

**TABLE OF CHANGES – FORM**  
**Form I-508, Waiver of Certain Rights, Privileges, Exemptions, and Immunities**  
**OMB Number: 1615-0025**  
**11/19/2018**

**Reason for Revision: Consolidation of Form I-508 and Form I-508F**

Legend for Proposed Text:

Black font = Current text

**Red font** = Changes

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1, Part 1. Information About the Person Filing This Request</b>	<p>[Page 1]</p> <p><b>For Government Use Only</b></p> <p>Requestor is a French national paid by the French Republic</p> <p>Form I-508F executed</p> <p>Exempt from U.S. taxes Not exempt from U.S. taxes</p> <p>Remarks</p> <p><b>START HERE - Please type or print in black ink.</b></p> <p><b>Part 1. Information About the Person Filing This Request</b></p> <p><b>1.</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>2.</b> Alien Registration Number (A-Number) (if any)</p> <p><b>3.</b> U.S. Social Security Number (if any)</p> <p><b>4.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>5.</b> U.S. State Department-Issued Personal Identification Number (PID)</p> <p><b>6.</b> Mailing Address In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State</p>	<p>[Page 1]</p> <p><b>[Deleted]</b></p> <p><b>START HERE - Please type or print in black ink.</b></p> <p><b>Part 1. Information About the Person Filing This Waiver Form</b></p> <p><b>1.</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>2.</b> Alien Registration Number (A-Number) (if any)</p> <p><b>3.</b> U.S. Social Security Number (if any)</p> <p><b>4.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>5.</b> U.S. State Department-Issued Personal Identification Number (PID)</p> <p><b>6.</b> Mailing Address In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State</p>

	<p>ZIP Code Province Postal Code Country</p> <p>7. Is your current mailing address the same as your physical address? Y/N</p> <p>If you answered "No," provide your physical address in <b>Item Number 8</b>.</p> <p>8. Physical Address Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>9. Employment Information Name of Mission or Organization Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p>	<p>ZIP Code Province Postal Code Country</p> <p>7. Is your current mailing address the same as your physical address? Y/N</p> <p>If you answered "No," provide your physical address in <b>Item Number 8</b>.</p> <p>8. Physical Address Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>9. Employment Information Name of Mission or Organization Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p>
<p><b>Page 2, Part 2. Waiver Statement</b></p>	<p>[Page 2]</p> <p><b>Part 2. Waiver Statement</b></p> <p>I, [Fillable Field], believe that I have an occupational status entitling me to nonimmigrant status under section 101(a)(15)(A), (E), or (G) of the Immigration and Nationality Act (INA) as a government official, treaty trader or treaty investor, or international organization representative, respectively.</p> <p>Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive all diplomatic rights, privileges, exemptions, and immunities that would otherwise accrue to me under any U.S. law or executive order because of my occupational status.</p> <p><b>NOTE:</b> French nationals receiving a salary from the French Republic are also required to complete Form I-508F. French nationals must submit both Form I-508 and Form I-508F together to U.S. Citizenship and Immigration Services (USCIS).</p>	<p>[Page 2]</p> <p><b>Part 2. Waiver Statement</b></p> <p><b>1.</b> I, [Fillable Field], believe that I have an occupational status entitling me to nonimmigrant status under Immigration and Nationality Act (INA) section 101(a)(15)(A), (E), or (G) as a government official, treaty trader or treaty investor, <b>other position covered under the E classification</b>, or international organization representative, respectively.</p> <p>Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive <b>and understand that I will no longer be eligible for any</b> and all diplomatic rights, privileges, exemptions, and immunities that would otherwise <b>be granted</b> to me under <b>any law</b> or executive order because of my occupational status.</p> <p><b>[deleted]</b></p>

