TABLE OF CHANGES – FORM

Form I-192, Application for Advance Permission to Enter as a Nonimmigrant OMB Number: 1615-0017 08/14/2023

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

Current Page Number and Section	Current Text	Proposed Text
and Section 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)	[no change]
	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)	Benefits Category: [moved down in this list] [no change]

	and 8 CFR 212.17	
	U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17	
	11VA 212(0)(3)(A) and 6 CFR 212.17	Nonimmigrant other than T or U
		nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4
	Date of Action (mm/dd/yyyy) DD or OIC Office To be completed by an attorney or accredited representative (if any).	[no change]
	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)	
Page 1, Part 1.	[Page 1]	
Application Type	START HERE - Type or print in black ink.	START HERE - Type or print in black ink.
	Part 1. Application Type	[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), section 212(d)(13), or section 212(d)(14).	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).
	I am seeking this permission so that I may obtain (select only one box):	1. 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).	[reorganized and changed to check box selection]
	2. Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).	
		[] 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.

Information About You	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,	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,
	 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, 	 Your Full Legal Name (Do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Other Names Used (if any)
	 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, 	nickname) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 2. Other Names Used (if any)
	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,	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,	
	including aliases, maiden name, and nicknames. If you need extra space to complete this section,	Provide all other names you have ever used.
	use the space provided in Part 8. Additional Information.	including aliases, maiden name, and nickname If you need extra space to complete this section use the space provided in Part 6. Additional Information.
	2.a. Family Name (Last Name)2.b. Given Name (First Name)2.c. Middle Name	Family Name (Last Name) [x 2] Given Name (First Name) [x 2] Middle Name (if applicable) [x 2]
	3.a. Family Name (Last Name)3.b. Given Name (First Name)3.c. Middle Name	
	Other Information	Other Information
	4. Alien Registration Number (A-Number) (if any)	3. Alien Registration Number (A-Number) (in any)
	5. USCIS Online Account Number (if any)	4. USCIS Online Account Number (if any)
	6. Date of Birth (mm/dd/yyyy)	5. Date of Birth (mm/dd/yyyy)
	7. Male/Female	[renumbered and moved down]
	Place of Birth 8.a. City or Town 8.b. State or Province 8.c. Country	6. Place of Birth City or Town State or Province Country
	9. Country of Citizenship or Nationality	7. Country of Citizenship or Nationality
		8. Gender Male Female Another Gender Identity
	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

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 **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

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

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)

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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

Country

Dates of Residence

From (mm/dd/yyyy)
To (mm/dd/yyyy)

[deleted]

[renumbered and moved down to Item Numbers 37. - 43.]

25. What is the purpose of your stay in the United States? Explain fully below **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

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

Immigration and Criminal History

26. Do you believe that you may be inadmissible to the United States? Yes

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

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

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 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.**]

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

[This content formerly **Item Numbers 1. - 8.b.** in **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 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

	T	T
		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.	[Page 5]	
Biographic Information	Part 3. Biographic Information	[deleted]
	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)	

	_ 11.02 1	T
	Bald (No hair)	
	Black	
	Blond	
	Brown	
	Gray	
	Red	
	Sandy	
	White	
	Unknown/Other	
Dagge F 7 Davit 4 Oct	[Page 5]	
Pages 5-7, Part 4. Other	[rage 5]	
Information About You	Deat A. Other Information About West	ra.1
	Part 4. Other Information About You	[deleted]
	Employment History	[Renumbered and reorganized into Part 2. Information About You.]
	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 .	Information About Tou.
	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 Name6.b. Apt/Ste./Flr.6.c. City or Town6.d. State6.e. ZIP Code6.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

[deleted]

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)

[Renumbered and reorganized into **Part 2. Information About You.**]

	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 Town34.b. State or Province34.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	
Page 8, Part 5.	[Page 8]	
Applicant's Statement, Contact Information, Declaration, Certification, and	Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature	Part 3. Applicant's Statement, Contact Information, Certification, and Signature
Signature	NOTE: Read the Penalties section of the Form I-192 Instructions before completing this section.	[deleted]
	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	Applicant's Contact Information
		Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).
Ĺ		<u> </u>

- **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]

- **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

	 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 	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]
Dagge 8 0 Dawt 6	Instructions, USCIS may deny your application. [Page 8]	
Pages 8-9, Part 6. Interpreter's Contact Information, Certification, and	Part 6. Interpreter's Contact Information, Certification, and Signature	Part 4. Interpreter's Contact Information, Certification, and Signature
Signature	Provide the following information about the interpreter.	[deleted]
	Interpreter's Full Name	Interpreter's Full Name
	1.a. Interpreter's Family Name (Last Name)1.b. Interpreter's Given Name (First Name)	1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
	2. Interpreter's Business or Organization Name (if any)	2. Interpreter's Business or Organization Name
	[Page 9]	
	Interpreter's Mailing Address	[deleted]
	 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	Interpreter's Contact Information
	4. Interpreter's Daytime Telephone Number5. Interpreter's Mobile Telephone Number (if any)6. Interpreter's Email Address (if any)	3. Interpreter's Daytime Telephone Number4. Interpreter's Mobile Telephone Number5. Interpreter's Email Address
	Interpreter's Certification	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	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.

	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	[deleted]
	7.a. Interpreter's Signature7.b. Date of Signature (mm/dd/yyyy)	6. Interpreter's Signature Date of Signature (mm/dd/yyyy)
Pages 9-10, Part 7.	[Page 9]	
Contact Information, Declaration, and Signature of the Person Preparing this	Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant	Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
Application, if Other Than the Applicant	Provide the following information about the preparer.	[deleted]
	Preparer's Full Name	Preparer's Full Name
	1.a. Preparer's Family Name (Last Name)1.b. Preparer's Given Name (First Name)	1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
	2. Preparer's Business or Organization Name (if any)	2. Preparer's Business or Organization Name
	Preparer's Mailing Address	[deleted]
	 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	Preparer's Contact Information
	4. Preparer's Daytime Telephone Number5. Preparer's Mobile Telephone Number (if any)6. Preparer's Email Address (if any)	3. Preparer's Daytime Telephone Number4. Preparer's Mobile Telephone Number (if any)5. Preparer's Email Address (if any)
	[Page 10]	
	Preparer's Statement	[deleted]
	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 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)

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

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)

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

5.c. Item Number 5.d.	Item Number [Fillable field]
6.a. Page number6.b. Part Number6.c. Item Number6.d.	6. Page Number Part Number Item Number [Fillable field]
7.a. Page number7.b. Part Number7.c. Item Number7.d.	7. Page number Part Number Item Number [Fillable field]