

**TABLE OF CHANGES – FORM  
FORM I-924  
Application for Regional Center Designation Under the Immigrant Investor Program  
OMB Number: 1615-0061  
Date: 04/07/2016**

**Reason for Revision:** Revisions to Form I-924 and associated documents are required to enhance adjudications and improve program integrity. The form and instructions have been reformatted and standard language and new signature sections have been incorporated.

Current Section and Page Number	Current Text	Proposed Text
	<p>G-28 attached</p> <p>Attorney's State License No.</p>	<p><b>To be completed by an attorney or BIA-accredited representative, if any.</b></p> <p><b>Select box if G-28 is attached to represent the regional center</b></p> <p><b>Attorney State Bar Number</b> (if applicable)</p> <p><b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any)</p>
<p><b>Page 1, Part 1. Information About Principal of the Regional Center</b></p>	<p><b>Part 1. Information About Principal of the Regional Center</b></p> <p>Name: Last First Middle</p> <p>C/O:</p> <p>Street Address/P.O. Box:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Date of Birth (mm/dd/yyyy):</p>	<p>[Page 1]</p> <p><b>▶ START HERE - Type or print in black ink.</b></p> <p><b>Part 1. Information About the Regional Center</b></p> <p><b>1. Name of Regional Center Entity</b></p> <p>If filing an amendment to a previously approved Form I-924:</p> <p><b>2. Name of Regional Center (if different from regional center entity)</b></p> <p><b>3. Regional Center Identification Number</b></p> <p><b><i>Regional Center Mailing Address</i></b></p> <p><b>4.a. In Care Of Name (if any)</b></p> <p><b>4.b. Street Number and Name or PO Box</b></p> <p><b>4.c. Apt. Ste. Flr.</b></p> <p><b>4.d. City or Town</b></p> <p><b>4.e. State</b></p> <p><b>4.f. ZIP Code</b></p> <p>[deleted]</p>

	<p>Telephone Number (include area code):</p> <p>Fax Number (include area code):</p> <p>Web site address:</p>	<p><b><i>Regional Center Contact Information</i></b></p> <p>5. Daytime Telephone Number</p> <p>6. Fax Number</p> <p>7. Email Address (if any)</p> <p>8. Web site Address (if any)</p>
		<p>[Page 1]</p> <p><b>Part 2. Information About the Managing Company or Agency</b> (if different from the regional center entity)</p> <p>1. Name of the Managing Company or Agency</p> <p><b><i>Managing Company or Agency Mailing Address</i></b></p> <p>2.a. In Care Of Name (if any)</p> <p>2.b. Street Number and Name or PO Box</p> <p>2.c. Apt. Ste. Flr.</p> <p>2.d. City or Town</p> <p>2.e. State</p> <p>2.f. ZIP Code</p> <p><b><i>Contact Information for Managing Company or Agency</i></b></p> <p>3. Daytime Telephone Number</p> <p>4. Fax Number</p> <p>5. Email Address (if any)</p> <p>6. Web site Address (if any)</p> <p><b>NOTE for Multiple Managing Companies or Agencies:</b> If more than one managing company or agency is associated with the regional center, provide the above information for all other managing companies or agencies in <b>Part 10. Additional Information.</b></p>
<p><b>Page 1,</b> <b>Part 2. Application Type</b> (Check one)</p>	<p><input type="checkbox"/> a. Initial application for Designation as a Regional Center</p>	<p>[Page 2]</p> <p><b>Part 3. Application Type</b></p> <p>Select whether the application is an <b>Initial Application</b> or an <b>Amendment.</b></p> <p><b>1.a. Initial Application</b></p> <p><input type="checkbox"/> Initial application for designation as a</p>