<p><b>Page 2, Part 3.</b> <b>Requestor's Statement, Contact Information, Certification, and Signature</b></p>	<p>[Page 2]</p> <p><b>Part 3. Requestor's Statement, Contact Information, Certification, and Signature</b></p> <p><b>NOTE:</b> Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1. Requestor's Statement Regarding the Interpreter</b></p> <p><b>A.</b> I can read and understand English, and have read and understand every question and instruction on this request, as well as my answer to every question.</p> <p><b>B.</b> The interpreter named in <b>Part 4.</b> has also read to me every question and instruction on this request, as well as my answer to every question, in [Fillable Field], a language in which I am fluent I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.</p> <p><b>2. Requestor's Statement Regarding the Preparer</b></p> <p>I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this request for me.</p> <p><b>Requestor's Contact Information</b></p> <p><b>3.</b> Requestor's Daytime Telephone Number  <b>4.</b> Requestor's Mobile Telephone Number (if any)  <b>5.</b> Requestor's Email Address (if any)</p> <p><b>Requestor's Certification</b>  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.</p>	<p>[Page 2]</p> <p><b>Part 3. <b>Statement</b>, Contact Information, Certification, and Signature of the Person Executing This Waiver Form</b></p> <p><b>NOTE:</b> . Select the box for either <b>Item A.</b> or <b>Item B.</b> in <b>Item Number 1.</b></p> <p><b>Statement</b></p> <p><b>1. <b>Statement</b> Regarding the Interpreter</b></p> <p><b>A.</b> I can read and understand English, and <b>I</b> have read and understand every question, <b>statement</b>, and instruction on this <b>waiver form</b>, and my answer <b>or selection for</b> every item.</p> <p><b>B.</b> The interpreter named in <b>Part 4.</b> <b>read</b> to me every question, <b>statement</b>, and instruction on this <b>waiver form</b>, and my answer <b>or selection for every question</b>, in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p><b>NOTE:</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>2. <b>Statement</b> Regarding the Preparer</b></p> <p><b>At my request, the preparer named in <b>Part 5.</b>, [Fillable Field], prepared this waiver form for me based only upon information I provided or authorized.</b></p> <p><b>Person Executing This Waiver Form's Contact Information</b></p> <p><b>3.</b> Daytime Telephone Number  <b>4.</b> Mobile Telephone Number (if any)  <b>5.</b> Email Address (if any)</p> <p><b>Certification</b>  <b>Although not required in order to submit this waiver form, if you have submitted any documents, you must certify the following:</b> <b>copies</b> of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration</p>
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	<p>I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.</p> <p>I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.</p> <p><i>Requestor's Signature</i>  <b>6.</b> Requestor's Signature  Date of Signature (mm/dd/yyyy)</p>	<p>benefit that I seek.</p> <p>I furthermore authorize release of information contained <b>in this waiver form</b>, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration <b>law</b>.</p> <p>I certify, under penalty of perjury, that <b>I provided or authorized all of the information on my waiver form, that I understand all of the information contained with, and submitted with my waiver form, and that all of the information is complete, true, and correct. I further certify that I am knowingly, intelligently, voluntarily waiving, and understand that I will no longer be eligible for any and all of the diplomatic rights, privileges, exemptions, and immunities that would otherwise accrue to me under any law or executive order because of my occupational status.</b></p> <p><b>[Page 3]</b></p> <p><i>Signature</i>  <b>6.</b> Signature  Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 3, Part 4.  Interpreter's Contact Information, Certification, and Signature</b></p>	<p><b>[Page 3]</b></p> <p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information concerning the interpreter.</p> <p><i>Interpreter's Full Name</i>  <b>1.</b> Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)</p> <p><b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i>  <b>3.</b> Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><i>Interpreter's Contact Information</i>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Email Address (if any)</p>	<p><b>[Page 3]</b></p> <p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information concerning the interpreter.</p> <p><i>Interpreter's Full Name</i>  <b>1.</b> Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)</p> <p><b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i>  <b>3.</b> Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><i>Interpreter's Contact Information</i>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5. Interpreter's Mobile Telephone Number (if any)</b>  <b>6.</b> Interpreter's Email Address (if any)</p>

