

TABLE OF CHANGES – FORM
Form I-941, Application for Entrepreneur Parole
OMB Number: 1615-0136
08/19/2024

Reason for Revision: FY25 IEP Final Rule

Project Phase: 30-Day

Legend for Proposed Text:

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

Edition Date 10/01/2024

Expires 03/31/2027

Current Page Number and Section	Current Text	Proposed Text
Page 1, For USCIS Use Only	[Page 1] For USCIS Use Only Receipt Action Block Remarks To be completed by an Attorney or Accredited Representative (if any). Select this box if Form G-28 or G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) START HERE - Type or print in black ink.	[no change]
Pages 1-3, Part 1. Information About Entrepreneur (Applicant)	[Page 1] Part 1. Information About Entrepreneur (Applicant) 1. I am requesting: ☐ Initial Parole OR ☐ Re-Parole OR ☐ Amended Application If you are requesting a re-parole or filing an amended application, provide the Receipt Number of your current Form I-941 approval in Item Number 2. below. 2. Receipt Number	[no change]

	3. Your Full Legal Name (Do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 4. Other Names Used (if any) Provide all other names you have used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2] <i>Other Information</i> 5. Alien Registration Number (A-Number) (if any) 6. USCIS Online Account Number (if any) 7. U.S. Social Security Number (if any) 8. Date of Birth (mm/dd/yyyy) [Page 2] 9. Gender Male / Female / Another Gender Identity 10. Country of Birth 11. Country of Citizenship or Nationality 12. Date of Last Arrival in the United States (mm/dd/yyyy) 13. Immigration Status at Your Last Arrival (for example, B-2 Visitor, F-1 Student, or no Status) 14. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category) 15. Have you EVER been arrested, cited, charged, indicted, convicted, fined, or imprisoned for violating any law or ordinance (excluding minor traffic violations)? Yes No 16. Have you EVER committed any crime for which you were not arrested?	
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	Yes No If you answered “Yes” to Item Number 15., you must provide certified court dispositions, arrest reports, statements of charges, indictment information, or any other charging documents that were issued. If you answered “Yes” to Item Number 16., provide the date and location (town or city/state or province/country) of the events and provide an explanation in the space provided in Part 10. Additional Information. 17. Have you, or any person included in this application, ever been in exclusion, deportation, removal, or rescission proceedings, or are you now in such proceedings? Yes No If you answered “Yes” to Item Number 17., provide the following information below: Name of Person(s) in Proceedings: 18.Where do you want USCIS to send all travel documents for you, and your spouse and dependent children (if applicable)? ☐ To the U.S. address in Part 1., Item Number 19. ☐ To a U.S. Embassy or U.S. Consulate at: Name of U.S. Embassy or U.S. Consulate ☐ To a Department of Homeland Security (DHS) office overseas at: Name of DHS Office 19. Entrepreneur’s Current U.S. Mailing Address (if applicable) In Care of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code [Page 3] 20. Entrepreneur’s Current Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code	
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	Country <i>Entrepreneur's Education</i> 21. Name of Institution of Higher Learning 22. Type of Degree/Major Field of Study	
Page 3, Part 2. Biographic Information	[Page 3] Part 2. 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	[no change]
Pages 3-4, Part 3. Information About Family Members Requesting Parole or Re- Parole with Entrepreneur	[Page 3] Part 3. Information About Family Members Requesting Parole or Re-Parole with Entrepreneur 1. Entrepreneur's Spouse's Information Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)	[no change]

