TABLE OF CHANGES – FORM Form I-765, Application for Employment Authorization OMB Number: 1615-0040 10/10/2017

Reason for Revision: Comprehensive revision

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
New		 [Page 1] To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). Select this box if Form G-28 is attached. Attorney or Accredited Representative USCIS Online Account Number (if any)
Page 1	[Page 1]	[Page 1]
	START HERE - Type or print in black ink.	START HERE - Type or print in black ink.
		Part 1. Reason for Applying
	I am applying for:	I am applying for:
	Permission to accept employment.	1.a. Initial permission to accept employment.
	Replacement (of lost employment authorization document).	1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.
		NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.
	Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).	1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Page 1-2	[Page 1]	[Page 1]
		Part 2. Information About You
	1. Full Name Family Name First Name Middle Name	 Your Full Legal Name 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name
	2. Other Names Used (include Maiden Name)	<i>Other Names Used</i> Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 7. Additional Information .
	Family Name First Name Middle Name	 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name
		3.a. Family Name (Last Name)3.b. Given Name (First Name)3.c. Middle Name
	3. U.S. Mailing Address Street Number and Name Apt. Number Town or City State ZIP Code	 Your U.S. Mailing Address 4.a. In Care Of Name 4.b. Street Number and Name 4.c. Apt./Ste./Flr. [Number] 4.d. City or Town 4.e. State 4.f. ZIP Code
		[Page 2]
		5. Is your current mailing address the same as your physical address? Yes No
		NOTE: If you answered "No" to Item Number 5. , provide your physical address below.
		 U.S. Physical Address 6.a. Street Number and Name 6.b. Apt. Ste. Flr. [Number] 6.c. City or Town 6.d. State 6.e. ZIP Code
	14. Alien Registration Number (A-Number) or Form I-94 Number (if any)	<i>Other Information</i> 7. Alien Registration Number (A-Number) (if any)
		8. USCIS Online Account Number (if any)
	9.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?	9.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

Yes No	Yes No
NOTE: If you answered "Yes" to Item Number 9.a. , provide the information requested in Item Number 9.b.	NOTE: If you answered "No" to Item Number 9.a. , skip to Item Number 10 . If you answered "Yes" to Item Number 9.a. , provide the information requested in Item Number 9.b.
9.b. Provide your Social Security number (SSN) (if known)	9.b. Provide your Social Security number (SSN) (if known)
10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 11., Consent for Disclosure , to receive a card.) Yes No	10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 11., Consent for Disclosure , to receive a card.) Yes No
NOTE: If you answered "No" to Item Number 10. , skip to Item Number 14. If you answered "Yes" to Item Number 10. , you must also answer "Yes" to Item Number 11.	NOTE: If you answered "No" to Item Number 10., skip to Part 2., Item Number 14.a. If you answered "Yes" to Item Number 10., you must also answer "Yes" to Item Number 11.
11. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No	11. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No
NOTE: If you answered "Yes" to Item Numbers 10. - 11. , provide the information requested in Item Numbers 12.a. - 13.b.	NOTE: If you answered "Yes" to Item Numbers 10. - 11. , provide the information requested in Item Numbers 12.a. - 13.b.
Father's Name12.a. Family Name (Last Name)12.b. Given Name (First Name)	 Father's Name Provide your father's birth name. 12.a. Family Name (Last Name) 12.b. Given Name (First Name)
[Page 2]	
Mother's Name (Provide your mother's birth name.) 13.a. Family Name (Last Name) 13.b. Given Name (First Name)	<i>Mother's Name</i> Provide your mother's birth name. 13.a. Family Name (Last Name) 13.b. Given Name (First Name)
4. Country of Citizenship or Nationality	 Your Country or Countries of Citizenship or Nationality List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 7. Additional Information. 14.a. Country 14.b. Country
5. Place of Birth	<i>Place of Birth</i> List the city/town/village, state/ province, and