	<p><input type="checkbox"/> <b>b.</b> Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center’s previous approval notice:</p>	<p>regional center.</p> <p><input type="checkbox"/> Request to add a new commercial enterprise associated with the regional center. Provide the name of the added new commercial enterprise:_____</p> <p><b>1.b. Amendment</b></p> <p><input type="checkbox"/> Amendment to an approved regional center application. <b>Select the appropriate box below to indicate the type of amendment.</b></p> <p>__Amendment to the regional center's name, organizational structure, ownership, or administration.</p> <p>__ Amendment to change or modify the geographic area for the regional center.</p> <p>__Amendment to change or modify the approved industries of focus for the regional center.</p> <p>__Amendment to add a new commercial enterprise associated with the regional center and/or seek a preliminary determination of EB-5 compliance for an exemplar Form I-526, Immigrant Petition by Entrepreneur, for that new commercial enterprise, before individual entrepreneurs file their petitions. Please provide the name of the added new commercial enterprise:_____</p> <p>__Amendment to notify USCIS of changes in the name, organizational structure or administration, capital investment instruments, or offering memoranda (including changes in the economic analysis and underlying business plan used to estimate job creation) for a previously added new commercial enterprise associated with the regional center.</p> <p><b>2. Project Type</b></p> <p>Indicate the type of projects submitted in support of the application.</p> <p><input type="checkbox"/> Hypothetical  <input type="checkbox"/> Actual  <input type="checkbox"/> Actual with I-526 Exemplar</p>
<p><b>Page 2, Part 3. Information About the Regional Center</b></p>	<p>(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management,</p>	<p>[Page 3]</p> <p>[deleted]</p>

oversight, and administration of the regional center.)

**Part 4. Information About the Organizational Structure, Ownership, and Control of the Regional Center Entity**

**1. Organizational Structure of the Regional Center Entity**

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.

**1.a.**  Agency of a U.S. state, territory, or local government

**1.b.**  Corporation

**1.c.**  Partnership (including limited partnerships)

**1.d.**  Limited Liability Company (LLC)

**1.e.**  Other (Describe below. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**) \_\_\_\_\_

***Information About the Principals of the Regional Center Entity – Owners***

List all persons or legal entities or organizations that own or have a percentage of ownership in the regional center entity. For persons, include each owner’s name, date of birth, country of birth, social security number, the percentage of ownership, the position/title held within the regional center (if any), and any other names or aliases used. All such principals are required to provide a copy of a valid government-issued photo identification document and should provide a social security number. For any owner that is an entity or organization, provide the entity’s name, its percentage of ownership, the Federal Employer Identification Number, any trade name (DBA), and list the name of all persons having ownership, control, or a beneficial interest in that entity or organization, their date of birth, country of birth, the percentage of ownership, and the position held (if any) within the entity or organization. For each owner, provide the mailing address, telephone number, email address and Web site address. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

	<p>A. Name of Regional Center:</p>	<p>[page 4]</p> <p><b><i>Information About the Owners of the Regional Center Entity</i></b></p> <p><b>2.a.</b> Family Name (Last Name)</p> <p><b>2.b.</b> Given Name (First Name)</p> <p><b>2.c.</b> Middle Name</p> <p><b>3.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>4.</b> Country of Birth</p> <p><b>5.</b> Social Security Number (if any)</p> <p><b>6.</b> Percentage of Ownership in the Regional Center Entity ____%</p> <p><b>7.</b> Position Held Within the Regional Center Entity (if any).</p> <p><b>8.</b> Entity Name (for an owner of the Regional Center Entity that is an entity or organization)</p> <p><b>9.</b> Federal Employer Identification Number (for an owner of the Regional Center Entity that is an entity or organization)</p> <p><b>10.a.</b> Persons Having Ownership, Control, or Beneficial Interest in the Entity Listed in <b>Part 4., Item Number 8.</b></p> <p><b>10.b.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>10.c.</b> Country of Birth</p> <p><b>10.d.</b> Percentage of Ownership in the Entity Listed in <b>Part 4., Item Number 8.</b></p> <p><b>10.e.</b> Position Held (if any) in the Entity Listed in <b>Part 4., Item Number 8.</b></p> <p><b><i>Other Names Used By the Owners of the Regional Center Entity</i></b> (if applicable):</p> <p>Provide all other names <b>the owner has ever used</b>, including aliases, maiden name, and nicknames.</p> <p><b>11.a.</b> Family Name (Last Name)</p> <p><b>11.b.</b> Given Name (First Name)</p> <p><b>11.c.</b> Middle Name</p> <p><b>12.</b> Trade Name (DBA if any) (for the entity</p>
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	<p>Street Address/P.O. Box:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Telephone Number (include area code):</p> <p>Fax Number (include area code):</p> <p>Web site address:</p>	<p>listed in <b>Part 4., Item Number 8.</b>)</p> <p><b><i>Mailing Address for the Owners of the Regional Center Entity</i></b></p> <p><b>13.a.</b> In Care Of Name (if any)</p> <p><b>13.b.</b> Street Number and Name or PO Box</p> <p><b>13.c.</b> Apt. Ste. Flr.</p> <p><b>13.d.</b> City or Town</p> <p><b>13.e.</b> State</p> <p><b>13.f.</b> ZIP Code</p> <p><b>13.g.</b> Province</p> <p><b>13.h.</b> Postal Code</p> <p><b>13.i.</b> Country</p> <p><b><i>Contact Information for the Owners of the Regional Center Entity</i></b></p> <p><b>14.</b> Daytime Telephone Number</p> <p><b>15.</b> Fax Number</p> <p><b>16.</b> Email Address (if any)</p> <p><b>17.</b> Web site Address (if any)</p> <p>[page 5]</p> <p><b><i>Information About the Principals of the Regional Center Entity – Non-Owners</i></b></p> <p>List all principals associated with the regional center, other than those already identified in <b>Part 4., Item Numbers 2.a. - 12.</b> For each person, include the principal non-owner's name, date of birth, country of birth, social security number, the position/title held within the regional center entity, and any other names or aliases used. All principals are required to provide a copy of a valid government-issued photo identification document and should provide a social security number. For each principal that is an entity or organization, provide the name of the entity, the Federal Employer Identification Number, any trade name (DBA), and list the names of all persons having ownership, control, or a beneficial interest in that entity or organization, their date of birth, country of birth, the percentage of ownership, and the position held (if any)</p>
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**B. Name of Managing Company/Agency:**

