



Application for Approval of an Investment in a Commercial Enterprise

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

USCIS
Form I-956F
OMB No. 1615-0159
Expires 03/31/2027

For USCIS Use Only	Receipt	Action Block	G-28

To be completed by an Attorney or Accredited Representative of the Regional Center (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached to represent the Regional Center	Attorney State Bar Number (if applicable) <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%; height: 20px;" type="text"/>
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Are you the attorney of record for this Regional Center? Yes No

If you answered "No," should U.S. Citizenship and Immigration Services (USCIS) list you as the attorney of record for correspondence with the Regional Center on all immigration matters? Yes No

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

Part 1. Application Type

- Select whether the application is an **Initial Application** Form I-956F, for Approval of an Investment in a Commercial Enterprise, or an **Amendment** to an already approved Form I-956F:
 - Initial Form I-956F, Application for Approval of an Investment in a Commercial Enterprise (Skip Part 6.)
 - Amendment to a Previously Approved Form I-956F
- If your application is an amendment, provide the receipt number of the approved Form I-956F:
- If your application is an amendment, provide the NCE Identification Number (NCEID).
- If your application is an amendment, identify the reason(s) for the amendment (**select all that apply and complete the identified Parts**). **All applications must have Parts 9. and 12. - 14. completed.**
 - Extend validity period of an approved high unemployment area designation (Complete **Parts 2. - 5.**)
 - Seek modification of an approved high unemployment area designation (Complete **Parts 2. - 5.**)
 - Change in location where the NCE or JCE is principally doing business (project location) identified in the approved Form I-956F (Complete **Parts 2., 3. and/or 4.,** as appropriate).
 - Change in the manner capital is contributed by a regional center investor to the NCE or subsequent disbursement of such capital to any JCE (Complete **Parts 2. - 4. and Part 11.**)
 - Change in the substantive rights or obligations associated with the regional center investor's ownership of the NCE (Complete **Parts 2. - 4. and Part 10.**)

Part 1. Application Type (continued)

- Change in the expenditure of capital or capital structure reflected in any business plan submitted with the approved Form I-956F (Complete **Parts 2. - 5.** and **Part 11.**)
- To provide updated information and evidence of project progress for incorporation into associated investor petitions to remove conditions on permanent resident status? (Complete **Parts 2. - 4.** and **Part 6.**)

Part 2. Information About the Regional Center

1. Legal Name of Regional Center Entity

2. Regional Center Identification Number

Regional Center Mailing Address (and Physical Address when Applicable)

Mailing Address same as Physical Address

3. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 3. Information About the New Commercial Enterprise (NCE)

1. Is the NCE comprised of a holding company and its wholly owned subsidiaries? Yes No

If you answered "Yes" to **Item Number 1.**, answer **Item Numbers 2. - 13.** for the holding company entity and list each subsidiary, date of formation, and jurisdiction in **Item Number 14.**

2. Legal Name of the NCE (**Required Field - Do Not Leave Blank**)

3. Other name(s) the NCE is authorized to use or do business as (d/b/a)

4. Select the organizational structure. If the organizational structure is different from the examples listed below, select "Other" and describe the nature of the organizational structure in **Part 15. Additional Information.**

- Corporation
- Partnership (including Limited Partnerships)
- Limited Liability Company (LLC)

Part 3. Information About the New Commercial Enterprise (NCE) (continued)

Other (Describe below. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**)

5. Date the NCE was Established (mm/dd/yyyy)

6. State or Territory Where the NCE was Established

7. Other States or Territories where the NCE is Registered to do Business

8. NCE Federal Employer Identification Number (if any)

NCE Mailing Address (and Physical Address when Applicable)

Mailing Address same as Physical Address

Change of address from approved Form I-956F

9. In Care Of Name (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	County	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

NCE Contact Information

10. Telephone Number

11. Email Address (if any)

12. Website Address (if any)

Address and Census Tract(s) Where the NCE Is Principally Doing Business (Project Location; See Instructions)

13. Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	County	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Census Tract(s)	<input type="text"/>			

Part 3. Information About the New Commercial Enterprise (NCE) (continued)

14. If you answered “Yes” to **Item Number 1.**, list each wholly owned subsidiary along with its date and jurisdiction of formation. If you need additional space, use the space provided in **Part 15. Additional Information.**

Subsidiary Name	Date of Formation	Jurisdiction of Formation

Part 4. Information About the Job Creating Entity(ies) (JCE)

