

TABLE OF CHANGES – FORM
Form I-526, Immigrant Petition by Alien Entrepreneur
OMB Number: 1615-0026
6/22/2016

Reason for Revision: Comprehensive revision to correlate with revision to Form I-924/I-924A; integration of standard language and formatting;

Current Page Number and Section	Current Text	Proposed Text
Page 1, Do Not Write in This Block- For USCIS Use Only (Except G-28 Block Below)	<p>Classification</p> <p>Priority Date</p> <p>Fee Receipt</p> <p>Remarks</p> <p>RECEIVED</p> <p>RESUBMITTED</p> <p>RELOCATED</p> <p>SENT</p> <p>REC'D</p> <p>To be completed by Attorney or Representative, if any</p> <p>G-28 is attached</p> <p>Attorney's State License No.</p>	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Classification</p> <p>Priority Date</p> <p>Fee Receipt</p> <p>Remarks</p> <p>Received</p> <p>Resubmitted</p> <p>Relocated</p> <p>Sent</p> <p>Received</p> <p>To be completed by attorney or BIA-accredited representative (if any).</p> <p><u> </u> Select this box if Form G-28 is attached.</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p>
Page 1, START HERE- Type or print in black ink.		

<p>Page 1, Part 1, Information About You</p>	<p>A-Number (if any)</p> <p>Social Security Number (if any)</p> <p>Family Name</p> <p>Given Name</p> <p>Middle Name</p> <p>Address- In Care of Name, if applicable</p> <p>Street Number and Name</p> <p>Apt. Number</p> <p>City</p> <p>State or Province</p> <p>Zip/Postal Code</p> <p>Country</p>	<p>[Page 1]</p> <p>Part 1. Information About You</p> <p>Provide the following information about yourself.</p> <p>1. Alien Registration Number (A-Number) (if any)</p> <p>2. USCIS Online Account Number (if any)</p> <p>3. U.S. Social Security Number (if any)</p> <p><i>Your Full Name</i></p> <p>4.a. Family Name (Last Name)</p> <p>4.b. Given Name (First Name)</p> <p>4.c. Middle Name</p> <p><i>Other Names Used</i></p> <p>List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>5.a. Family Name (Last Name)</p> <p>5.b. Given Name (First Name)</p> <p>5.c. Middle Name</p> <p>6.a. Family Name (Last Name)</p> <p>6.b. Given Name (First Name)</p> <p>6.c. Middle Name</p> <p><i>Mailing Address</i></p> <p>7.a. In Care Of Name (if any)</p> <p>7.b. Street Number and Name</p> <p>7.c. Apt. Ste. Flr.</p> <p>7.d. City or Town</p> <p>7.e. State</p> <p>7.f. ZIP Code</p> <p>7.g. Province</p> <p>7.h. Postal Code</p> <p>7.i. Country</p>
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		<p>8. Is your current mailing address the same as your physical address? Yes No</p> <p>If you answered “No” to Item Number 8., provide your physical address in Item Numbers 9.a.-9.h.</p> <p><i>Physical Address</i></p> <p>Provide your physical addresses for the last five years. Provide your present address first. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>9.a. Street Number and Name</p> <p>9.b. Apt. Ste. Flr.</p> <p>9.c. City or Town</p> <p>9.d. State</p> <p>9.e. ZIP Code</p> <p>9.f. Province</p> <p>9.g. Postal Code</p> <p>9.h. Country</p> <p>9.i. From (mm/dd/yyyy)</p> <p>9.j. To ((mm/dd/yyyy) Present</p> <p>10.a. Street Number and Name</p> <p>10.b. Apt. Ste. Flr.</p> <p>10.c. City or Town</p> <p>10.d. State</p> <p>10.e. ZIP Code</p> <p>10.f. Province</p> <p>10.g. Postal Code</p> <p>10.h. Country</p> <p>10.i. From (mm/dd/yyyy)</p> <p>10.j. To (mm/dd/yyyy)</p> <p>11.a. Street Number and Name</p> <p>11.b. Apt. Ste. Flr.</p>
