**TABLE OF CHANGES – Form**

**Form** **I-907, Request for Premium Processing Service**

**OMB Number: 1615-0048**

**01/03/2020**

|  |
| --- |
| **Reason for Revision:**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 04/30/2020  Edition Date 10/01/2018 |

|  |  |  |
| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
|  |  | **[No changes]** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |