

TABLE OF CHANGES – FORM
Form I-539, Application to Extend/Change Nonimmigrant Status
OMB Number: 1615-0003
05/24/2023

Reason for Revision: Revision

Project Phase: 30-Day

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 12/31/2024

Edition Date 05/31/2022

| Current Page Number and Section | Current Text | Proposed Text |
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| Page 1, To be completed by an Attorney or Accredited Representative (if any). | <p>[Page 1]</p> <p>To be completed by an Attorney or 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]</p> <p>[no change]</p> |
| Pages 1-2, Part 1. Information About You | <p>[Page 1]</p> <p>Part 1. Information About You</p> <p><i>Your Full Name</i></p> <p>1.a. Family Name (Last Name) 1.b. Given Name(First Name) 1.c. Middle Name</p> <p>2. Alien Registration Number (A-Number) (if any)</p> <p>3. USCIS Online Account Number (if any)</p> <p><i>U.S. Mailing Address</i></p> <p>4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt. Ste. Flr 4.d. City or Town 4.e. State 4.f. Zip Code</p> | <p>[Page 1]</p> <p>Part 1. Information About You</p> <p>1. Your Full Legal Name Family Name (Last Name) Given Name(First Name) Middle Name (if applicable)</p> <p>[no change]</p> <p>3. USCIS Online Account Number (if any)</p> <p>4. Your U.S. Mailing Address (Safe Address, if applicable) In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State Zip Code</p> <p>5. Is your mailing address the same as your physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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| | <p>U.S. Physical Address 5.a. In Care Of Name (if any) 5.b. Street Number and Name 5.c. Apt. Ste. Flr Number 5.d. City or Town 5.e. State 5.f. Zip Code</p> <p>Other Information About You</p> <p>6. Country of Birth 7. Country of Citizenship or Nationality 8. Date of Birth (mm/dd/yyyy) 9. U.S. Social Security Number (if any) 10. Date of Last Arrival Into the United States (mm/dd/yyyy)</p> <p>Provide Information About Your Most Recent Entry Into the United States</p> <p>11. Form I-94 Arrival-Departure Record Number 12. Passport Number</p> <p>[Page 2]</p> <p>13. Travel Document Number</p> <p>14.a. Country of Passport or Travel Document Issuance 14.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)</p> <p>15.a. Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.) 15.b. Expiration Date (mm/dd/yyyy)</p> <p>16. Select this box if you were granted Duration of Status (D/S).</p> | <p>If you answered “Yes” to Item Number 5. skip to Item Number 7. If you answered “No” to Item Number 5., provide information on your physical address in Item Number 6.</p> <p>6. Your Current Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>[Page 2]</p> <p>Other Information About You</p> <p>7. Country of Birth 8. Country of Citizenship or Nationality 9. Date of Birth (mm/dd/yyyy) 10. U.S. Social Security Number (if any) [Incorporated into Item Number 10.]</p> <p>11. Provide Information About Your Most Recent Entry Into the United States</p> <p>Date of Last Arrival Into the United States (mm/dd/yyyy)</p> <p>Form I-94 Arrival-Departure Record Number</p> <p>Passport Number (if any)</p> <p>Travel Document Number (if any)</p> <p>Country of Passport or Travel Document Issuance</p> <p>Passport or Travel Document Expiration Date (mm/dd/yyyy)</p> <p>12. Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.) Date Status Expires (mm/dd/yyyy)</p> <p>Select this box if you were granted Duration of Status (D/S).</p> |
| <p>Page 2, Part 2. Application Type</p> | <p>[Page 2]</p> <p>Part 2. Application Type</p> <p>I am applying for (select only one box):</p> | <p>[Page 2]</p> <p>Part 2. Application Type</p> <p>1. I am applying for (select only one box):</p> |

