. ___ 1 to 2 years 1.d. ___ 2 to 3 years 1.e. ___ 3 to 4 years 1.f. ___ More than 4 years</p> <p>2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? <i>(If “Yes” give details on a separate sheet of paper.)</i> Yes/No</p>	<p>[Page 5]</p> <p>Part 6. Complete Only If Applying For a Re-entry Permit</p> <p>[No Change]</p> <p>2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? Yes/No</p> <p>If you answered “Yes” to Item Number 2., provide the details in Part 12. Additional Information.</p>
<p>Page 4, Part 6. Complete Only If Applying for a Refugee Travel Document</p>	<p>1. Country from which you are a refugee or asylee</p> <p>If you answer “Yes” to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.</p>	<p>[Page 5]</p> <p>Part 7. Complete Only If Applying For a Refugee Travel Document</p> <p>1. Country From Which You Are a Refugee or Asylee</p> <p>If you answer “Yes” to any of the following questions, you must explain in Part 12. Additional Information. Include your name and A-Number on the top of the page.</p>

	<p>2. Do you plan to travel to the country named above? Yes/No</p> <p>Since you were accorded refugee/asylee status, have you ever:</p> <p>3.a. Returned to the country named above? Yes/No</p> <p>3.b. Applied for an/or obtained a national passport, passport renewal, or entry permit of that country? Yes/No</p> <p>3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)? Yes/No</p> <p>Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act</p> <p>4.a. Reacquired the nationality of the country named above? Yes/No</p> <p>4.b. Acquired a new nationality? Yes/No</p> <p>4.c. Been granted refugee or asylee status in any other country? Yes/No</p>	<p>[No change]</p>
<p>Page 4, Part 7. Complete Only If Applying for Advance Parole</p>	<p>On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (<i>See Instructions.</i>)</p> <p>1. How many trips do you intend to use this document? <input type="checkbox"/> One Trip <input type="checkbox"/> More Than One Trip</p> <p>If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or Consulate or the DHS overseas office that you want us to notify.</p> <p>2.a. City or Town 2.b. Country</p>	<p>[Page 5] Part 8. Complete Only If Applying For Advance Parole</p> <p>On a separate sheet of paper or in Part 12. Additional Information, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (<i>See Instructions.</i>)</p> <p>1. For how many trips do you intend to use this document? <input type="checkbox"/> One Trip <input type="checkbox"/> More Than One Trip</p> <p>If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or U.S. Consulate or the DHS overseas office that you want us to notify.</p> <p>2.a. City or Town 2.b. Country</p>

	<p>If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?</p> <p>3. To the address shown in Part 2 (2.h.through 2.p.)</p> <p>4. To the address shown below (Part 7., 4.a. - 4.i.)</p> <p>4.a. In Care Of Name 4.b. Street Number and Name 4.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 4.d. City or Town 4.e. State 4.f. Zip Code 4.g. Postal Code 4.h. Province 4.i. Country 4.j. Daytime Phone Number</p>	<p>If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?</p> <p>3. To the address shown in Part 2 (Item Number 3.a.- 3.h.)</p> <p>4. To the address shown below (Part 8., Item Number 5.a. - 5.i.)</p> <p>5.a. In Care Of Name 5.b. Street Number and Name 5.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 5.d. City or Town 5.e. State 5.f. ZIP Code 5.g. Province 5.h. Postal Code 5.i. Country 5.j. Daytime Telephone Number</p>
<p>Page 5, Signature of Applicant</p>	<p><i>(Read the information on penalties in the Form instructions before completing this Part.)</i> If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.</p>	<p>[Page 6]</p> <p>Part 9. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-131 Instructions before completing this part. If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file Form I-131.</p> <p>Applicant’s Statement</p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. If filing as the spouse or child of an individual who is an Applicant for Entrepreneur Parole or is already in the United States as an Entrepreneur Parolee, select the box for Item Number 3.</p> <p>1.a. <input type="checkbox"/> 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.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 10. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p>

	<p>2. Daytime Phone Number</p> <p>1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any</p>	<p>2. <input type="checkbox"/> At my request, the preparer named in Part 11., [Fillable Filed], prepared this application for me based only upon information I provided or authorized.</p> <p>3. <input type="checkbox"/> I am the spouse/child of a principal Entrepreneur Parolee or principal applicant for Entrepreneur Parole and I understand that the approval of this application is contingent upon the approval of an application for Entrepreneur Parole for the principal.</p> <p><i>Applicant's Contact Information</i></p> <p>4. Applicant's Daytime Telephone Number</p> <p>5. Applicant's Mobile Telephone Number (if any)</p> <p>6. Applicant's Email Address (if any)</p> <p><i>Applicant's Declaration and Certification</i></p> <p>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.</p> <p>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.</p> <p>I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my application; and</p> <p>2) All of this information was complete, true, and correct at the time of filing.</p> <p>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,</p>
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	<p>information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.</p> <p>Signature of Applicant 1.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.</p>	<p>and submitted with, my application and that all of this information is complete, true, and correct.</p> <p>Applicant's Signature 7.a. Applicant's Signature 7.b. Date of Signature (mm/dd/yyyy)</p> <p>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.</p>
<p>New</p>		<p>[Page 7]</p> <p>Part 10. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>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)</p> <p>Interpreter's Mailing Address 3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>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)</p> <p>Interpreter's Certification I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 9., 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</p>

		<p>understands every instruction, question, and answer on the application, including the Applicant’s Declaration and Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter’s Signature</i> 7.a. Interpreter’s Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 5, Information About Person Who Prepared This Application, If Other Than the Applicant</p>	<p><i>Preparer’s Full Name</i> 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)</p> <p><i>Preparer’s Mailing Address</i> 3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. Zip Code 3.f. Postal Code 3.g. Province 3.h. Country</p> <p><i>Preparer’s Contact Information</i> 4. Preparer’s Daytime Phone Number Extension 6. Preparer’s E-mail Address (if any)</p> <p>NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of</p>	<p>[Page 8]</p> <p>Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer’s Full Name</i> 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)</p> <p><i>Preparer’s Mailing Address</i> 3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Preparer’s Contact Information</i> 4. Preparer’s Daytime Telephone Number 5. Preparer’s Mobile Telephone Number (if any) 6. Preparer’s Email Address (if any)</p> <p><i>Preparer’s Statement</i> 7.a. <input type="checkbox"/> 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. <input type="checkbox"/> I am an attorney or accredited representative and my representation of the applicant in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this application.</p> <p>NOTE: If you are an attorney or accredited representative, you must submit a completed Form G-28, Notice of Entry of Appearance as</p>

	<p>Appearance as Attorney or Accredited Representative, along with this application.</p> <p>Declaration To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.</p> <p>6.a. Signature of Preparer 6.b. Date of Signature (<i>mm/dd/yyyy</i>)</p>	<p>Attorney or Accredited Representative, with this application.</p> <p>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.</p> <p>Preparer's Signature 8.a. Preparer's Signature 8.b. Date of Signature (<i>mm/dd/yyyy</i>)</p>
<p>New</p>		<p>[Page 9]</p> <p>Part 12. Additional Information</p> <p>If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number</p>

		<p>5.c. Item Number 5.d. [Fillable field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]</p>
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