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		<p>11.c. City or Town</p> <p>11.d. State</p> <p>11.e. ZIP Code</p> <p>11.f. Province</p> <p>11.g. Postal Code</p> <p>11.h. Country</p> <p>11.i. From (mm/dd/yyyy)</p> <p>11.j. To (mm/dd/yyyy)</p> <p>12.a. Street Number and Name</p> <p>12.b. Apt. Ste. Flr.</p> <p>12.c. City or Town</p> <p>12.d. State</p> <p>12.e. ZIP Code</p> <p>12.f. Province</p> <p>12.g. Postal Code</p> <p>12.h. Country</p> <p>12.i. From (mm/dd/yyyy)</p> <p>12.j. To (mm/dd/yyyy)</p> <p>13.a. Street Number and Name</p> <p>13.b. Apt. Ste. Flr.</p> <p>13.c. City or Town</p> <p>13.d. State</p> <p>13.e. ZIP Code</p> <p>13.f. Province</p> <p>13.g. Postal Code</p> <p>13.h. Country</p> <p>13.i. From (mm/dd/yyyy)</p> <p>13.j. To (mm/dd/yyyy)</p>
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		<p><i>Employment History</i></p> <p>Provide your employment history for the last five years. (If none, so state.) List present employment first. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>14.a. Employer Name</p> <p>14.b. Street Number and Name</p> <p>14.c. Apt. Ste. Flr.</p> <p>14.d. City or Town</p> <p>14.e. State</p> <p>14.f. ZIP Code</p> <p>14.g. Province</p> <p>14.h. Postal Code</p> <p>14.i. Country</p> <p>14.j. Job Title</p> <p>14.k. From (mm/yyyy)</p> <p>14.l. To (mm/yyyy) Present</p> <p>15.a. Employer Name</p> <p>15.b. Street Number and Name</p> <p>15.c. Apt. Ste. Flr.</p> <p>15.d. City or Town</p> <p>15.e. State</p> <p>15.f. ZIP Code</p> <p>15.g. Province</p> <p>15.h. Postal Code</p> <p>15.i. Country</p> <p>15.j. Job Title</p> <p>15.k. From (mm/yyyy)</p> <p>15.l. To (mm/yyyy)</p>
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		<p>16.a. Employer Name</p> <p>16.b. Street Number and Name</p> <p>16.c. Apt. Ste. Flr.</p> <p>16.d. City or Town</p> <p>16.e. State</p> <p>16.f. ZIP Code</p> <p>16.g. Province</p> <p>16.h. Postal Code</p> <p>16.i. Country</p> <p>16.j. Job Title</p> <p>16.k. From (mm/yyyy)</p> <p>16.l. To (mm/yyyy)</p> <p>17.a. Employer Name</p> <p>17.b. Street Number and Name</p> <p>17.c. Apt. Ste. Flr.</p> <p>17.d. City or Town</p> <p>17.e. State</p> <p>17.f. ZIP Code</p> <p>17.g. Province</p> <p>17.h. Postal Code</p> <p>17.i. Country</p> <p>17.j. Job Title</p> <p>17.k. From (mm/yyyy)</p> <p>17.l. To (mm/yyyy)</p> <p>18.a. Employer Name</p> <p>18.b. Street Number and Name</p> <p>18.c. Apt. Ste. Flr.</p> <p>18.d. City or Town</p> <p>18.e. State</p> <p>18.f. ZIP Code</p>
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		<p>18.g. Province</p> <p>18.h. Postal Code</p> <p>18.i. Country</p> <p>18.j. Job Title</p> <p>18.k. From (mm/yyyy)</p> <p>18.l. To (mm/yyyy)</p> <p>Other Information About You</p> <p>19. Date of Birth (mm/dd/yyyy)</p> <p>20. Sex Male Female</p> <p>Place of Birth</p> <p>21. City or Town of Birth</p> <p>22. State or Province of Birth</p> <p>23. Country of Birth</p> <p>24. Country of Citizenship or Nationality.</p> <p>NOTE: If you are a citizen of more than one country or your nationality differs from your citizenship, provide the information in Part 11. Additional Information.</p> <p>25. Country of Last Foreign Residence</p> <p>Your Entry Into the United States</p> <p>26. Date of Arrival (mm/dd/yyyy)</p> <p>Place of Arrival or Port-of-Entry</p> <p>27.a. City or Town</p> <p>27.b. State</p> <p>28.a. I-94 Arrival-Departure Record Number</p> <p>28.b. Date Period of Authorized Stay Expires/Expired (mm/dd/yyyy)</p> <p>28.c. Passport Number</p> <p>28.d. Travel Document Number</p> <p>28.e. Country That Issued Passport or Travel Document</p> <p>28.f. Date Passport or Travel Document Expires (mm/dd/yyyy)</p>
	Date of Birth (mm/dd/yyyy)	
	Country of Birth	
	If you are in the United States, provide the following information:	
	Date of Arrival (mm/dd/yyyy)	
	I-94 Number	
	Passport Number	
	Travel Document Number	
	Country of Issuance for Passport or Travel Document	
	Expiration Date for Passport or Travel Document	