	2. Alien Registration Number A-Number (if any) 3. USCIS Online Account Number (if any) 4. Date of Birth (mm/dd/yyyy) 5. Country of Birth 6. Country of Citizenship or Nationality [Page 4] 7. Entrepreneur's Spouse's Other Names Used Provide any other names your spouse has used since birth, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2] Entrepreneur's Dependent Children Provide the following information about each child. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. 8.a. Child 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) A-Number (if any) USCIS Online Account Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship or Nationality 8.b. Child 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) A-Number (if any) USCIS Online Account Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth	
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	Country of Citizenship or Nationality	
Page 4, Part 4. Information About Additional Entrepreneurs Requesting or Have Been Granted Parole or Re-Parole with the Same Start-up Entity	[Page 4] Part 4. Information About Additional Entrepreneurs Requesting or Have Been Granted Parole or Re-Parole with the Same Start-up Entity 1. Entrepreneur 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Receipt Number 2. Entrepreneur 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Receipt Number	[no change]
Pages 4-8, Part 5. Basis of Eligibility – Qualifying Start-Up Entity and Owners	[Page 4] Part 5. Basis of Eligibility – Qualifying Start-Up Entity and Owners <i>Information About the Qualifying Start-Up Entity</i> 1. Start-Up Entity Legal Name 2. Start-up Entity Address Street Number and Name Apt. / Ste. / Flr. Number City or Town State ZIP Code 3. Federal Employer Identification Number 4. DUNS Number (if any) 5. Trade Name “DBA” (Doing Business As) 6. Date Start-Up Entity Established in United States (mm/dd/yyyy) 7. Number of Full-Time Employees in United States 8. Your Ownership Stake/Percentage of Start-Up Entity <i>Applying for Initial Parole</i>	[no change]