Provide the information below for the JCE associated with the investment project if different than the NCE. If the regional center seeks to add more than one JCE with this filing, provide the information below for each JCE in **Part 15. Additional Information.**

1. Is the JCE comprised of a holding company and its wholly owned subsidiaries? Yes No

If you answered “Yes” to **Item Number 1.**, answer **Item Numbers 2. - 13.** for the holding company entity and list each subsidiary, date of formation, and jurisdiction in **Item Number 14.**

2. Legal Name of the JCE

3. Other Name(s) the Entity JCE is Authorized to Use or Do Business As (d/b/a).

4. Select the organizational structure. If the organizational structure is different from the examples listed below, select “Other” and describe the nature of the organizational structure in **Part 15. Additional Information.**

- Corporation
- Partnership (including Limited Partnerships)
- Limited Liability Company (LLC)
- Other (Describe below. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**)

5. Date the JCE was Established (mm/dd/yyyy)

6. State or Territory Where the JCE was Formed

7. Other States or Territories where the JCE is Registered

8. JCE Federal Employer Identification Number (if any)

Part 4. Information about the Job Creating Entity(ies) (JCE) (continued)

JCE Mailing Address (and Physical Address when Applicable)

- Mailing Address same as Physical Address
- Change of address from approved Form I-956F

JCE Contact Information

10. Telephone Number

11. Email Address (if any)

12. Website Address (if any)

13. Is the JCE an affiliated JCE? The term "affiliated job-creating entity" means any job-creating entity that is controlled, managed, or owned by any of the people involved with the regional center or new commercial enterprise under the Immigration and Nationality Act (INA) section 203(b)(5)(H)(v). Yes No

14. If you answered "Yes" to Item Number 1., list each wholly owned subsidiary along with its date and jurisdiction of formation. If you need additional space, use the space provided in Part 15. Additional Information.

Subsidiary Name	Date of Formation	Jurisdiction of Formation

Part 5. Information About the Project

You must provide a comprehensive business plan for a specific capital investment project along with an economic impact analysis estimating job creation related to the job-creating activity showing that the project will create full-time employment for not fewer than ten qualifying employees per regional center investor within the timeline identified in the comprehensive business plan.

For Item Numbers 1. - 5., select the appropriate box to indicate the type of investment for this project (Select all that apply).

- 1. Rural Area
This project is based on an investment in a rural area.
 - A. Is the NCE principally doing business in an area outside a metropolitan statistical area (as designated by the Director of the Office of Management and Budget (OMB))? Yes No
 - B. Is the NCE principally doing business in an area outside the outer boundary of a city or town having a population of 20,000 or more (based on the most recent decennial census of the United States)? Yes No
- 2. High Unemployment Area
This project is based on an investment in a high unemployment area.
 - A. If this is an amendment, is the area identified below the same as identified in the approved Form I-956F? Yes No
 - B. If this is an amendment, is the amendment seeking to extend the validity of a high unemployment area designation? Yes No
 - C. If this is an amendment, is the amendment seeking to modify a previously approved high unemployment area designation? Yes No

Part 5. Information About the Project (continued)

D. In addition to the census tract(s) where the NCE is principally doing business identified in **Part 3, Item Number 13.**, list any other directly adjacent census tract(s) that you are requesting to be included in designation as an area of high unemployment (Enter the 11-digit FIPS codes)

E. What is the weighted average of the unemployment rate for the census tracts you are requesting to be designated as an area of high unemployment, based on the labor force unemployment measure for each applicable census tract? ▶

F. What is the national average unemployment rate on the filing date of this application? ▶

G. What data source(s) and time frames did you use to calculate the unemployment rate for the applicable census tract(s) and the national average unemployment rate?

3. Infrastructure Project

This project is based on an investment in an infrastructure project.

A. Is the project administered by a governmental entity (such as a Federal, state, or local agency or authority) that is the JCE contracting with the RCE or NCE to receive capital investment under the regional center program? Yes No

B. Is the project financing for maintaining, improving, or constructing a public works project? Yes No

4. High Employment Area

This project is based on an investment in a high employment area.

5. Non-TEA/Non-Infrastructure/Non-High Employment

This project is based on an investment that is not an infrastructure project or in an area that is not in a targeted employment area or high employment area.

