**TABLE OF CHANGES – FORM**

**Form I-192, Application for Advance Permission to Enter as a Nonimmigrant**

**OMB Number: 1615-0017**

**08/14/2023**

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| **Reason for Revision: REV**  **Phase: 30-Day**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 10/31/2023  Edition Date 07/20/201 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1, For DHS Use Only** | **[Page 1]**  **For DHS Use Only Received Returned Trans. Out Fee Stamp Trans. In Completed Action by the Department of Homeland Security Ground of Inadmissibility Action Stamp**  INA 212(a)(1) INA 212(a)(9) INA 212(a)(2) INA 212(a)(10) INA 212(a)(3) Other: INA 212(a)(4) Granted, subject to revocation at any time, upon the following terms and conditions INA 212(a)(6) INA 212(a)(8) INA 212(a)(9)  **Benefits Category:**  Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4 T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16 T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16 U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17  U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17  **Date of Action** (mm/dd/yyyy) **DD or OIC Office**  **To be completed by an attorney or accredited representative (if any).**  **Select this box if Form G-28 or Form G-28I is attached. Volag Number** (if any) **Attorney State Bar Number** (if applicable) **Attorney or Accredited Representative USCIS Online Account Number** (if any) | [no change]  **Benefits Category:**  [moved down in this list]  [no change]  Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4  [no change] |
| **Page 1, Part 1. Application Type** | **[Page 1]**  **START HERE - Type or print in black ink.**  **Part 1. Application Type**  I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14).  I am seeking this permission so that I may obtain (select **only one** box):  **1.** Admission as a nonimmigrant (other than as a T or U nonimmigrant).  **2.** Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status). | **START HERE - Type or print in black ink.**  [no change]  I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).  **1.** I am seeking this permission so that I may obtain (select **only one** box):  [reorganized and changed to check box selection]  [] Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).  [] Admission as a nonimmigrant (other than as a T or U nonimmigrant).  If filing this form concurrently with a USCIS Form I-914 or Form I-918 (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1.** **- 3 , 5. – 7., 10.** and then skip to **Item Number 26.** |
| **Pages 1-5, Part 2. Information About You** | **[Page 1]**  **Part 2. Information About You**  ***Your Full Name***  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  **[Page 2]**  ***Other Names Used*** *(if any)*  Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**  **2.a.** Family Name (Last Name) **2.b.** Given Name (First Name) **2.c.** Middle Name  **3.a.** Family Name (Last Name) **3.b.** Given Name (First Name) **3.c.** Middle Name  ***Other Information***  **4.** Alien Registration Number (A-Number) (if any)  **5.** USCIS Online Account Number (if any)  **6.** Date of Birth (mm/dd/yyyy)  **7.** Male/Female  Place of Birth  **8.a.** City or Town **8.b.** State or Province **8.c.** Country  **9.** Country of Citizenship or Nationality  ***Mailing Address***  **10.a.** In Care Of Name(if any)  **10.b.** Street Number and Name  **10.c.** Apt./Ste./Flr.  **10.d.** City or Town  **10.e.** State  **10.f.** ZIP Code  **10.g.** Province  **10.h.** Postal Code  **10.i.** Country  ***Safe Mailing Address***  If you are a T or U visa applicant, and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home, you may provide a safe mailing address.  **11.a.** In Care Of Name(if any)  **11.b.** Organization Name (if applicable)  **11.c.** Street Number and Name  **11.d.** Apt./Ste./Flr.  **11.e.** City or Town  **11.f.** State  **11.g.** ZIP Code  **11.h.** Province  **11.i.** Postal Code  **11.j.** Country **[Page 3]**  ***Address History***  Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**  Physical Address 1 (current address)  **12.a.** Street Number and Name  **12.b.** Apt./Ste./Flr.  **12.c.** City or Town  **12.d.** State  **12.e.** ZIP Code  **12.f.** Province  **12.g.** Postal Code  **12.h.** Country  Dates of Residence  **13.a.** From (mm/dd/yyyy)  **13.b.** To (mm/dd/yyyy)  Physical Address 2  **14.a.** Street Number and Name  **14.b.** Apt./Ste./Flr.  **14.c.** City or Town  **14.d.** State  **14.e.** ZIP Code  **14.f.** Province  **14.g.** Postal Code  **14.h.** Country  Dates of Residence  **15.a.** From (mm/dd/yyyy)  **15.b.** To (mm/dd/yyyy)  Physical Address 3  **16.a.** Street Number and Name  **16.b.** Apt./Ste./Flr.  **16.c.** City or Town  **16.d.** State  **16.e.** ZIP Code  **16.f.** Province  **16.g.** Postal Code  **16.h.** Country  Dates of Residence  **17.a.** From (mm/dd/yyyy)  **17.b.** To (mm/dd/yyyy)  Physical Address 4  **18.a.** Street Number and Name  **18.b.** Apt./Ste./Flr.  **18.c.** City or Town  **18.d.** State  **18.e.** ZIP Code  **18.f.** Province  **18.g.** Postal Code  **18.h.** Country  Dates of Residence  **19.a.** From (mm/dd/yyyy)  **19.b.** To (mm/dd/yyyy)  **[Page 4]**  ***Travel Information***  **NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 20. - 25.**  Location at Which you Plan to Enter the United States (desired Port of Entry)  **20.a.