	<p>Current Nonimmigrant Status</p> <p>Date Current Status Expires (mm/dd/yyyy)</p> <p>Daytime Telephone Number (with Area Code)</p>	<p>28.g. Current Nonimmigrant Status (if applicable)</p> <p>28.h. Date Current Nonimmigrant Status Expires (mm/dd/yyyy)</p> <p>[Deleted; In signature section]</p>
<p>Page 1, Part 2. Application Type (Check one)</p>	<p>a. This petition is based on an investment in a commercial enterprise in a targeted employment area for which the required amount of capital invested has been adjusted downward.</p>	<p>[Page 4] Part 2. Information About Your Investment</p> <p><i>Regional Center (if any)</i></p> <ol style="list-style-type: none"> 1. Is your investment associated with an approved Regional Center? Yes/No 2. Regional Center Name 3. Regional Center Identification Number 4. What is the receipt number for the approved Regional Center application upon which your petition is based? 5. If applicable, provide the New Commercial Enterprise (NCE) Identification Number. <p><i>Petition Type and Required Capital Investment</i></p> <p>Select the appropriate box to indicate the type of petition you are filing. If you select Item Number 6., provide the requested information.</p> <p>6. __ Targeted Employment Area (TEA)</p> <p>This petition is based on an investment in a targeted employment area for which the required investment amount of capital has been adjusted downward.</p> <ol style="list-style-type: none"> a. Is the new commercial enterprise (NCE) principally doing business in a targeted employment area? Yes/No b. Is the area a rural area? Yes/No c. Is the area a high unemployment area? Yes/No d. Address where the NCE is principally doing business e. Is the job-creating-entity (JCE) principally doing business in a targeted employment area? Yes/No

**Page 2,
Part 4.
Additional
Information
About the
Enterprise**

b. This petition is based on an investment in a commercial enterprise in an area for which the required amount of capital invested has been adjusted upward.

c. This petition is based on an investment in a commercial enterprise that is not in either a targeted area or in an upward adjustment area.

**Composition of the Petitioner's
Investment:**

Total amount in U.S. bank account

Total value of all assets purchased for use in the enterprise

Total value of all property transferred from abroad to the new enterprise

Total of all debt financing

Total stock purchases

Other (explain on separate paper)

Total

Income:

When you made the investment

Gross

Net

Now

f. Is the area a rural area? Yes/No

g. Is the area a high unemployment area? Yes/No

h. Address where the JCE is principally doing business

7. __Upward Adjustment Area

This petition is based on an investment in an area for which the required investment amount of capital has been adjusted upward.

8. __Non-TEA/Non-Upward Adjustment Area

This petition is based on an investment in an area that is neither a targeted employment area nor an upward adjustment area.