6. Total Estimated Cost of the Project ▶ \$

7. **Maximum** Number of **EB-5** Investors into the NCE ▶

8. Aggregate Amount of Project Costs Funded by EB-5 Capital ▶ \$

9. Nature of Activity of Project (for example, **residential building construction**)

10. Total Number of Estimated Jobs to be Created by the **Project**. ▶

Part 6. Updated Information About the Project for Incorporation into Associated Investor Petitions to Remove Conditions on Permanent Resident Status

Provide any updates made to your comprehensive business plan for a specific capital investment along with an economic impact analysis estimating job creation related to the job-creating activity showing that the project will create full-time employment for not fewer than ten qualifying employees per regional center investor within the timeline identified in the comprehensive business plan.

- 1. Total Cost of the Project ▶ \$
- 2. Number of EB-5 Investors in the NCE ▶
- 3. Aggregate Amount of Project Costs Funded by EB-5 Capital ▶ \$
- 4. Nature of Activity of Project (for example, nonresidential building construction)
- 5. Total Number of Jobs Created by the Project as of the date of filing: ▶
- 6. Total Number of Jobs Actively in the Process of Being Created by the Project as of the date of filing. Provide a breakdown of the total number of claimed jobs actively in the process of being created by the investment project by the job-creating activity associated with such jobs and the anticipated time of completion. ▶

Job-Creating Activity	Time of Completion	Number of Jobs
	Total	

Part 7. Investment and Offering Documents

- 1. You must include any documents filed with the Securities and Exchange Commission under the Securities Act of 1933 (15 U.S.C. 77a et. seq.) or with the securities regulator of any state, as required by law.
Identify the documentation provided (exhibit number, name of document, filing information).

- 2. You must include all investment and offering documents, including subscription, investment, partnership, and operating agreements, private placement memoranda, term sheets, biographies of management, officers, directors, and any person with similar responsibilities, the description of the business plan, and marketing materials used, or drafts prepared for use, in connection with the offering.
Identify the documentation provided (exhibit number, name of document).

- 3. Have all material investment risks associated with the NCE and the JCE been disclosed? Yes No
Identify the documents containing this information (exhibit number, name of document, page number).

Part 7. Investment and Offering Documents (continued)

4. Are there any conflicts of interest that currently exist or may arise among the regional center, the NCE and JCE, or the principals, attorneys, or individuals responsible for recruitment or promotion of such entities? Yes No

If you answered "Yes," identify any documents containing this information (exhibit number, name of document, page number).

5. Are there any pending material litigation or bankruptcy, or material adverse judgments or bankruptcy orders issued during the most recent 10-year period, in the United States or in another country, affecting the regional center, the NCE, the JCE, or any other enterprise in which any principal of any of the aforementioned entities held majority ownership at the time? Yes No

Identify any documents containing this information (exhibit number, name of document, page number).

6. Are there any fees, ongoing interest, or other compensation paid, or to be paid by the regional center, the NCE, or any issuer of securities intended to be offered to alien investors, to agents, finders, or broker dealers involved in the offering of securities to alien investors in connection with the investment? Yes No

Identify any documents containing this information as well as a description of the services performed, or that will be performed, by such person to entitle the person to such fees, interest, or compensation and the name and contact information of any such person, if known at the time of filing (exhibit number, name of document, page number).

Part 8. Policies and Procedures to Monitor the Issuance of Securities

You must describe the policies and procedures, such as those related to internal and external due diligence, reasonably designed to cause the new commercial enterprise, job-creating entity, and any issuer of securities to be offered to investors in connection with the capital investment project, to comply with securities laws of the United States and the applicable states in connection with the offer, purchase, or sale of securities.

1. Have you submitted any documentation describing the policies and procedures in place reasonably designed to monitor the regional center and any issuer of securities to ensure compliance with all applicable laws? Yes No

If you answered "Yes," please describe the documentation provided (exhibit number and/or name of document).

If you answered "No," please describe the policies and procedures in the space provided. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Part 9. Required Certifications

This section must be completed by a qualified certifier for the regional center and any issuer of securities intended to be offered to alien investors in connection with the capital investment project described in this application. A qualified certifier is a person in a position of substantive authority for the management or operations of the regional center or issuer of securities, as applicable, such as a principal executive officer or principal financial officer, with knowledge of such entity's policies and procedures related to compliance with the requirements under INA section 203(b)(5).