** City  **20.b.** State  **21.** Name of Port of Entry  **22.** How do you plan to travel to the United States?  (For example, by plane, ship, car)  **23.** When do you plan to enter the United States? (mm/dd/yyyy)  **24.** Approximate Length of Stay in the United States  **25.** What is the purpose of your stay in the United States?  Explain fully below  ***Immigration and Criminal History***  **26.** Do you believe that you may be inadmissible to the United States?  Yes  No  If you answered "Yes" to **Item Number 26.**, explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 8. Additional Information**. If you were told that you are inadmissible, provide the reason you were given.  **27.** Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?  Yes  No  If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.e.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.  **28.** Date Application Filed (mm/dd/yyyy)  Location where you filed your application (for example, USCIS Office or Port-of-Entry).  **29.a.** USCIS Officer or Port-of-Entry  **29.b.** City or Town  **29.c.** State of Province  **29.d.** Country  **29.e.** Receipt Number (if available)  **30.** Have you **EVER** been in the United States for a period of six months or more?  Yes  No  If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 8. Additional Information**.  **31.** Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?  Yes  No  If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32.a. - 32.c.**  If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 32.a. - 32.c.** for each of your additional applications or petitions.  **32.a.** Type of Application or Petition Filed  **32.b.** Location Where You (or the Other Person) Filed the Application or Petition (for example, USCIS office or Port-of-Entry);  **32.c.** Outcome of the Application or Petition (for example, approved, denied, or is pending).  **[Page 5]**  **33.** Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?  Yes  No  If you answered "Yes" to **Item Number 33.**, provide an explanation the information in the space provided in **Part 8. Additional Information**.  **34.** Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?  Yes  No  If you answered "Yes" to **Item Number 34.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 8. Additional Information**.  [This content formerly **Item Numbers 20.a. – 25.**]  [This content formerly **Item Numbers 1. - 8.b.** in **Part 4. Other Information About You**] | **Part 2. Information About You**  [deleted]  **1.** Your Full Legal Name (Do not provide a nickname)  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **2.**Other Names Used*(if any)*  Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**  Family Name (Last Name) [x 2] Given Name (First Name) [x 2] Middle Name (if applicable) [x 2]  ***Other Information***  **3.** Alien Registration Number (A-Number) (if any)  **4.** USCIS Online Account Number (if any)  **5.** Date of Birth (mm/dd/yyyy)  [renumbered and moved down]  **6.** Place of Birth  City or TownState or ProvinceCountry  **7.** Country of Citizenship or Nationality  **8.** Gender  Male  Female  Another Gender Identity  **9.**Mailing Address (Safe address, if applicable)  Please provide an address where you can safely receive correspondence from USCIS.  In Care Of Name(if any)  Street Number and Name  Apt./Ste./Flr. Number  City or Town  State  ZIP Code  [deleted]  ***Address History***  Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**  **10.** Physical Address 1 (current address)  Street Number and Name  Apt./Ste./Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country  Dates of Residence  From (mm/dd/yyyy)  To (mm/dd/yyyy)  **11.** Physical Address 2  Street Number and Name  Apt./Ste./Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country  Dates of Residence  From (mm/dd/yyyy)  To (mm/dd/yyyy)  [deleted]  [renumbered and moved down to **Item Numbers 37. – 43.**]  ***Information About Your Marital History***  **12.** What is your current marital status?  Single, Never Married  Married  Divorced  Widowed  Legally Separated  Marriage Annulled  Other  **13.** How many times have you been married (including annulled marriages and marriages to the same person)?  **[Page 7]**  ***Information About Your Current Marriage*** *(including if you are legally separated)*  If you are currently married, provide the following information about your **current spouse**.  **14.** Current Spouse's Legal Name  Family Name (Last Name)  Given Name (Last Name)  Middle Name (if applicable)  **15.** Spouse’s Alien Registration Number (A-Number) (if any)  **16.** Date of Birth (mm/dd/yyyy)  **17.** Date of Marriage (mm/dd/yyyy)  **18.** Place of Birth  City or Town  State of Province  Country  **19.** Place of Marriage  City or Town  State or Province  Country  ***Information About Prior Marriages*** *(if any)*  If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.  **20.** Prior Spouse's Legal Name (provide family name before marriage)  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **21.** Date of Birth (mm/dd/yyyy)  **22.**  Date of Marriage (mm/dd/yyyy)  **23.** Place of Marriage  City or Town  State or Province  Country  **24.** Date Marriage Legally Ended (mm/dd/yyyy)  **25.** Place Where Marriage Legally Ended  City or Town  State or Province  Country  ***Immigration and Criminal History***  **26.