	<p><b><i>Interpreter's Certification</i></b></p> <p><b>I certify that:</b></p> <p>I am fluent in English and [Fillable Field], which is the same language provided in Part 3., Item B. in Item Number 1.;</p> <p>I have read to this requestor every question and instruction on this request, as well as the answer to every question, in the language provided in <b>Part 3., Item B. in Item Number 1.</b>; and The requestor has informed me that he or she understands every instruction and question on the request, as well as the answer to every question, and the requestor verified the accuracy of every answer.</p> <p><b><i>Interpreter's Signature</i></b>  6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)</p>	<p><b><i>Interpreter's Certification</i></b></p> <p>I <b>certify, under penalty of perjury</b>, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part 3., Item B. in Item Number 1.</b>, and I have read <b>to the person executing this waiver form every question, statement, and instruction on this waiver form, and his or her answer to every item in the identified language.</b> The <b>person executing this waiver form</b> informed me that he or she understands every instruction, <b>statement, question, and response to every item on this waiver form, including the Certification, and has verified the accuracy of every response.</b></p> <p><b><i>Interpreter's Signature</i></b>  6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)</p>
<p><b>Pages 4-5, Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor</b></p> <p>Provide the following information concerning the preparer.</p> <p><b><i>Preparer's Full Name</i></b>  1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p><b><i>Preparer's Mailing Address</i></b>  3. Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b><i>Preparer's Contact Information</i></b>  4. Preparer's Daytime Telephone Number  5. Preparer's Fax Number  6. Interpreter's Email Address (if any)</p> <p><b><i>Preparer's Statement</i></b>  7. A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.</p>	<p><b>[Page 4]</b></p> <p><b>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Waiver Form, if Other Than the Person Executing this Waiver Form</b></p> <p>Provide the following information <b>about</b> the preparer.</p> <p><b><i>Preparer's Full Name</i></b>  1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)</p> <p>2. <b>Preparer's</b> Business or Organization Name (if any)</p> <p><b><i>Preparer's Mailing Address</i></b>  3. Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b><i>Preparer's Contact Information</i></b>  4. Preparer's Daytime Telephone Number  5. <b>Preparer's Mobile Telephone Number (if any)</b>  6. Interpreter's Email Address (if any)</p> <p><b><i>Preparer's Statement</i></b>  7. A. I am not an attorney or accredited representative but have prepared this <b>waiver form</b> on behalf of the <b>person executing this waiver form</b> and with <b>that person's</b> consent.</p>

	<p><b>B.</b> I am an attorney or accredited representative and my representation of the requestor in this case extends/does not extend beyond the preparation of this request.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this request, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.</p> <p><i>[Page 5]</i></p> <p><b>Preparer's Certification</b></p> <p>By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of the requestor.</p> <p>I completed this request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with every answer on the request. If the requestor supplied additional information concerning a question on the request, I recorded it on the request.</p> <p><b>Preparer's Signature</b>  8. Preparer's Signature  Date of Signature (mm/dd/yyyy)</p>	<p><b>B.</b> I am an attorney or accredited representative and my representation of the <b>person executing this waiver form</b> extends/does not extend beyond the preparation of this <b>waiver form</b>.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you <b>may</b> need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, <b>or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States</b>, with this <b>waiver form</b>.</p> <p><i>[Page 5]</i></p> <p><b>Preparer's Certification</b></p> <p>By my signature, I <b>certify, under</b> penalty of perjury, that I prepared this waiver form at the request of the <b>person executing this waiver form</b>. <b>The person executing this waiver form then reviewed the completed waiver form and informed me that he or she understands all of the information contained within, and submitted with, his or her waiver form, including the Certification, and that all of this information is complete, true, and correct. I completed this waiver form on behalf of the person executing this waiver form, based only on the information that the person executing this waiver form provided to me or authorized me to obtain or use. Although not required in order to submit this waiver form, if the requestor supplied additional information concerning a question on the request, I recorded it on the request.</b></p> <p><b>Preparer's Signature</b>  8. Preparer's Signature  Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 6, Part 6. Additional Information</b></p>	<p><i>[Page 6]</i></p> <p><b>Part 6. Additional Information</b></p> <p>If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include your name and A-Number (if any) 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> Family Name (Last Name)  Given Name (First Name)  Middle Name</p>	<p><i>[Page 6]</i></p> <p><b>Part 6. Additional Information</b></p> <p>If you need extra space to provide any additional information within this <b>waiver form</b>, 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 <b>waiver form</b> or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your <b>additional information</b> refers; and sign and date each sheet.</p> <p><b>1.</b> Family Name (Last Name)  Given Name (First Name)  Middle Name</p>

	<p><b>2. A-Number (if any)</b></p> <p><b>3. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p> <p><b>4. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p> <p><b>5. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p> <p><b>6. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p>	<p><b>2. A-Number (if any)</b></p> <p><b>3. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p> <p><b>4. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p> <p><b>5. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p> <p><b>6. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D.</b></p>
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