within the entity or organization. For each principal, provide the mailing address, telephone number, email address and Web site address. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

**Information About the Principal Non-Owner of the Regional Center Entity**

**18.a.** Family Name (Last Name)

**18.b.** Given Name (First Name)

**18.c.** Middle Name

**19.** Date of Birth (mm/dd/yyyy)

**20.** Country of Birth

**21.** U.S. Social Security Number (if any)

**22.** Position Held Within the Regional Center Entity

**23.** Entity Name (for a principal of the Regional Center Entity that is an entity or organization)

**24.** Federal Employer Identification Number (for a principal of the Regional Center Entity that is an entity or organization)

**25.a.** Persons Having Ownership, Control or Beneficial Interest in the Entity Listed in **Part 4., Item Number 23.**

**25.b.** Date of Birth (mm/dd/yyyy)

**25.c.** Country of Birth

**25.d.** Percentage Ownership in the Entity Listed in **Part 4., Item Number 27.** %

**25.e.** Position Held (if any) in the Entity Listed in **Part 4., Item Number 27.**

**Other Names Used By the Principal Non-Owner of the Regional Center Entity (if applicable)**

Provide all other names **the principal non-owner has ever** used, including aliases, maiden name, and nicknames.

**26.a.** Family Name (Last Name)

**26.b.** Given Name (First Name)

**26.c.** Middle Name

**27.** Trade Name (DBA if any) (for the entity listed in **Part 4., Item Number 23.**)

**Mailing Address For the Principal Non-**

**C. Name of Other Agent:**

	<p>Street Address/P.O. Box:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Telephone Number (include area code):</p> <p>Fax Number (include area code):</p> <p>Web site address:</p> <p><b>D.</b> Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)</p> <p><b>Note:</b> If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.</p> <p><b>1a.</b> Describe the structure, ownership and control of the regional center entity.</p> <p><b>1. b.</b> Date the Regional Center was established(mm/dd/yyyy):</p> <p><b>3.</b> Describe the geographic area of the regional center. <b>Note:</b> This area must be contiguous. Provide a map of the geographic area.</p>	<p><b>Owners of Regional Center Entity</b></p> <p><b>28.a.</b> In Care Of Name (if any)</p> <p><b>28.b.</b> Street Number and Name or PO Box</p> <p><b>28.c.</b> Apt. Ste. Flr.</p> <p><b>28.d.</b> City or Town</p> <p><b>28.e.</b> State</p> <p><b>28.f.</b> ZIP Code</p> <p><b>28.g.</b> Province</p> <p><b>28.h.</b> Postal Code</p> <p><b>28.i.</b> Country</p> <p>[page 5]</p> <p><b>Contact Information For the Principal Non-Owners of the Regional Center Entity</b></p> <p><b>29.</b> Daytime Telephone Number</p> <p><b>30.</b> Fax Number</p> <p><b>31.</b> Email Address (if any)</p> <p><b>32.</b> Web site Address (if any)</p> <p>[deleted]</p> <p><b>Information About the Regional Center</b></p> <p><b>33.</b> Date the Regional Center Entity Was Established (mm/dd/yyyy)</p> <p><b>34.</b> State or Territory Where the Regional Center Entity Was Formed</p> <p><b>Geographic Area of the Regional Center</b></p> <p><b>35.</b> Have you provided a listing of the geographic components that comprise the limited and contiguous geographic area of the regional center? Yes/No</p>
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	<p>4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.</p>	<p><b>NOTE:</b> You will need to provide a listing of the geographic components that comprise the limited geographic area of the regional center. If filing an amendment to expand the geographic area of a regional center, you must describe both the currently approved geographic area and the area of requested expansion, as well as provide documentation that explains the economic rationale for the expansion.</p> <p><b>36.</b> Have you provided a map or other illustration that shows the geographic area of the regional center? Yes/No</p> <p><b>NOTE:</b> You will need to provide a map or other illustration that shows the geographic area of the regional center.</p> <p>Have you demonstrated that:</p> <p><b>37.</b> The regional center focuses on a limited, contiguous geographical area of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>38.</b> The geographic boundaries are reasonable based on evidence that the proposed economic activity will promote economic growth in the proposed area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>NOTE:</b> The geographic area covered by the regional center must be a limited, contiguous, and clearly identified area.</p> <p><b>39.</b> Regional Center Entity Federal Employer Identification Number</p> <p><b>Administration, Oversight and Management Functions</b></p> <p><b>40.</b> Have you submitted a plan that demonstrates that there are (or will be) sufficient management, oversight, and administrative functions in place to monitor all EB-5 capital investment activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>NOTE:</b> You must provide a description and submit documentation of the regional center's administration, oversight, and management functions that are or will be in place to monitor all capital investment activities and the allocation of the jobs created or maintained under its sponsorship.</p> <p><i>Documentary Evidence of Regional Center</i></p>