** Explain the grounds of inadmissibility that may apply in your case in **Part 6. Additional Information**.  [deleted]  **27.** Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?  Yes  No  If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.** If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.  **28.** Date Application Filed (mm/dd/yyyy)  **29.** Location where you filed your application (for example, USCIS Office or Port of Entry).  USCIS Office or Port of Entry  City or Town  State of Province  Country  Receipt Number (if available)  **30.** Have you **EVER** been in the United States for a period of six months or more?  Yes  No  If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information**.  **31.** Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?  Yes  No  If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**  If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.  **32.** Type of application or petition filed  **33.** Location the application or petition was filed (for example, USCIS office or Port of Entry)  **34.** Outcome of the application or petition (for example, approved, denied, or pending).  **35.** Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?  Yes  No  If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information**.  **36.** Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?  Yes  No  If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information**.  ***Travel Information***  **NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**  Location at Which you Plan to Enter the United States (desired Port of Entry)  **37.** City  **38.** State  **39.** Name of Port of Entry  **40.** How do you plan to travel to the United States?  (For example, by plane, ship, car)  **41.** When do you plan to enter the United States? (mm/dd/yyyy)  **42.** Approximate Length of Stay in the United States  **43.** What is the purpose of your stay in the United States?  Explain fully below  ***Employment History***  Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.  **44.**  Employer 1 (current or most recent)  Name of Employer or Company  Address of Employer or Company  Street Number and Name  Apt Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country  Your Occupation  Dates of Employment  From (mm/dd/yyyy)  To (mm/dd/yyyy)  **45.** Employer 2  Name of Employer or Company  Address of Employer or Company  Street Number and Name  Apt Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country  Your Occupation  Dates of Employment  From (mm/dd/yyyy)  To (mm/dd/yyyy) |
| **Page 5, Part 3. Biographic Information** | **[Page 5]**  **Part 3. Biographic Information**  **1.** Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  **2.** Race (Select **all applicable** boxes)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  **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 | [deleted] |
| **Pages 5-7, Part 4. Other Information About You** | **[Page 5]**  **Part 4. Other Information About You**  ***Employment History***  Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.  Employer 1 (current or most recent)  **1.**  Name of Employer or Company  Address of Employer or Company  **2.a.**  Street Number and Name  **2.b.** Apt/Ste./Flr.  **2.c.** City or Town  **2.d.** State  **2.e.** ZIP Code  **2.f.** Province  **2.g.** Postal Code  **2.h.** Country  **3.** Your Occupation  Dates of Employment  **4.a.** From (mm/dd/yyyy)  **4.b.** To (mm/dd/yyyy)  **[Page 6]**  Employer 2 (current or most recent)  **5.**  Name of Employer or Company  Address of Employer or Company  **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.** Your Occupation  Dates of Employment  **8.a.** From (mm/dd/yyyy)  **8.b.** To (mm/dd/yyyy)  ***Information About Your Parents***  Information About Your Mother  Mother’s Legal Name  **9.a.** Family Name (Last Name)  **9.b.** Given Name (First Name)  **9.c.** Middle Name  Mother’s Name at Birth (if different than above)  **10.a.** Family Name (Last Name)  **10.b.** Given Name (First Name)  **10.c.** Middle Name  **11.**  Date of Birth (mm/dd/yyyy)  **12.**  City or Town of Birth  **13.**  Country of Birth  **14.** Current City or Town of Residence (if living)  **15.** Current Country of Residence (if living)  Information About Your Father  Father’s Legal Name  **16.a.** Family Name (Last Name)  **16.b.** Given Name (First Name)  **16.c.** Middle Name  Father’s Name at Birth (if different than above)  **17.a.** Family Name (Last Name)  **17.b.** Given Name (First Name)  **17.c.** Middle Name  **18.**  Date of Birth (mm/dd/yyyy)  **19.**  City or Town of Birth  **20.**  Country of Birth  **21.** Current City or Town of Residence (if living)  **22.** Current Country of Residence (if living)  ***Information About Your Marital History***  **23.** What is your current marital status?  Single, Never Married  Married  Divorced  Widowed  Legally Separated  Marriage Annulled  Other  **24.** How many times have you been married (including annulled marriages and marriages to the same person)?  **[Page 7]**  ***Information About Your Current Marriage*** *(including if you are legally separated)*  If you are currently married, provide the following information about your current spouse.  Current Spouse's Legal Name  **25.a.**  Family Name (Last Name)  **25.b.** Given Name (Last Name)  **25.c.** Middle Name  **26.** A-Number (if any)  **27.** Current Spouse’s Date of Birth (mm/dd/yyyy)  **28.