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| | <p>1. Reinstatement to student status.</p> <p>2. An extension of stay in my current status.</p> <p>3.a. A change of status.</p> <p>3.b. New status and effective date of change (mm/dd/yyyy)</p> <p>3.c. The change of status I am requesting is: [Fillable field]</p> <p>Number of people included in this application (select only one box):</p> <p>4. I am the only applicant.</p> <p>5.a. Members of my family are filing this application with me.</p> <p>5.b. The total number of people (including me) in the application is: (Complete the supplement for each co-applicant.) [Fillable field]</p> | <p>[] Reinstatement to student status.</p> <p>[] An extension of stay in my current status.</p> <p>[] A change of status.</p> <p>2. If you are applying for a change of status or change of employer/information medium, complete the following:</p> <p>I am requesting to change my status or employer/information medium to: [Fillable field]</p> <p>I am requesting the change to be effective on date (mm/dd/yyyy)</p> <p>3. Number of people included in this application (select only one box):</p> <p>[] I am the only applicant.</p> <p>[] I am filing this application for myself and members of my family.</p> <p>4. The total number of people (including me) in the application is: (Form I-539A is required for each co-applicant.) [Fillable field]</p> <p>5. The name of the school you will attend (if applicable) as an Academic Student, Vocational Student, or Exchange Visitor.</p> <p>6. Your Student and Exchange Visitor Information System (SEVIS) ID Number, if applicable.</p> |
| <p>Page 2, Part 3. Processing Information</p> | <p>[Page 2]</p> <p>Part 3. Processing Information</p> <p>1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy): [fillable field]</p> <p>2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent? Yes No</p> <p>2.b. If you answered "Yes" to Item Number 2.a., provide USCIS Receipt Number.</p> <p>3.a. Is this application based on a separate</p> | <p>[Page 2]</p> <p>Part 3. Processing Information</p> <p>1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy): [fillable field]</p> <p>2. Is this application based on an extension or change of status already granted to your spouse, child, or parent? [] Yes [] No</p> <p>[moved down]</p> <p>[Page 3]</p> <p>3. Is this application based on a separate</p> |

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| | <p>petition or application to provide your spouse, child, or parent an extension or change of status? <input type="checkbox"/> Yes, filed with this Form I-539. <input type="checkbox"/> No <input type="checkbox"/> Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).</p> <p>3.b. If pending with USCIS, provide USCIS Receipt Number.</p> <p>[new]</p> <p>[moved down]</p> <p>If the petition or application is pending with USCIS, also provide the following information:</p> <p>4. First and Last Name of Petitioner or Applicant 5. Date Filed (mm/dd/yyyy)</p> | <p>petition or application to provide your spouse, child, or parent an extension or change of status? <input type="checkbox"/> Yes, filed with this Form I-539. <input type="checkbox"/> No. <input type="checkbox"/> Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS). <input type="checkbox"/> Yes, filed previously and already approved by USCIS.</p> <p>4. If you answered “Yes” to Item Number 2. or Item Number 3., select the Form type below.</p> <p><input type="checkbox"/> Form I-539, Application to Extend/Change Nonimmigrant Status <input type="checkbox"/> Form I-129, Petition for a Nonimmigrant Worker</p> <p>5. If you answered “Yes” to Item Number 2. or 3., provide the USCIS Receipt Number.</p> <p>If the petition or application is pending with USCIS, also provide the following information:</p> <p>6. First and Last Name of Beneficiary or Applicant First Name of Beneficiary or Applicant Last Name of Beneficiary or Applicant 7. Date Filed (mm/dd/yyyy)</p> |
| <p>Pages 2-3, Part 4. Additional Information About the Principal Applicant</p> | <p>[Page 2]</p> <p>Part 4. Additional Information About the Principal Applicant</p> <p>Provide Your Current Passport Information (if different from Part 1.)</p> <p>1.a. Passport Number 1.b. Country of Passport Issuance 1.c. Passport Expiration Date (mm/dd/yyyy)</p> <p>Physical Address Abroad</p> <p>2.a. Street Number and Name 2.b. Apt. Ste. Flr. 2.c. City or Town 2.d. Province 2.e. Postal Code 2.f. Country</p> | <p>[Page 3]</p> <p>Part 4. Additional Information About the Principal Applicant</p> <p>1. Current Passport Information</p> <p>If your current passport information is different from the information you provided in Part 1., provide your current passport information. If your current passport information matches the information you provided in Part 1., proceed to Item Number 3.</p> <p>Passport Number Country of Passport Issuance Passport Expiration Date (mm/dd/yyyy)</p> <p>2. Physical Address Abroad</p> <p>Street Number and Name Apt. Ste. Flr. Number City or Town Province Postal Code Country</p> |