	9. Explanatory Statement. Provide a detailed statement explaining how you meet the criteria for entrepreneur parole. Your statement should include an explanation of your role in the operations of that entity, as well as how your involvement with the start-up entity will advance the start-up entity's growth and business success such as to result in a significant public benefit. You may provide this statement in the space provided in Part 10. Additional Information or attach a separate sheet of paper; type or print your name and startup entity identification number at the top of each sheet; indicate the Page Number, Part Number and Item Number to which your answer refers; and sign and date each sheet. 10. Did your start-up entity receive a qualified investment of at least \$264,147 within 18 months immediately preceding the filing of this application? Yes No If you answered "Yes" to Item Number 10., provide the amount of qualified investment and date the qualified investment was received in Item Numbers 11.a. - 11.b. 11.a. Amount of Qualified Investment 11.b. Date Qualified Investment Received (mm/dd/yyyy) If you need more space to complete this section, use the space provided in Part 10. Additional Information. [Page 6] 12. Did your start-up entity receive a qualified government award or grant of at least \$105,659 within 18 months immediately preceding the filing of this application? Yes No If you answered "Yes" to Item Number 12., provide the amount of qualified government award or grant and date the qualified government award or grant was received in Item Numbers 13.a. - 13.b. 13.a. Amount of Qualified Government Award or Grant 13.b. Date Qualified Grant or Award Received (mm/dd/yyyy) If you need more space to complete this section,	10. Did your start-up entity receive a qualified investment of at least \$311,071 within 18 months immediately preceding the filing of this application? Yes No [no change] 12. Did your start-up entity receive a qualified government award or grant of at least \$124,429 within 18 months immediately preceding the filing of this application? Yes No [no change]
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	use the space provided in Part 10. Additional Information. Alternative Criteria 14. Does your start-up entity partially meet one or both of the above threshold criteria? Yes No N/A If you answered "Yes" to Item Number 14., provide the amounts of qualified investment and/or qualified government award or grant that was received in Item Numbers 15.a. - 15.b. 15.a. Amount of Qualified Investment 15.b. Amount of Qualified Government Award or Grant Applying for Re-Parole 16. Is this the same start-up entity for which you were granted an initial parole? Yes No If you answered "No" to Item Number 16., explain the current status of the start-up entity for which you were granted initial parole in Item Number 17. If you need more space to complete this section, use the space provided in Part 10. Additional Information. 17. Explanation Re-Parole Criteria Provide evidence that you continue to meet the definition of entrepreneur and that your business continues to meet the definition of start-up entity. 18. Do you own at least 5% of the shares, or similar type of equity interest, in the start-up entity? Yes No 19. Do you continue to perform an active and central role in the start-up entity? Yes No 20. Is the start-up entity continuing to lawfully operate in the United States? Yes No 21. Did your start-up entity receive at least	21. Did your start-up entity receive at least
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	\$528,293 in qualifying investments, qualified government awards or grants, or a combination of such funding during the initial parole period? Yes No N/A Provide the amounts of qualifying investments, qualified government awards or grants. [Page 7] 22. Did your start-up entity create at least 5 qualified jobs with the start-up entity during the initial parole period? Yes No N/A Provide the number of qualified jobs. 23. Did your start-up reach at least \$528,293 in annual revenue in the United States during the initial parole period? Yes No N/A Provide the amount of annual revenue generated. 24. Did the annual revenue generated by your start-up entity in the United States average 20 percent growth during the initial parole period? Yes No N/A Provide the percentage of annual revenue growth. Alternative Criteria 25. Does your start-up entity partially meet one or more of the above threshold criteria? Yes No N/A If you answered “Yes” to Item Number 25., provide the applicable information requested in Item Numbers 26.a. - 26.c. 26.a. Total Amount of Revenue Generated During Initial Period of Parole 26.b. Total Amount of Additional Qualified Investment, Government Grants or Awards During Initial Period of Parole	\$622,142 in qualifying investments, qualified government awards or grants, or a combination of such funding during the initial parole period? Yes No N/A [no change] 23. Did your start-up reach at least \$622,142 in annual revenue in the United States during the initial parole period? Yes No N/A [no change]
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	26.c. Total Number of Qualified Jobs Created During Initial Period of Parole 27. Provide a detailed statement explaining how you continue to meet the criteria for entrepreneur parole. Your statement should include an explanation of your continued or new role in the operations of that entity, as well as how your involvement with the start-up entity will advance the start-up entity's growth and business success such as to result in a significant public benefit. You may provide this statement in the space provided in Part 10. Additional Information or attach a separate sheet of paper; type or print your name and startup entity identification number at the top of each sheet; indicate the Page Number, Part Number and Item Number to which your answer refers; and sign and date each sheet. 28. Are you maintaining a household income that is greater than 400 percent of the Federal Poverty Guidelines? Yes No If you answered "Yes" to Item Number 28., provide the information requested in Item Numbers 29.a. - 29.b. 29.a. Amount of Household Income in Last Full Calendar Year 29.b. Number of Members of Household [Page 8] <i>Filing an Amended Application to Report a Material Change</i> In the space below, provide a detailed explanation of any material changes to the facts on which your parole was based. If you need more space to complete this section, use the space provided in Part 10. Additional Information. 30. Explanation 31. Are you maintaining a household income that is greater than 400 percent of the Federal Poverty Guidelines? Yes No If you answered "Yes" to Item Number 31., provide the information requested in Item Numbers 32.a. - 32.b. 32.a. Amount of Household Income in Last Full Calendar Year	
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	32.b. Number of Members of Household Information About the Owners of the Start-Up Entity If there are multiple owners of the start-up entity, you must list all other individuals or entities that own a share of the start-up entity and identify their ownership percentage. 33.a. Owner 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Legal Entity Name (if any) Trade Name “DBA” (Doing Business As) Other Names Used Provide any other names you have used since birth, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Other Information A-Number (if any) U.S. Social Security Number (if any) USCIS Online Account Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship or Nationality Percentage of Ownership in the Start-Up Entity Listed in Part 5., Item Number 1. Position Held (if Any) in the Entity Listed in Part 5., Item Number 1. [Page 9] Address and Contact Information Street Number and Name Apt./Ste./Flr. Number City or Town State	
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	ZIP Code Province Postal Code Country Daytime Telephone Number Fax Number Email Address (if any) Website Address (if any) 33.b. Owner 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Legal Entity Name (if any) Trade Name “DBA” (Doing Business As) Other Names Used Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. Family Name (Last Name) Given Name (First Name) Middle Name Other Information A-Number (if any) U.S. Social Security Number (if any) USCIS Online Account Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship or Nationality Percentage of Ownership in the Start-Up Entity Listed in Part 5., Item Number 1. Position Held (if Any) in the Entity Listed in Part 5., Item Number 1. [Page 10] Address and Contact Information Street Number and Name	
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	Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country Daytime Telephone Number Fax Number Email Address (if any) Website Address (if any)	
Pages 8-12, Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award	[Page 8] Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award 1. Name of Investor (if an individual) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 2. Date of Birth (mm/dd/yyyy) 3. A-Number (if any) 4. U.S. Social Security Number (if any) 5. Country of Birth 6. Mailing Address and Contact Information Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country 7. Daytime Telephone Number 8. Email Address (if any) 9. Website Address (if any) Information on Investment 10.a. Aggregate Amount of Investment 10.b. Types of Investment (for example, equity or convertible debt)	[no change]