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	<p>Corporation</p> <p>3. Partnership (including Limited Partnership)</p> <p>c. Organization Structure for the Regional Center:</p> <ol style="list-style-type: none"> <li>1. Agency of a U.S. State or Territory (identify)</li> <li>4. Limited Liability Company (LLC)</li> <li>5. Other (Explain)</li> </ol> <p>5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.</p>	<p><b>Ownership, Structure, Control and Administration, Oversight and Management Functions</b></p> <p>41. Indicate the type of documentation you have submitted to establish the regional center's ownership, structure, control and administration, oversight, and management functions. This list is not exclusive and if you have documentation that is not reflected in the examples listed below, select "Other" and describe the nature of the documentation.</p> <p><input type="checkbox"/> Equity Ledger and/or Capitalization Table</p> <p><input type="checkbox"/> Organizational Chart</p> <p><input type="checkbox"/> Articles or Certificates of Formation</p> <p><input type="checkbox"/> Partnership Agreement, Operating Agreement, or Other Governing Documents</p> <p><input type="checkbox"/> Meeting Minutes or Written Consents</p> <p><input type="checkbox"/> Annual Report</p> <p><input type="checkbox"/> Equity Certificates</p> <p><input type="checkbox"/> Organizational Information Identifying the Regional Center as a Unit of an Agency or Municipality of a U.S. State or Territory</p> <p><input type="checkbox"/> Other (Describe the nature of the documentation below.) If you need extra space to complete this section, use the space provided in <b>Part 10. Additional Information.</b></p> <p>[page 6]</p> <p><b>Promotional Activities</b></p> <p>42. Have you submitted documentation, such as a budget, that details how the regional center has or will conduct promotional activities?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>NOTE:</b> You will need to provide a description and submit documentation of the regional center's promotional activities.</p> <p><b>Plan of Operation</b></p>
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	<p>6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.</p> <p>2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.</p>	<p>43. Have you submitted a plan of operation that details how EB-5 investors will be recruited, the methods by which the capital investment opportunities will be offered, and how potential investors will subscribe or commit to the investment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>NOTE:</b> You must provide a description and submit documentation of the regional center's operational plan regarding investor recruitment, the types of investment offerings, and the methods by which the investors will subscribe or otherwise commit to the investments offered.</p> <p><b>USCIS Actions on Prior Form I-924 Approval or Requests for Designation As a Regional Center</b></p> <p>44. Has U.S. Citizenship and Immigration Services (USCIS) ever terminated this regional center's designation; or has the regional center entity, principal, managing company, or agent involved with this application ever been associated with a regional center whose designation was terminated; or has the regional center entity, principal, managing company, or agent involved with this application ever filed Form I-924, Application for Regional Center Designation Under the Immigrant Investor Program, or Form I-924 amendment that was denied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "Yes" to <b>Item Number 44.</b>, provide an explanation of the denial or termination and/or the association between the regional center principal, managing company, or owner and the denied or terminated regional center in <b>Part 10. Additional Information</b> and the following information associated with the denied or terminated regional center:</p> <p>45. Regional Center Name</p> <p>46. Regional Center Identification Number</p>
<p>Page 2, Part 3. Information About the Regional Center</p>	<p>7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.</p>	<p>[Page 6]</p> <p><b>Part 5. Information About the Industries That Will Be the Focus of EB-5 Capital Investments Sponsored Through the Regional Center</b></p> <p>List each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center. <b>If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</b></p>