Certification by Regional Center

Regional Center Certifier's Contact Information

- | | |
|---|---|
| 1. Certifier's Family Name (Last Name) | Certifier's Given Name (First Name) |
| <input type="text"/> | <input type="text"/> |
| 2. Certifier's Title | 3. Certifier's Daytime Telephone Number |
| <input type="text"/> | <input type="text"/> |
| 4. Certifier's Mobile Telephone Number (if any) | 5. Certifier's Email Address (if any) |
| <input type="text"/> | <input type="text"/> |

I certify, under penalty of perjury, that, to the best of my knowledge, after a due diligence investigation, that the agents and employees of the regional center, and any parties associated with the regional center are in compliance with the securities laws of the United States and the laws of the applicable states in connection with the offer, purchase, or sale of securities intended to be offered to alien investors in connection with the capital investment project described in this application.

Certifier's Signature

- | | |
|--------------------------|--------------------------------|
| 6. Certifier's Signature | Date of Signature (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |

Certification by Issuer of Securities

Issuer of Securities Certifier's Contact Information

- | | |
|--|--|
| 7. Name of Issuer of Securities | |
| <input type="text"/> | |
| 8. Certifier's Family Name (Last Name) | Certifier's Given Name (First Name) |
| <input type="text"/> | <input type="text"/> |
| 9. Certifier's Title | 10. Certifier's Daytime Telephone Number |
| <input type="text"/> | <input type="text"/> |
| 11. Certifier's Mobile Telephone Number (if any) | 12. Certifier's Email Address (if any) |
| <input type="text"/> | <input type="text"/> |

I certify, under penalty of perjury, that, to the best of my knowledge, after a due diligence investigation, that the agents and employees of the issuer of securities named above, and any parties associated with such issuer of securities are in compliance with the securities laws of the United States and the laws of the applicable states in connection with the offer, purchase, or sale of its securities.

Certifier's Signature

- | | |
|---------------------------|--------------------------------|
| 13. Certifier's Signature | Date of Signature (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |

Part 10. Information About All Persons Involved with the NCE and Affiliated JCE (continued)

You must identify and provide required attestations and information for all persons involved with the NCE and affiliated JCE. If this is an amendment, provide the updated information in this Part for all new or previously unidentified persons involved with the NCE and affiliated JCE.

A person involved with an NCE or affiliated JCE means any person that is, directly or indirectly, in a position of substantive authority to make operational or managerial decisions for the NCE or affiliated JCE over the pooling, securitization, investment, release, acceptance, or control or use of any funding that was procured under the Regional Center Program. A person is in a position of substantive authority if the person serves as an administrator, a board member, a general partner, a limited partner, a manager, an officer, an owner, or in a similar position at the NCE or affiliated JCE, respectively. An agent, fiduciary, or representative may be in a position of substantive authority if their position in the NCE or affiliated JCE authorizes them to provide input or oversight of the use of any regional center investor capital obtained under the Regional Center Program.

Persons Involved with NCE

1. Provide the names of all persons involved with the NCE. For any person involved with the NCE indirectly through their position or other interest in a legal entity, please describe the organizational structure of their involvement.

2. Provide the name(s) of all owners of the NCE and the percentage of ownership for each.

3. Provide the name(s) of all members of the board of directors, managers, or other persons in a similar position of authority with the NCE.

4. Provide the name(s) of all executives, officers, or other persons in a similar position of authority with the NCE.

5. Provide the name(s) of all representatives, fiduciaries, agents, or other persons in a similar position of authority with the NCE.

6. Provide the names of any other persons involved in the NCE and their position with the NCE.

Part 10. Information About All Persons Involved with the NCE and Affiliated JCE (continued)

Persons Involved with Affiliated JCE

7. If the JCE is an affiliated JCE, provide the names of all persons involved with the affiliated JCE. For any natural person involved with the affiliated JCE indirectly through their position or other interest in a legal entity, please describe the organizational structure of their involvement.

8. Provide the name(s) of all owners of the affiliated JCE and the percentage of ownership for each.

9. Provide the name(s) of all members of the board of directors, managers, or other persons in a similar position of authority with the affiliated JCE.

10. Provide the name(s) of all executives, officers, or other persons in a similar position of authority with the affiliated JCE.

11. Provide the name(s) of all representatives, fiduciaries, agents, or other persons in a similar position of authority with the affiliated JCE.

12. Provide the names of any other persons involved in the affiliated JCE and their position with the affiliated JCE.

If you need extra space to complete this section or have more than one additional individual to list, use the space provided in **Part 15. Additional Information.**

Each person involved with the NCE and affiliated JCE must fill out and submit Supplement Form I-956H, Bona Fides of Persons Involved with Regional Center Program. Each Supplement Form I-956H must be attached to the Form I-956F, Application for Approval of Investment in a Commercial Enterprise. Each person submitting a Supplement Form I-956H must answer and comply with all eligibility questions provided on the supplement.