** Date of Marriage to Current Spouse (mm/dd/yyyy)  Current Spouse’s Place of Birth  **29.a.** City or Town  **29.b.** State of Province  **29.c.** Country  Place of Marriage to Current Spouse  **30.a.** City or Town  **30.b.** State or Province  **30.c.** Country  ***Information About Prior Marriages*** *(if any)*  If you have been married before, whether in the United States or in any other country, provide the information requested in **Item Numbers 31.a. - 36.c.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 31.a. - 36.c.** for each additional marriage.  Prior Spouse's Legal Name (provide family name before marriage)  **31.a.** Family Name (Last Name)  **31.b.** Given Name (First Name)  **31.c.** Middle Name  **32.** Prior Spouse’s Date of Birth (mm/dd/yyyy)  **33.**  Date of Marriage to Prior Spouse (mm/dd/yyyy)  Place of Marriage to Prior Spouse  **34.a.** City or Town  **34.b.** State or Province  **34.c.** Country  **35.** Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)  Place Where Marriage with Prior Spouse Legally Ended  **36.a.** City or Town  **36.b.** State or Province  **36.c.** Country | [deleted]  [Renumbered and reorganized into **Part 2. Information About You.**]  [deleted]  [Renumbered and reorganized into **Part 2. Information About You.**] |
| **Page 8, Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature** | **[Page 8]**  **Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**  **NOTE:** Read the **Penalties** section of the Form I-192 Instructions before completing this section.  ***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 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***  **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 the U.S. Department of Homeland Security (DHS) may require that I submit original documents to DHS at a later date. Furthermore, I authorize the release of any information from any and all of my records that DHS 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 DHS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.  I understand that DHS 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 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.  [new]  ***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. | **Part 3. Applicant’s Statement, Contact Information, Certification, and Signature**  [deleted]  ***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)  ***Applicant’s Certification and Signature***  [deleted]  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 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is 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.    [deleted]  **4.** Applicant’s Signature  Date of Signature (mm/dd/yyyy)  [deleted] |
| **Pages 8-9, Part 6. Interpreter's Contact Information, Certification, and Signature** | **[Page 8]**  **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)  **[Page 9]**  ***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 [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.  ***Interpreter’s Signature***  **7.a.** Interpreter’s Signature  **7.b.** Date of Signature (mm/dd/yyyy) | **Part 4. Interpreter’s Contact Information, Certification, and Signature**  [deleted]  ***Interpreter’s Full Name***  **1.** Interpreter’s Family Name (Last Name)  Interpreter’s Given Name (First Name)  **2.** Interpreter’s Business or Organization Name  [deleted]  ***Interpreter’s Contact Information***  **3.** Interpreter’s Daytime Telephone Number  **4.** Interpreter’s Mobile Telephone Number  **5.** Interpreter’s Email Address  ***Interpreter’s Certification***  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.  [deleted]  **6.** Interpreter’s Signature  Date of Signature (mm/dd/yyyy) |
| **Pages 9-10, Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant** | **[Page 9]**  **Part 7. 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)  ***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)  **[Page 10]**  ***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 need 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) | **Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  [deleted]  ***Preparer’s Full Name***  **1.** Preparer’s Family Name (Last Name)  Preparer’s Given Name (First Name)  **2.** Preparer’s Business or Organization Name  [deleted]  ***Preparer’s Contact Information***  **3.** Preparer’s Daytime Telephone Number  **4.** Preparer’s Mobile Telephone Number (if any)  **5.** Preparer’s Email Address (if any)  [deleted]    ***Preparer’s Certification***  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 is 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.    [deleted]  **6.** Preparer’s Signature  Date of Signature (mm/dd/yyyy) |
| **Page 11, Part 8. Additional Information** | **Part 8. Additional Information**  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.  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  **2.** A-Number (if any)  **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.** | **Part 6. Additional Information**  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.  **1.** Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **2.** A-Number (if any)  **3.** Page Number  Part Number  Item Number  [Fillable field]  **4.** Page Number  Part Number  Item Number  [Fillable field]  **5.** Page Number  Part Number  Item Number  [Fillable field]  **6.** Page Number  Part Number  Item Number  [Fillable field]  **7.**  Page number  Part Number  Item Number  [Fillable field] |