



# Petition for U Nonimmigrant Status

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

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 04/30/2021

For USCIS Use Only	Remarks		Receipt		Action Block	
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed			
		From: / /				
	To: / /	Stamp Number	Date (mm/dd/yyyy)			

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

▶ **START HERE** - Type or print in black or blue ink.

### Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

### Other Names Used (Include maiden name, nicknames, and aliases)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Home Address [\(USPS ZIP Code Lookup\)](#)

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

### Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name

4.b. Street Number and Name

4.c.  Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

### Other Information

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

6. U.S. Social Security Number  
▶

7. USCIS Online Account Number  
▶

8. Marital Status  
 Single  Married  Divorced  Widowed

**Part 1. Information About You (continued)**

- 9. Gender  Male  Female
- 10. Date of Birth (mm/dd/yyyy)
- 11. Country of Birth
- 12. Country of Citizenship or Nationality
- 13. Form I-94 Arrival-Departure Record Number
- 14. Passport Number
- 15. Travel Document Number
- 16. Country of Issuance for Passport or Travel Document
- 17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)
- 18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

- 19.a. City or Town
- 19.b. State
- 20. Date of Last Entry into the United States (mm/dd/yyyy)
- 21. Date Authorized Stay Expired (mm/dd/yyyy)
- 22. Current Immigration Status

**Part 2. Additional Information About You**

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information.**

Select "Yes" or "No," as appropriate, for each of the following questions.

- 1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii).  Yes  No
- 2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity.  Yes  No
- 3. I possess information concerning the criminal activity of which I was a victim.  Yes  No
- 4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official.  Yes  No
- 5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States.  Yes  No
- 6. I am under 16 years of age.  Yes  No
- 7.a. I was or am in immigration proceedings.  Yes  No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

- 7.b.  Removal Proceedings  
Removal Date (mm/dd/yyyy)
- 7.c.  Exclusion Proceedings  
Exclusion Date (mm/dd/yyyy)
- 7.d.  Deportation Proceedings  
Deportation Date (mm/dd/yyyy)
- 7.e.  Rescission Proceedings  
Rescission Date (mm/dd/yyyy)
- 7.f.  Judicial Proceedings  
Judicial Date (mm/dd/yyyy)

**Part 2. Additional Information About You**  
(continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):

- U.S. Consulate    Pre-Flight Inspection  
 Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

**Safe Foreign Address Where You Want Notification Sent**  
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name

12.b.  Apt.    Ste.    Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

**Part 3. Processing Information**

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following **questions, even** if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

**NOTE:** If you answer "Yes" to **ANY** question in **Part 3**, provide an explanation in the space provided in **Part 8. Additional Information**.

**NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

- 1.a. Committed a crime or offense for which you have not been arrested?  Yes    No
- 1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason?  Yes    No
- 1.c. Been charged with committing any crime or offense?  Yes    No
- 1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)?  Yes    No
- 1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes    No

**Part 3. Processing Information (continued)**

- 1.f. Received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- 1.g. Been in jail or prison?  Yes  No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No

**Information About Arrests, Citations, Detentions, or Charges**

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

2.a. Why were you arrested, cited, detained, or charged?

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

2.c. City or Town

2.d. State

2.e. Country

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

3.a. Why were you arrested, cited, detained, or charged?

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

3.c. City or Town

3.d. State

3.e. Country

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Have you **EVER**:

- 4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution?  Yes  No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 5.c. Assassination?  Yes  No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the INA?  Yes  No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No

**Part 3. Processing Information (continued)**

- 6.c.** Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 6.d.** Assassination?  Yes  No
- 6.e.** The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.f.** The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.g.** Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No
- Do you intend to engage in the United States in:
- 7.a.** Espionage?  Yes  No
- 7.b.** Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States?  Yes  No
- 7.c.** Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No
- 8.** Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No
- 9.** Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?  Yes  No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a.** Acts involving torture or genocide?  Yes  No
- 10.b.** Killing any person?  Yes  No
- 10.c.** Intentionally and severely injuring any person?  Yes  No
- 10.d.** Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?  Yes  No
- 10.e.** Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
- 10.f.** The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No
- 10.g.** Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information.**

