



# Application for Entrepreneur Parole

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

USCIS  
Form I-941  
OMB No. 1615-0136  
Expires 01/31/2019

<b>For USCIS Use Only</b>	<b>Receipt</b>	<b>Action Block</b>
	<b>Remarks</b>	

<b>To be completed by an attorney or accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <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 or Have Been Granted 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

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

8. Your Ownership Stake/Percentage of Start-Up Entity  %

**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 \$250,000 within 18 months 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)

If you need more space to complete this section, use the space provided in **Part 10. Additional Information**.

11.a. Did your start-up entity receive a qualified government award or grant of at least \$100,000 within 18 months 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)

If you need more space to complete this section, use the space provided in **Part 10. Additional Information**.

**Alternative Criteria**

12.a. Does your start-up entity partially meet one or both 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 5% of the shares, or similar type of equity interest, in the start-up entity?  Yes  No



**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 investments in other start-ups by this investor during the preceding five years totaling no less than \$600,000. 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 investments in other start-ups by this investor during the preceding five years totaling no less than \$600,000. 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 may terminate your parole, granted pursuant to this rule, if you fail to submit the required information or upon a determination that your continued presence in the United States no longer provides a significant public benefit.

**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)