	country where you were born.
Tarra an Citar	
Town or City	15.a. City/Town/Village of Birth
State/Province	15.b. State/Province of Birth
Country	15.c. Country of Birth
Country .	
6. Date of Birth (mm/dd/yyyy)	16. Date of Birth (mm/dd/yyyy)
7. Gender	17. Sex
Male	Male
Female	Female
8. Marital Status	18. Marital Status
Single	Single
-	
Married	Married
Divorced	Divorced
Widowed	Widowed
Widowed	Widowed
15. Have you ever before applied for employment authorization from USCIS?	19. Have you previously filed Form I-765?
Yes (Complete the following questions.) No (Proceed to Item Number 16.)	Yes (Complete Item Numbers 20.a 20.d.) No (Skip to Item Numbers 21.a 21.e.)
	[Page 3]
	Information About Your Most Recent Filed Form 1-765
	20.a. Receipt Number of Your Most Recently Filed Application for Employment Authorization
Which USCIS Office?	20.b. Which USCIS office adjudicated this application?
Dates	20.c. Enter the date this application was adjudicated (mm/dd/yyyy)
Results (Granted or Denied - attach all documentation)	20.d. Was this application approved or denied? (Attach all documentation.) Approved Denied
	Information About Your Last Arrival in the United States
	21.a. Form I-94 Arrival-Departure Record Number (if any)
	21.b. Passport Number of Your Most Recently Issued Passport
	21.c. Travel Document Number
	21.d. Country That Issued Your Passport or Travel Document
	21.e. Expiration Date for Passport or Travel Document(mm/dd/yyyy)

16. Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy)	22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
17. Place of Your Last Arrival or Entry Into the U.S.	23. Place of Your Last Arrival Into the United States City State
18. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
19. Current Immigration Status (Visitor, Student, etc.)	25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
	26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
	Information About Your Eligibility Category
20. Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.	27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
21. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 20. above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	28. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c. below.
Degree	28.a. Degree
Employer's Name as listed in E-Verify	28.b. Employer's Name as Listed in E-Verify
Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number	28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 20. above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.	29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
	30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No
	NOTE: If you answered "Yes" to Item

	23. (c)(35) and (c)(36) Eligibility Category a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.	 Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions. 31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140. If you entered the eligibility category (c)(36) in Item Number 27., please provide the the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker.
	b. Have you EVER been arrested for and/or convicted of any crime? Yes No	31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27. , have you EVER been arrested for and/or convicted of any crime? Yes No
	NOTE: If you answered "Yes" to Item Number 23.b. , refer to Item Number 5. , Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.	NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.
New		[Page 4]
		Part 3. Biographic Information
		rart 5. Diographic information
		 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
		 Ethnicity (Select only one box) Hispanic or Latino
		 Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
		 Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Height Feet
		 Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Height Feet Inches Weight

		Pink
		Pink Unknown/Other
		6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown
		Gray
		Red Sandy
		White Unknown/Other
Page 2	[Page 2]	[Page 4]
		Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
		NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.
		<i>Applicant's Statement</i> NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
		1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
		1.b. The interpreter named in Part 5. read to me every question and instruction on this application and my answer to every question in [Fillable field], a language in which I am fluent, and I understood everything.
		2. At my request, the preparer named in Part 6. , [Fillable field], prepared this application for me based only upon information I provided or authorized.
	[Applicant's] Telephone Number	 Applicant's Contact Information 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)
		6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.
	Certification	<i>Applicant's Declaration and Certification</i> 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

	I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Who May File Form I-765 section of the Instructions and have identified the appropriate eligibility category in Item Number 20. Applicant's Signature Date of Signature (mm/dd/yyyy)	 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 release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. 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 understood all of the information contained in, and submitted with, my application; and 2) All of this information was complete, true, and correct at the time of filing. I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information is complete, true, and correct.
		NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Form I- 765 Instructions, USCIS may deny your application.
New		[Page 5]
		Part 5. Interpreter's Contact Information, Certification, and Signature
		Provide the following information about the interpreter.
		<i>Interpreter's Full Name</i> 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)
		Interpreter's Mailing Address