	<p>Industry Category Title:</p> <p>NAICS Code for the Industry Category:</p> <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p>No- Attach an explanation</p> <p>Yes</p> <hr/> <p>Industry Category Title:</p> <p>NAICS Code for the Industry Category:</p> <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p>No- Attach an explanation</p> <p>Yes</p> <hr/> <p>Industry Category Title:</p> <p>NAICS Code for the Industry Category:</p>	<p><b>1.</b> Nature of Industry (for example, furniture manufacturer)</p> <p><b>2.</b> North American Industry Classification System (NAICS) Code for Included Industry</p> <p><b>3.</b> Is Form I-924 supported by an economic analysis and underlying business plan for determining prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered “No” to <b>Item Number 3.</b>, explain in <b>Part 10. Additional Information.</b></p> <p><b>4.</b> Nature of Industry (for example, furniture manufacturer)</p> <p><b>5.</b> North American Industry Classification System (NAICS) Code for Included Industry</p> <p><b>6.</b> <b>Is this</b> Form I-924 supported by an economic analysis and underlying business plan for determining prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered “No” to <b>Item Number 6.</b>, explain in <b>Part 10. Additional Information.</b></p> <p><b>NOTE:</b> For each additional industry, provide the information requested above in <b>Part 10. Additional Information.</b></p> <p>[Deleted]</p>
<p><b>Page 2, Part 3. Information About the Regional Center</b></p>		<p>[Page 7]</p> <p><b>Part 6. Organizational Structure, Ownership, and Control of Any New Commercial Enterprises In Which Investors Have Made or Will Make Their Capital Investments</b></p> <p>Provide the information below if the regional center requests to add a new commercial enterprise associated with the regional center or if the regional center requests to amend a previously added new commercial enterprise. If the regional center seeks to add more than one new commercial enterprise with this filing, provide the information below for each new commercial enterprise in <b>Part 10. Additional Information.</b></p>

