

**TABLE OF CHANGES – FORM
Form I-539A, Supplemental Information for Application to Extend/Change
Nonimmigrant Status
OMB Number: 1615-0003
04/27/2018**

Reason for Revision: Revision with standard language changes, including credit card language.

Current Page Number and Section	Current Text	Proposed Text
New		<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>START HERE – Type or print in black ink.</p>
New		<p>[Page 1]</p> <p>Part 1. Information About You</p> <p>Attach to Form I-539 when more than one person is included in the Form I-539 application. List each person on a separate Form I-539A. Do not include the person named in Form I-539.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy)</p> <p>3. Country of Birth</p> <p>4. Country of Citizenship or Nationality</p> <p>5. U.S. Social Security Number (if any)</p> <p>6. Alien Registration Number (A-Number) (if any)</p> <p>7. Date of Arrival (mm/dd/yyyy)</p> <p>Provide Information About Your Most Recent Entry Into the United States</p>

		<p>8. Form I-94 Arrival-Departure Record Number</p> <p>9. Passport Number</p> <p>10. Travel Document Number</p> <p>11.a. Country of Passport or Travel Document Issuance</p> <p>11.b. Passport or Travel Document Issuance Date (mm/dd/yyyy)</p> <p>12.a. Current Nonimmigrant Status</p> <p>12.b. Expiration Date (mm/dd/yyyy)</p> <p>Provide Your Current Passport Information (if different from Item Number 9.)</p> <p>13.a. Passport Number</p> <p>13.b. Country of Passport Issuance</p> <p>13.c. Passport Expiration Date (mm/dd/yyyy)</p> <p>14. Email Address</p> <p>15. Daytime Telephone Number</p> <p>16. USCIS Online Account Number (if any)</p>
New		<p>[Page 1]</p> <p>Part 2. Applicant's Statement, Contact Information, Declaration, Certification and Signature</p> <p>NOTE: Read the Penalties section of the Form I-539 and Form I-539A Instructions before completing this section.</p> <p><i>Applicant's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.</p> <p>1.b. The interpreter named in Part 3. read to me every question and instruction on this form and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p>2. At my request, the preparer named in Part 4., [Fillable field], prepared this form for me based only upon information I provided or authorized.</p> <p>[Page 2]</p>

	<p><i>Applicant's Contact Information</i> 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)</p> <p><i>Applicant's Declaration and Certification</i> 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 form, 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 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:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my form; 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 form 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 form and that all of this information is complete, true, and correct.</p> <p><i>Applicant's Signature</i> 6.a. Applicant's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL APPLICANTS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf.</p>
New	<p>[Page 2]</p> <p>Part 3. Interpreter's Contact Information, Statement, Certification, and Signature</p> <p>Provide the following information about the</p>

		<p>interpreter you used to complete Form I-539A if he or she is different from the interpreter used to complete the Form I-539 filed on your behalf.</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. 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</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 2., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.</p> <p>[Page 3]</p> <p>Interpreter's Signature 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
New		<p>[Page 3]</p> <p>Part 4. 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 you used to complete Form I-539A if he or she is different from the preparer used to complete the Form I-539 filed on your behalf.</p> <p>Preparer's Full Name 1.a. Preparer's Family Name (Last Name)</p>

		<p>1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name</p> <p>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</p> <p>Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p>Preparer's Statement 7.a. I am not an attorney or accredited representative but have prepared this form 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 form.</p> <p>NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.</p> <p>Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant. The applicant then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this form 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 (mm/dd/yyyy)</p>
New		<p>[Page 4]</p> <p>Part 5. Additional Information</p> <p>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</p>

		<p>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</p> <p>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 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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