	[Page 11] <i>Qualified Investor Verification</i> 11. Is the investor a U.S. citizen or lawful permanent resident of the United States? Yes No 12. Has the investor been permanently or temporarily enjoined from participating in the offer or sale of a security or in the provision of services as an investment adviser, broker, dealer, municipal securities dealer, government securities broker, government securities dealer, bank, transfer agent or credit rating agency; barred from association with any entity involved in the offer or sale of securities or provision of such services; or otherwise found to have participated in the offer or sale of securities or provision of such services in violation of law? Yes No List investments in other start-ups by this investor during the preceding five years totaling no less than \$633,952. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. 13. Name of Company 14. DUNS Number (if any) 15. Year of Investment 16. Amount of Investment 17. Type of investment 18. Company Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$528,293 in revenue with average annualized revenue growth of at least 20 percent. 19.a. Company 1 Name of Company	List investments in other start-ups by this investor during the preceding five years totaling no less than \$746,571. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. [no change] Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$622,142 in revenue with average annualized revenue growth of at least 20 percent. [no change]
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	DUNS Number (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country [Page 12] 19.b. Company 2 Name of Company DUNS Number (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country Name of Investor (if an organization such as a Venture Capital Firm, Accelerator or Incubator) 20.a. Legal Entity Name 20.b. Trade Name “DBA” (Doing Business As) 20.c. DUNS Number (if any) 21. Address and Contact Information Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country 22. Daytime Telephone Number 23. Email Address (if any) 24. Website Address (if any) Information on Investment 25.a. Aggregate Amount of Investment 25.b. Types of Investment (for example, equity or convertible debt)	
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	[Page 11] <i>Qualified Investor Verification</i> 26. Is the investor majority owned and controlled, directly and indirectly, by U.S. citizens or lawful permanent residents of the United States? Yes No 27. Has the investor been permanently or temporarily enjoined from participating in the offer or sale of a security or in the provision of services as an investment adviser, broker, dealer, municipal securities dealer, government securities broker, government securities dealer, bank, transfer agent or credit rating agency; barred from association with any entity involved in the offer or sale of securities or provision of such services; or otherwise found to have participated in the offer or sale of securities or provision of such services in violation of law? Yes No List investments in other start-ups by this investor during the preceding five years totaling no less than \$633,952. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. 28. Name of Company 29. DUNS Number (if any) 30. Year of Investment 31. Amount of Investment 32. Type of Investment 33. Address Information Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$528,293 in revenue with average annualized revenue growth of at least 20 percent.	List investments in other start-ups by this investor during the preceding five years totaling no less than \$746,571. If you need extra space to complete this section, use the space provided in Part 10. Additional Information. [no change] Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$622,142 in revenue with average annualized revenue growth of at least 20 percent.
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	34.a. Company 1 Name of Company DUNS Number (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country [Page 14] 34.b. Company 2 Name of Company DUNS Number (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country <i>Name of Government Entity Providing Grant/Award</i> 35. Name of Approving Official 36. Address and Contact Information Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country 37. Daytime Telephone Number 38. Email Address (if any) 39. Website Address (if any) Information on Grant/Award 40.a. Aggregate of Amount of Grant/Award 40.b. Type of Grant/Award	[no change]
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Pages 12-13, Part 7. Applicant's Statement, Contact Information, Declaration, Certification, and Signature	[Page 12] Part 7. Applicant's Contact Information, Certification, and Signature <i>Applicant's Contact Information</i> 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) <i>Applicant's Certification and Signature</i> 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 8., 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. 4. Applicant's Signature Date of Signature (mm/dd/yyyy)	[no change]
Page 13, Part 8. Interpreter's Contact Information, Certification, and Signature	[Page 13] Part 8. Interpreter's Contact Information, Certification, and Signature <i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name <i>Interpreter's Contact Information</i> 3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)	[no change]

	<i>Interpreter's Certification and Signature</i> I certify, under penalty of perjury, that I am fluent in English and [Fillable 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. 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)	
Page 14, Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant	[Page 14] Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant <i>Preparer's Full Name</i> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name <i>Preparer's Contact Information</i> 3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any) <i>Preparer's Certification and Signature</i> 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 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. 6. Preparer's Signature Date of Signature (mm/dd/yyyy)	[no change]
Page 17, Part 10. Additional Information	[Page 17] Part 10. Additional Information If you need extra space to provide any additional information within this application,	[no change]

	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 the startup entity's name 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. Name of Start-Up Entity 2. Start-Up Entity Identification Number 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]	
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