	<p>c. Organization Structure for commercial enterprise:</p> <ol style="list-style-type: none"> <li>1. Corporation</li> <li>2. Partnership (including Limited Partnership)</li> <li>3. Limited Liability Company (LLC)</li> <li>4. Other (Explain)</li> </ol> <p>8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.</p>	<ol style="list-style-type: none"> <li>1. Name of the New Commercial Enterprise</li> <li>2. New Commercial Enterprise Federal Employer Identification Number</li> </ol> <p><b>Organizational Structure of the New Commercial Enterprises</b></p> <hr/> <ol style="list-style-type: none"> <li>3. 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 <b>Part 10. Additional Information</b>. Also, if you need additional space to add new commercial enterprises that are established, use <b>Part 10. Additional Information</b>.</li> </ol> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Partnership (including limited partnerships)</p> <p><input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> Other (Describe below. If you need extra space to complete this section, use the space provided in <b>Part 10. Additional Information</b>.)</p> <p><b>Ownership</b></p> <p>List and provide the required information for all persons or legal entities or organizations that own or have a percentage of ownership in the new commercial enterprise.</p> <p><b>Information About the Owner of the New Commercial Enterprise</b></p> <ol style="list-style-type: none"> <li>4.a. Family Name (Last Name)</li> <li>4.b. Given Name (First Name)</li> <li>4.c. Middle Name</li> <li>5. Date of Birth (mm/dd/yyyy)</li> <li>6. Country of Birth</li> <li>7. Percentage of Ownership</li> <li>8. Position Held Within the New Commercial Enterprise (if any)</li> <li>9. Entity Name (for an owner that is an entity or organization)</li> <li>10. Federal Employer Identification Number (for an owner that is an entity or organization)</li> <li>11.a. Names of Persons Having Ownership, Control or Beneficial Interest in the Entity Listed in <b>Part 6., Item Number 9.</b></li> </ol>
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8.b. Date commercial enterprise established, if any (mm/dd/yyyy):

4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

No

Yes- Attach an explanation and

11.b. Date of Birth (mm/dd/yyyy)

11.c. Country of Birth

11.d. Percentage of Ownership in the Entity Listed in Part 6., Item Number 9. \_\_\_%

11.e. Position Held Within the Entity Listed in Item Number 8.a. of This Section (if any)

12. Date New Commercial Enterprise Established (mm/dd/yyyy)

13. State or Territory Where the New Commercial Enterprise Was Formed

[page 8]

**Documentary Evidence of New Commercial Enterprise Ownership, Structure, Control and Administration, Oversight and Management Functions**

14. Indicate the type of documentation you submitted to establish the ownership, structure, control and administration, oversight, and management functions of the new commercial enterprise. If you have documentation that is not reflected in the examples listed below, describe and explain the nature of the organization in Part 10. Additional Information.

Equity ledger and/or Capitalization table

Organizational Chart

Articles or Certificates of Formation

Governing Document (for example, partnership agreement, operating agreement)

Meeting Minutes or Written Consents

Annual Report

Equity Certificates

Other (Describe the nature of the documentation below.) If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

15. Does or will the regional center or any of its principals or agents have an equity stake in the new commercial enterprises?  Yes  No

If you answered "Yes" to Item Number 15.,

	<p>documentation that outlines when and under what circumstances these remittances will be paid.</p> <p>e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?</p> <p>No Yes- Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.</p>	<p>provide an explanation in <b>Part 10. Additional Information</b> and submit documentation with this application that details such equity ownership.</p> <p><b>16.</b> Does or will the regional center or any of its principals, <b>managing companies</b>, or agents receive fees, profits, surcharges, or other remittances through EB-5 capital investment activities <b>from any current or prospective new commercial enterprise or any current or prospective EB-5 investor (beyond the minimum capital investment threshold required of the EB-5 investors)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered “Yes” to <b>Item Number 16.</b>, provide an explanation in <b>Part 10. Additional Information</b> and submit documentation of the circumstances under which these remittances will be paid.</p>
<p>Page 5</p>	<p><b>Part 4. Applicant Signature</b> <i>Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 5.</i></p>	<p>[Page 9]</p> <p><b>Part 7. Statement, Contact Information, Declaration, and Signature of the Authorized Individual</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-924 Instructions before completing this part.</p> <p><b>Authorized Individual’s Statement</b></p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> <input type="checkbox"/> 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.</p> <p><b>1.b.</b> <input type="checkbox"/> The interpreter named in <b>Part 8.</b> has 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. I understood all of this information as interpreted.</p> <p><b>2.</b> <input type="checkbox"/> At my request, the preparer named in <b>Part 9.</b>, [Fillable Field], prepared this application for me based only upon information I provided or authorized.</p> <p><b>Authorized Individual’s Contact Information</b></p> <p><b>3.a.</b> Authorized <b>Individual’s</b> Family Name (Last Name)</p> <p><b>3.b.</b> Authorized <b>Individual’s</b> Signatory's Given</p>