		3.a. Street Number and Name
		3.b. Apt. Ste. Flr. [Number]
		3.c. City or Town
		3.d. State
		3.e. ZIP Code
		3.f. Province
		3.g. Postal Code
		3.h. Country
		3.II. 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)
		6. Interpreter's Email Address (if any)
		Interpreter's Certification
		I certify, under penalty of perjury, that:
		rectury, under penalty of perjury, that.
		I am fluent in English and [Fillable field],
		which is the same language specified in Part 4. ,
		Item Number 1.b. , and I have read to this
		applicant in the identified language every
		question and instruction on this application and
		his or her answer to every question. The
		applicant informed me that he or she
		understands every instruction, question, and
		answer on the application, including the
		Applicant's Declaration and Certification,
		and has verified the accuracy of every answer.
		and has verified the decardey of every answer.
		Interpreter's Signature
		7.a. Interpreter's Signature
		7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)
		7.b. Date of Signature (mm/dd/yyyy)
Page 2	[Page 2]	
Page 2		7.b. Date of Signature (mm/dd/yyyy)[Page 5]
Page 2	Signature of Person Preparing Form, If	7.b. Date of Signature (mm/dd/yyyy)[Page 5]Part 6. Contact Information, Declaration,
Page 2		 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this
Page 2	Signature of Person Preparing Form, If	7.b. Date of Signature (mm/dd/yyyy)[Page 5]Part 6. Contact Information, Declaration,
Page 2	Signature of Person Preparing Form, If	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
Page 2	Signature of Person Preparing Form, If	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the
Page 2	Signature of Person Preparing Form, If	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
Page 2	Signature of Person Preparing Form, If Other Than Applicant	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer.
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name
Page 2	Signature of Person Preparing Form, If Other Than Applicant	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name 1.a. Preparer's Family Name (Last Name)
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name 1.a. Preparer's Given Name (Last Name) 1.b. Preparer's Given Name (First Name)
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. <i>Preparer's Full Name</i> 1.a. Preparer's Given Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name	 7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant 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 Name (if any) Preparer's Mailing Address
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant 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 Name (if any)
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name Preparer's Full Name Preparer's Given Name (Last Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address S. Street Number and Name Apt. Ste. Flr. [Number]
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name Preparer's Full Name Preparer's Given Name (Last Name) Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address S. Street Number and Name Apt. Ste. Flr. [Number] C. City or Town
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name Preparer's Full Name Preparer's Given Name (Last Name) Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address Apt. Ste. FIr. [Number] City or Town State
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name Preparer's Full Name Preparer's Given Name (Last Name) Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address S. Street Number and Name Apt. Ste. Flr. [Number] C. City or Town State ZIP Code
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name a. Preparer's Family Name (Last Name) b. Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address a. Street Number and Name b. Apt. Ste. Flr. [Number] c. City or Town d. State e. ZIP Code f. Province
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant 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 Name (if any) Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the preparer. Preparer's Full Name a. Preparer's Family Name (Last Name) b. Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address a. Street Number and Name b. Apt. Ste. Flr. [Number] c. City or Town d. State e. ZIP Code f. Province
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant 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 Name (if any) Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant 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 Name (if any) Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 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
Page 2	Signature of Person Preparing Form, If Other Than Applicant [Preparer's] Printed Name [7.b. Date of Signature (mm/dd/yyyy) [Page 5] Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant 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 Name (if any) Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country

		5. Preparer's Mobile Telephone Number (if any)6. Preparer's Email Address (if any)
		[Page 6]
		Preparer's Statement
		7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
		7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application.
		NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
	I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.	Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification , and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.
	Preparer's Signature Date of Signature (mm/dd/yyyy)	Preparer's Signature8.a. Preparer's Signature8.b. Date of Signature (mm/dd/yyyy)
New		[Page 7]
		Part 7. Additional Information
		If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.
		1.a. Family Name (Last Name) [Auto-populated field]

 1.b. Given Name (First Name) [Auto-populated field] 1.c. Middle Name[Auto-populated field] 2. A-Number (if any) [Auto-populated field]
3.a. Page Number3.b. Part Number3.c. Item Number3.d. [Fillable field]
4.a. Page Number4.b. Part Number4.c. Item Number4.d. [Fillable field]
5.a. Page Number5.b. Part Number5.c. Item Number5.d. [Fillable field]
6.a. Page Number6.b. Part Number6.c. Item Number6.d. [Fillable field]
7.a. Page Number7.b. Part Number7.c. Item Number7.d. [Fillable field]