Answer the following questions. If you answer “Yes” to any of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 8. Additional Information** to provide an explanation.

[Page 3]

3. Are you, or any other person included on the application, an applicant for an immigrant visa?

Yes
No

4. Has an immigrant petition **EVER** been filed for you or for any other person included in this application?

Yes
No

5. Has Form I-485, Application to Register Permanent Residence or Adjust Status, **EVER** been filed by you or by any other person included in this application?

Yes
No

6. Have you, or any other person included in this application, **EVER** been arrested or convicted of any criminal offense since last entering the United States?

Yes
No

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

7.a. Acts involving torture or genocide?

Yes
No

7.b. Killing any person?

Yes
No

7.c. Intentionally and severely injuring any person?

Yes
No

7.d. Engaging in any kind of sexual contact or relations with any person who did not consent

[Page 3]

Answer the following questions. If you answer “Yes” to any of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 8. Additional Information** to provide an explanation.

3. Are **you an** applicant for an immigrant visa?

Yes
No

4. Has an immigrant petition **EVER** been filed for **you**?

Yes
No

5. Have **you EVER** filed Form I-485, Application to Register Permanent Residence or Adjust **Status**?

Yes
No

[Page 4]

6. Have **you been** arrested or convicted of any criminal offense since last entering the United States?

Yes
No

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

7.a. Acts involving torture or genocide?

Yes
No

7.b. Killing any person?

Yes
No

7.c. Intentionally and severely injuring any person?

Yes
No

7.d. Engaging in any kind of sexual contact or relations with any person who did not consent

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| | <p>or was unable to consent, or was being forced or threatened? Yes No</p> <p>7.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No</p> <p>Have you, or any other person included on the application, EVER:</p> <p>8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? Yes No</p> <p>8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No</p> <p>9. Have you, or any other person included in this application, EVER been a member of, assisted, 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</p> <p>10. Have you, or any other person included in this application, EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? Yes No</p> <p>11. Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? Yes No</p> <p>12. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes No</p> <p>13. Are you, or any other person included in this application, now in removal proceedings?</p> | <p>or was unable to consent, or was being forced or threatened? Yes No</p> <p>7.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No</p> <p>Have you EVER:</p> <p>8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? Yes No</p> <p>8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No</p> <p>9. Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so? Yes No</p> <p>10. Have you EVER sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which, you knew or believed would be used against another person? Yes No</p> <p>11. Have you EVER received any weapons training, paramilitary training, or other military-type training? Yes No</p> <p>12. Have you EVER violated the terms of the nonimmigrant status you now hold? Yes No</p> <p>13. Are you now in removal proceedings? Yes</p> |
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| | <p>Yes No</p> <p>If you answered “Yes” to Item Number 13., provide the following information concerning the removal proceedings in the space provided in Part 8. Additional Information. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.</p> <p>14. Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status? Yes No</p> <p>If you answered “No” to Item Number 14., fully describe how you are supporting yourself in Part 8. Additional Information. Include documentary evidence of the source, amount, and basis for any income.</p> <p>If you answered “Yes” to Item Number 14., fully describe the employment in Part 8. Additional Information. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.</p> <p>15. Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? Yes No</p> <p>If you answered "Yes" to Item Number 15., you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in Part 8. Additional Information.</p> | <p>No</p> <p>[deleted]</p> <p>14. Have you EVER been employed in the United States since last admitted or granted an extension or change of status? Yes No</p> <p>If you answered “No” to Item Number 14., fully describe how you are supporting yourself in Part 8. Additional Information. Include documentary evidence of the source, amount, and basis for any income.</p> <p>If you answered “Yes” to Item Number 14., fully describe any and all periods of employment in Part 8. Additional Information. Include the name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.</p> <p>15. Are you currently or have you EVER been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? Yes No</p> <p>If you answered “Yes” to Item Number 15., you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in Part 8. Additional Information.</p> |
| <p>Page 4, Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature</p> | <p>[Page 4]</p> <p>Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature</p> <p>NOTE: Read the Penalties section of the Form I-539 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</p> | <p>[Page 5]</p> <p>Part 5. Applicant’s Contact Information, Certification, and Signature</p> <p>[deleted]</p> |