13. Provide the total number of Supplement Form I-956H to be submitted:

▶	
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Part 11. Fund Administration (continued)

1. Provide the name of the bank (or other financial institution) and account number for each separate account set up by the NCE and/or affiliated JCE for the deposit and maintenance of all capital investment from alien investors for the offering and project described in this application, including amounts held in escrow? Yes No
2. Has the NCE and/or affiliated JCE retained a fund administrator to administer all investment capital deposited and maintained in the separate account(s)? Yes No
3. Is the fund administrator a certified public accountant, attorney, or broker-dealer or investment adviser registered with the Securities and Exchange Commission? Yes No
4. Provide the full legal name and contact information for the fund administrator.

5. Provide the title, relevant certification, bar, and/or registration number of the fund administrator.

6. Is the NCE and/or affiliated JCE controlled by or under common control of an investment adviser or broker-dealer that is registered with the Securities and Exchange Commission? Yes No

7. Provide the full legal name and contact information for the registered investment adviser or broker-dealer.

8. Provide the title and registration number of the registered investment adviser or broker-dealer.

Part 12. Statement, Contact Information, Declaration, and Signature of the Authorized Individual

NOTE: Read the **Penalties** section of the Form I-956F Instructions before completing this section.

Authorized Individual's Statement

Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Authorized Individual's Statement Regarding the Interpreter

- 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.
- B. The interpreter named in **Part 13.** has read to me every question and instruction on this application, and my answer to every question, in , a language in which I am fluent, and I understood everything.

Part 12. Statement, Contact Information, Declaration, and Signature of the Authorized Individual
(continued)

2. Authorized Individual's Statement Regarding the Preparer

At my request, the preparer named in **Part 14.**, , prepared this application for me based only upon information I provided or authorized.

Authorized Individual's Contact Information

3. Authorized Individual's Family Name (Last Name)

Authorized Individual's Given Name (First Name)

4. Authorized Individual's Title

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

5. Authorized Individual's Daytime Telephone Number

6. Authorized Individual's Mobile Telephone Number (if any)

7. Authorized Individual's Email Address (if any)

Authorized Individual's Declaration

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize the release of information contained in this application, in supporting documents, in my USCIS records, and in the organization's records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. I recognize the authority of USCIS to conduct audits of this application using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this application may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits and on-site visits, as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5, Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. No. 117-103); and 8 CFR parts 103, 204, 205, and 214. I further acknowledge that I am aware all regional centers under the EB-5 Program will be subject to an audit by Department of Homeland Security (DHS) at least once within 5 years and the regional center is required to make and preserve all documents relevant to the audit as authorized under INA section 203(b)(5)(E)(vii).

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

If filing this application on behalf of an organization, I certify that I am authorized to do so by the organization.

I also understand that USCIS may require biometrics, perform criminal record checks, and other background and database checks with respect to this regional center, and any individuals involved with this entity.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Part 12. Statement, Contact Information, Declaration, and Signature of the Authorized Individual
(continued)

Authorized Individual's Signature

You must sign and date your application. Every application **MUST** contain the signature of the authorized individual. A stamped or typewritten name in place of a signature is not acceptable.

8. Authorized Individual's Signature Date of Signature (mm/dd/yyyy)
➔

NOTE TO ALL AUTHORIZED INDIVIDUALS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny the underlying application and any related or underlying benefit.

Part 13. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in

Part 12., Item B. in Item Number 1., and I have read to the authorized individual in the identified language every question and instruction on this application and his or her answer to every question. The authorized individual informed me that he or she understands every instruction, question, and answer on the application, including the **Authorized Individual's Declaration**, and has verified the accuracy of every answer.

Part 13. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

The interpreter must sign and date the application.

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Authorized Individual

Provide the following information about the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 13.** and **Part 14.**

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information.

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code 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)

Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Authorized Individual (continued)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the authorized individual of the regional center and with the authorized individual's consent.
- B. I am an attorney or accredited representative and my representation of the authorized individual in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, 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 authorized individual of the regional center. The authorized individual 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 **Authorized Individual's Declaration**, and informed me that all of the information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable.

8. Preparer's Signature Date of Signature (mm/dd/yyyy)
- | | |
|--|--|
| | |
|--|--|

DRAFT
NOT FOR
PRODUCTION