Composition of *Your* Investment and *Your* Income

Composition of Investment

9. Total Amount Deposited or Committed to Deposit into U.S. Business Accounts for NCE

10. Total Value of Assets Purchased for Use in NCE

11. Total Value of All Property Transferred From Abroad for Use in NCE

12. Total of All Debt Financing

13. Total Stock or Other Equity Purchases

14. Other Capital

***Your* Income**

15. *Your* Gross Income at Time of Investment

16. *Your* Net Income at Time of Investment

17. *Your* Current Gross Income

	<p>Gross</p> <p>Net</p> <p>Net Worth:</p> <p>When you made the investment</p> <p>Gross</p> <p>Now</p>	<p>18. Your Current Net Income</p> <p>Your Net Worth</p> <p>19. Your Net Worth at Time of Investment</p> <p>20. Your Current Net Worth</p> <p>Your Sources of Investment Capital</p> <p>Please identify the source(s) of the capital you have invested or are actively in the process of investing into the NCE. (Select all that apply.)</p> <p>21.a. Income</p> <p>21.b. Indebtedness (Loan, Loan Proceeds, Promissory Note, etc.)</p> <p>21.c. Gift (including capital obtained through inheritance)</p> <p>21.d. Tangible Assets (Equipment, Inventory, etc.)</p> <p>21.e. Other</p> <p>21.f. In the space below, describe the documentation included with this petition to demonstrate that the capital you have invested or are actively in the process of investing was obtained through lawful means.</p> <p>_____</p>
<p>Page 1, Part 3. Information About Your Investment</p> <p>Part 4. Additional Information About the Enterprise</p>	<p>New commercial enterprise resulting from the creation of a new business.</p> <p>New commercial enterprise resulting from the purchase of an existing business.</p> <p>New commercial enterprise resulting from a capital investment in an existing business.</p>	<p>[Page 6]</p> <p>Part 3. Information About the New Commercial Enterprise (NCE)</p> <p>Type of NCE (Select only one)</p> <p>1.a. NCE formed after November 29, 1990.</p> <p>1.b. NCE resulting from the purchase of a business formed on or before November 29, 1990 that is restructured or reorganized</p> <p>1.c. NCE resulting from a capital investment in and substantial expansion of a business formed on or before November 29, 1990.</p> <p>Additional Information About the NCE</p>

	<p>Name of commercial enterprise in which funds are invested (Required Field - Do Not Leave Blank)</p> <p>Street Address</p> <p>Phone Number with Area Code</p> <p>Business organized as (corporation, partnership, etc.)</p> <p>Kind of business (e.g. furniture manufacturer)</p> <p>Date established (mm/dd/yyyy)</p> <p>IRS Tax #</p> <p>Date of your initial investment (mm/dd/yyyy)</p> <p>Amount of your initial investment \$____</p> <p>Your total capital investment in the enterprise to date \$____</p> <p>Percentage of the enterprise you own</p> <p>If you are not the sole investor in the new commercial enterprise, list on separate paper the names of all other parties (natural and non-natural) who hold a percentage share of ownership of the new enterprise and indicate whether any of these parties is seeking classification as an alien entrepreneur. Include the name, percentage of ownership, and whether or not the person is seeking classification under section 203(b)(5). NOTE: A "natural" party would be an individual person, and a "non-natural" party would be an entity such as a corporation, consortium, investment group,</p>	<p>2. Name of NCE (Required Field - Do Not Leave Blank)</p> <p>Address of NCE</p> <p>3.a. Street Number and Name</p> <p>3.b. Apt. Ste. Flr.</p> <p>3.c. City or Town</p> <p>3.d. County</p> <p>3.e. State</p> <p>3.f. ZIP Code</p> <p>4. Telephone Number of NCE</p> <p>5. Type of Entity (for example, corporation, limited liability company, partnership)</p> <p>6. Nature of Activity (for example, furniture manufacturer)</p> <p>7. Included Industries (provide North American Industry Classification System (NAICS) codes)</p> <p>8. Have you invested or are you actively in the process of investing in a troubled business? Yes/No</p> <p>NOTE: If you answered "Yes" to Item Number 8., you must provide an explanation in Part 11. Additional Information of how the NCE qualifies as a troubled business.</p> <p>9. Date NCE Formed (mm/dd/yyyy)</p> <p>10. Federal Employer Identification Number</p> <p>11. Date of Your Initial Investment (mm/dd/yyyy)</p> <p>12. Amount of Your Initial Investment in the NCE \$____</p> <p>13. Your Total Capital Investment in the NCE To Date \$____</p> <p>14. What percentage of the NCE do you own? ____%</p> <p>Multiple Investors. If you are not the sole investor in the NCE, list the name of any other person or entity (for example, a corporation, limited liability company, partnership, etc.) that holds a percentage ownership of the NCE. Also indicate the percentage of ownership and whether any of these persons obtained classification as an alien entrepreneur under INA section 203(b)(5) on the basis of his or her investment in this NCE or is seeking classification as an alien entrepreneur under INA section 203(b)(5). If you need additional space, provide the information in Part 11. Additional Information.</p>
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		<p>6. Nature of Activity (for example, furniture manufacturer)</p> <p>7. Included Industries (provide North American Industry Classification System (NAICS) codes)</p> <p>Multiple Job-Creating Entities. If there is more than one JCE involved in the project, provide information regarding all JCE's involved with the new commercial enterprise. If you need additional space, use the space provided in Part 11. Additional Information.</p> <p>8. Name of Additional Job-Creating Entity</p> <p>9.a. Street Number and Name</p> <p>9.b. Apt. Ste. Flr.</p> <p>9.c. City or Town</p> <p>9.d. County</p> <p>9.e. State</p> <p>9.f. ZIP Code</p> <p>10. Telephone Number of Job-Creating Entity (with area code)</p> <p>11. Type of Entity (for example, corporation, limited liability company, partnership)</p> <p>12. Nature of Activity (for example, furniture manufacturer)</p> <p>13. Included Industries (provide North American Industry Classification System (NAICS) codes)</p>
<p>Page 3, Part 5. Employment Creation Information</p>	<p>What is your position, office, or title with the new commercial enterprise?</p> <p>Briefly describe your duties, activities, and responsibilities.</p> <p>What is your salary?</p> <p>What is the cost of your benefits?</p> <p>Number of full-time employees in the enterprise in U.S. (excluding you, your spouse, sons, and daughters)</p> <p>When you made your initial investment?</p> <p>Now</p>	<p>[Page 7]</p> <p>Part 5. Employment Creation Information</p> <p>1. What is your position, office, or title with the NCE?</p> <p>2. What are your duties, activities, and responsibilities in the NCE?</p> <p>NOTE: If you need additional space, provide the information in Part 11. Additional Information.</p> <p>3. What is your current salary in the NCE?</p> <p>4. What are the costs for benefits you receive in your current position in the NCE?</p> <p>5. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Your Initial Investment:</p> <p>6. Current Number of Full-Time Direct and</p>