	<p><b>Printed Name of Applicant</b></p> <p><b>Daytime Phone Number</b> (Area/Country Codes)</p> <p><b>E-Mail Address</b></p>          <p>I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.</p> <p><b>Signature of Applicant</b></p> <p><b>Date</b> (mm/dd/yyyy)</p>	<p>Name (First Name)</p> <p>4. Authorized Individual's Title</p> <p>5. Authorized Individual's Daytime Telephone Number</p> <p>6. Authorized Individual's Mobile Telephone Number (if any)</p> <p>7. Authorized Individual's Email Address (if any)</p> <p><b>Authorized Individual's Declaration and Certification</b></p> <p>Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the Authorized Individual, I may be required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by 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 compliance reviews.</p> <p>If filing this application on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>I certify, under penalty of perjury, that I have reviewed this application, I understand all of the information contained in, and submitted with, my application, and all of this information is complete, true, and correct.</p> <p><b>Authorized Individual's Signature</b></p> <p>8.a. Authorized Individual's Signature</p> <p>8.b. Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL APPLICANTS AND AUTHORIZED INDIVIDUALS:</b> If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or</p>
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	<p><b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b></p>	<p>deny your application.</p> <p>[Deleted]</p>
	<p>[new]</p>	<p>[Page 9]</p> <p><b>Part 8. Interpreter’s Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter’s Full Name</i></p> <p>1.a. Interpreter’s Family Name (Last Name)  1.b. Interpreter’s Given Name (First Name)  2. Interpreter’s Business or Organization Name (if any)</p> <p><i>Interpreter’s Mailing Address</i></p> <p>3.a. Street Number and Name  3.b. Apt. Ste. Flr.  3.c. City or Town  3.d. State  3.e. ZIP Code  3.f. Province  3.g. Postal Code  3.h. Country</p> <p><i>Interpreter’s Contact Information</i></p> <p>4. Interpreter’s Daytime Telephone Number  5. Interpreter’s Mobile Telephone Number (if any)  6. Interpreter’s Email Address (if any)</p> <p><i>Interpreter’s Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part 7., Item Number 1.b.</b>, and I have read to this <b>authorized individual</b> in the identified language every question and instruction on this application and his or her answer to every question. The <b>authorized individual</b> informed me that he or she understands every instruction, question, and answer on the application, including the <b>Authorized Individual’s Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p><i>Interpreter’s Signature</i></p> <p>7.a. Interpreter’s Signature  7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 6</p>		<p>[Page 10]</p>

**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

**Printed Name of Preparer**

**Firm Name and Address**

**Daytime Phone Number**  
(Area/Country Codes)

**E-mail Address**

**Fax Number** (Area/  
Country Codes)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization (if any)

**NOTE:** If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).

**Preparer's Mailing Address**

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State
- 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Preparer's Contact Information**

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

**Preparer's Statement**

7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the authorized individual and with the authorized individual's consent.

7.b.  I am an attorney or accredited representative and have prepared this form on behalf of the authorized individual and with the authorized individual's consent.

**NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

	<p>I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.</p> <p><b>Signature of Preparer</b>  <b>Date</b> (mm/dd/yyyy)</p> <p><b>Attorney or Representative:</b> In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>Preparer's Certification</i></p> <p>By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the authorized individual. The authorized individual has reviewed this completed application, including the <b>Authorized Individual's Declaration and Certification</b>, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.</p> <p><i>Preparer's Signature</i></p> <p><b>8.a.</b> Preparer's Signature  <b>8.b.</b> Date of Signature (mm/dd/yyyy)</p> <p>[Deleted]</p>
		<p>[Page 11]</p> <p><b>Part 10. Additional Information</b></p> <p>If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application, or attach a separate sheet of paper. Type or print the regional center entity's name at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1.</b> Name of the Regional Center Entity  <b>2.</b> Regional Center Identification Number</p> <p><b>3.a.</b> Page Number  <b>3.b.</b> Part Number  <b>3.c.</b> Item Number  <b>3.d.</b> _____</p> <p><b>4.a.</b> Page Number  <b>4.b.</b> Part Number  <b>4.c.</b> Item Number  <b>4.d.</b> _____</p> <p><b>5.a.</b> Page Number  <b>5.b.</b> Part Number  <b>5.c.</b> Item Number  <b>5.d.</b> _____</p> <p><b>6.a.</b> Page Number  <b>6.b.</b> Part Number  <b>6.c.</b> Item Number  <b>6.d.</b> _____</p>