- 11.** Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts?  Yes  No

Have you **EVER** been present or nearby when any person was:

- 12.a.** Intentionally killed, tortured, beaten, or injured?  Yes  No
- 12.b.** Displaced or moved from his or her residence by force, compulsion, or duress?  Yes  No
- 12.c.** In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No

Have you **EVER**:

- 13.a.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization?  Yes  No

**Part 3. Processing Information (continued)**

**13.b.** Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No

**13.c.** Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

**14.a.** Received any type of military, paramilitary, or weapons training?  Yes  No

**14.b.** Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No

**14.c.** Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

**15.a.** Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No

**15.b.** Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No

**16.** Are you **NOW** in removal, exclusion, rescission, or deportation proceedings?  Yes  No

**17.** Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you?  Yes  No

**18.** Have you **EVER** been removed, excluded, or deported from the United States?  Yes  No

**19.** Have you **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No

**20.** Have you **EVER** been denied a visa or denied admission to the United States?  Yes  No

**21.** Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No

**22.** Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes  No

**23.** Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No

**24.** Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  Yes  No

**25.** Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?  Yes  No

**26.** Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?  Yes  No

**27.** Do you plan to practice polygamy in the United States?  Yes  No

**28.** Have you **EVER** entered the United States as a stowaway?  Yes  No

**29.a.** Do you **NOW** have a communicable disease of public health significance?  Yes  No

**29.b.** Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No

**29.c.** Are you **NOW** or have you **EVER** been a drug abuser or drug addict?  Yes  No

**Part 4. Information About Your Spouse and/or Children**

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

**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 Birth

**4.** Relationship

**5.** Current Location

---

**6.a.** Family Name (Last Name)

**6.b.** Given Name (First Name)

**6.c.** Middle Name

**7.** Date of Birth (mm/dd/yyyy)

**8.** Country of Birth

**9.** Relationship

**10.** Current Location

---

**11.a.** Family Name (Last Name)

**11.b.** Given Name (First Name)

**11.c.** Middle Name

**12.** Date of Birth (mm/dd/yyyy)

**13.** Country of Birth

**14.** Relationship

**15.** Current Location

**16.a.** Family Name (Last Name)

**16.b.** Given Name (First Name)

**16.c.** Middle Name

**17.** Date of Birth (mm/dd/yyyy)

**18.** Country of Birth

**19.** Relationship

**20.** Current Location

---

**21.a.** Family Name (Last Name)

**21.b.** Given Name (First Name)

**21.c.** Middle Name

**22.** Date of Birth (mm/dd/yyyy)

**23.** Country of Birth

**24.** Relationship

**25.** Current Location

**Filing On Behalf of Family Members**

**26.** I am petitioning for one or more qualifying family members.  Yes  No

**NOTE:** If you answered “Yes” to **26.**, you must complete and include Supplement A for each family member for whom you are petitioning.

**Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-918 Instructions before completing this part.

**Petitioner's Statement**

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

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

**1.b.**  The interpreter named in **Part 6.** read to me every question and instruction on this petition and my answer to every question in

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

**2.**  At my request, the preparer named in **Part 7.**,

,  
prepared this petition for me based only upon information I provided or authorized.

**Petitioner's Contact Information**

**3.** Petitioner's Daytime Telephone Number

**4.** Petitioner's Mobile Telephone Number (if any)

**5.** Petitioner's Email Address (if any)

**Petitioner'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

**Petitioner's Signature**

**6.a.** Petitioner's Signature

➡

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

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

**NOTE:** A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

**Part 6. 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)



**Part 6. Interpreter's Contact Information, Certification, and Signature** (continued)

**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 5., 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature (sign in ink)
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

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)

**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 (if any)
- 6. Preparer's Email Address (if any)

---

**Preparer's Statement**

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

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

**Preparer's Certification**

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

**Preparer's Signature**

- 8.a. Preparer's Signature (sign in ink)
- 8.b. Date of Signature (mm/dd/yyyy)

**Part 8. Additional Information**

If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Include your name and **A-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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. **A-Number** ▶ A-

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. \_\_\_\_\_