have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in **Part 6**. 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.

2. At my request, the preparer named in **Part 7**. [Fillable field], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

[new]

- 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.

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,

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1.** Applicant's Daytime Telephone Number
- 2.** Applicant's Mobile Telephone Number (if any)
- 3.** Applicant's Email Address (if any)

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| | <p>and submitted with, my application and that all of this information is complete, true, and correct.</p> <p><i>Applicant’s Signature</i></p> <p>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 application or fail to submit required documents listed in the Instructions, USCIS may deny your application.</p> | <p><i>Applicant’s Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 6., understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>4. Applicant’s Signature Date of Signature (mm/dd/yyyy)</p> <p>[deleted]</p> |
| <p>Pages 4-5, Part 6. Interpreter’s Contact Information, Statement, Certification, and Signature</p> | <p>[Page 4]</p> <p>Part 6. Interpreter’s Contact Information, Statement, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p>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>[Page 5]</p> <p><i>Interpreter's Mailing Address</i></p> <p>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>[Page 5]</p> <p>Part 6. Interpreter’s Contact Information, Certification, and Signature</p> <p>[deleted]</p> <p><i>Interpreter’s Full Name</i></p> <p>1. Interpreter’s Family Name (Last Name) Interpreter’s Given Name (First Name) 2. Interpreter’s Business or Organization Name</p> <p>[deleted]</p> |

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| | <p><i>Interpreter's Contact Information</i></p> <p>4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>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 5, 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.</p> <p><i>Interpreter's Signature</i></p> <p>7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p> | <p><i>Interpreter's Contact Information</i></p> <p>3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.</p> <p>[deleted]</p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p> |
| <p>Pages 5-6, Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> | <p>[Page 5]</p> <p>Part 7. 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></p> <p>1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name</p> <p><i>Preparer's Mailing Address</i></p> <p>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><i>Preparer's Contact Information</i></p> <p>4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> | <p>[Page 6]</p> <p>Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>[deleted]</p> <p><i>Preparer's Full Name</i></p> <p>1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name</p> <p>[deleted]</p> <p><i>Preparer's Contact Information</i></p> <p>3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any)</p> |

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| | <p>[Page 6]</p> <p><i>Preparer's Statement</i></p> <p>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.</p> <p>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.</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 application.</p> <p><i>Preparer's Certification</i></p> <p>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><i>Preparer's Signature</i></p> <p>8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p> | <p>[deleted]</p> <p><i>Preparer's Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.</p> <p>[deleted]</p> <p>6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p> |
| <p>Page 7, Part 8. Additional Information</p> | <p>[Page 7]</p> <p>Part 8. 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</p> | <p>[Page 7]</p> <p>Part 8. Additional Information</p> <p>[no change]</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> |

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| | <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> | <p>2. A-Number (if any)</p> <p>3. Page Number Part Number Item Number [Fillable field]</p> <p>4. Page Number Part Number Item Number [Fillable field]</p> <p>5. Page Number Part Number Item Number [Fillable field]</p> <p>6. Page Number Part Number Item Number [Fillable field]</p> <p>[delete]</p> |
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