	<p>Difference</p> <p>How many of these new jobs were created by your investment?</p> <p>How many additional new jobs will be created by your additional investment?</p>	<p>Qualifying Employees in the NCE</p> <p>7. Difference In Number of Full-Time Direct and Qualifying Employees</p> <p>8. Number of Full-Time Direct and Indirect Positions That Will Be Created During the Relevant Time Period</p> <p>9. If the new commercial enterprise is associated with a Regional Center, does this petition rely on indirect job creation? Yes No</p> <p>If you answered "Yes" to Item Number 9, indicate the economic model used to estimate indirect job creation in Part 11. Additional Information.</p> <p>10. Total Amount of Your Capital That Has Been or Will Be Made Available to the JCE</p> <p>11. Total Amount of Capital Derived From Investors Who Have Not Sought and Are Not Seeking Classification As Alien Entrepreneurs</p>
<p>Page 3, Part 6. Processing Information</p>	<p>Check One:</p> <p>The person named in Part 1 is now in the United States, and an application to adjust status to permanent resident will be filed if this petition is approved.</p> <p>The petition is approved and the person named in Part 1 wishes to apply for an immigrant visa abroad, complete the following for that person:</p> <p>Country of current residence or, if now in the United States, last permanent residence abroad:</p> <p>If you provided a United States address in Part 1, print the person's foreign address:</p>	<p>[Page 8] Part 6. Processing Information</p> <p>Select the appropriate box to indicate how you will seek lawful permanent resident status.</p> <p>1.a. Immigrant Visa Processing</p> <p>1.b. Country of Citizenship or Nationality</p> <p>1.c. Country of Current Residence</p> <p>2.a. Application for Adjustment of Status</p> <p>2.b. Country of Last Permanent Residence Abroad</p> <p>Address in Country of Last Permanent Residence Abroad</p> <p>3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. Province 3.e. Postal Code 3.f. Country</p>

		<p>additional space to list other children, use Part 11. Additional Information.</p> <p><i>Family Member 1</i></p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Relationship to You 5. Applying for Adjustment of Status? Yes/No 6. Applying for Visa Abroad? Yes/No</p> <p><i>Family Member 2</i></p> <p>7.a. Family Name (Last Name) 7.b. Given Name (First Name) 7.c. Middle Name</p> <p>8. Date of Birth (mm/dd/yyyy) 9. Country of Birth 10. Relationship to You 11. Applying for Adjustment of Status? Yes/No 12. Applying for Visa Abroad? Yes/No</p> <p><i>Family Member 3</i></p> <p>13.a. Family Name (Last Name) 13.b. Given Name (First Name) 13.c. Middle Name</p> <p>14. Date of Birth (mm/dd/yyyy) 15. Country of Birth 16. Relationship to You 17. Applying for Adjustment of Status? Yes/No 18. Applying for Visa Abroad? Yes/No</p> <p><i>Family Member 4</i></p> <p>19.a. Family Name (Last Name) 19.b. Given Name (First Name) 19.c. Middle Name</p> <p>20. Date of Birth (mm/dd/yyyy) 21. Country of Birth 22. Relationship to You 23. Applying for Adjustment of Status? Yes/No 24. Applying for Visa Abroad? Yes/No</p> <p><i>Family Member 5</i></p> <p>25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name</p> <p>26. Date of Birth (mm/dd/yyyy) 27. Country of Birth 28. Relationship to You 29. Applying for Adjustment of Status? Yes/No</p>
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<p>Page 3, Part 7. Signature Read the information on penalties in the instructions before completing this section.</p>	<p>Mobile Phone Number</p> <p>E-Mail Address</p>	<p>[Page 9]</p> <p>Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</p> <p>NOTE: Read the Penalties section of the Form I-526 Instructions before completing this part.</p> <p>Petitioner's or Authorized Signatory's Statement</p> <p>NOTE: Select the box for either Item 1.a. or 1.b.. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 9. read to me every question and instruction on this petition 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>2. <input type="checkbox"/> At my request, the preparer named in Part 10., [Fillable Field], prepared this petition for me based only upon information I provided or authorized.</p> <p>Authorized Signatory's Contact Information</p> <p>3.a. Authorized Signatory's Family Name (Last Name) 3.b. Authorized Signatory's Given Name (First Name) 4. Authorized Signatory's Title 5. Authorized Signatory's Daytime Telephone Number 6. Authorized Signatory's Mobile Telephone Number (if any) 7. Authorized Signatory's Email Address (if any)</p> <p>Petitioner's or Authorized Signatory's Declaration and Certification</p> <p>Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, 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,</p>

	<p>Signature Date</p> <p>NOTE: <i>If you do not completely fill out this form or fail to submit the required documents listed in the instructions, you may not be found eligible for the immigration benefit you are seeking and this petition may be denied.</i></p>	<p>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 petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition 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 petition 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 petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p>Petitioner's or Authorized Signatory's Signature 8.a. Petitioner's Signature 8.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL PETITIONERS OR AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.</p>
		<p>[Page 11]</p> <p>[New]</p> <p>Part 9. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>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)</p> <p>Interpreter's Mailing Address 3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)</p>

		<p>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 Part 8., Item 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, 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 3, Part 8. Signature of Person Preparing Form, If Other Than Above (Sign below)</p>	<p>Print Your Name</p> <p>Firm Name</p> <p>Address</p> <p>Daytime phone # with area code</p>	<p>[Page 11]</p> <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i></p> <p>1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i></p> <p>3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 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>Preparer's Contact Information</i></p> <p>4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i></p> <p>7.a. <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.</p> <p>7.b. <input type="checkbox"/> I am an attorney or accredited representative and my representation of the petitioner in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this petition.</p> <p>NOTE: If you are an attorney or accredited</p>

	<p>I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.</p> <p>Signature Date</p>	<p>representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.</p> <p><i>Preparer's Certification</i> By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, 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> 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>
		<p>[Page13] [New] Part 11. Additional Information</p> <p>If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet, indicate the Page Number, Part Number, and Item Number to which your answer refers, and sign and date each sheet.</p> <p>1.a. Family Name (Last Name) [Auto-populated field] 1.b. Given Name (First Name) [Auto-populated field] 1.c. Middle Name [Auto-populated field]</p> <p>2. A-Number (if any) [Auto-populated field]</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. _____</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. _____</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. _____</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. _____</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. _____</p>