

TABLE OF CHANGES – INSTRUCTIONS
Form I-508, Waiver of Certain Rights, Privileges, Exemptions, and Immunities
OMB Number: 1615-0025
04/18/2019

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 |
|--|--|--|
| <p>Page 1, What Is the Purpose of This Request?</p> | <p>[Page 1]</p> <p>What Is the Purpose of This Request?</p> <p>This request is used by certain persons whose occupational status entitles them, and their dependents, 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. Requestors use Form I-508 to waive diplomatic rights, privileges, exemptions, and immunities associated with their occupational status so that they may acquire or retain lawful permanent resident status in the United States.</p> | <p>[Page 1]</p> <p>What Is the Purpose of Form I-508?</p> <p>Form I-508 is used by lawful permanent residents of the United States, or applicants for lawful permanent residence in the United States, whose occupational status or that of their family members, entitles them to nonimmigrant status under the Immigration and Nationality Act (INA) section 101(a)(15)(A), (E), or (G) as a:</p> <ul style="list-style-type: none"> a) Government official, b) Taipei Economic and Cultural Representative Office employee, c) international organization representative or employee, respectively; or d) A dependent member of such household. <p>In order to retain or obtain lawful permanent residence status, they are required to use Form I-508 to waive diplomatic or similar rights, privileges, exemptions, and immunities that may be granted to them under any law or Executive Order. The form also informs such persons that as lawful permanent residents of the U.S., they are or will be ineligible for any and all such diplomatic rights, privileges, exemptions, and immunities previously held on their behalf by their sending country, office, or organization.</p> <p>Note Regarding former USCIS Form I-508F</p> |

| | | |
|--|---|--|
| | | Form I-508F is no longer required to be submitted by French nationals. |
| <p>Page 1, General Instructions</p> | <p>[Page 1]</p> <p>General Instructions</p> <p>U.S. Citizenship and Immigration Services (USCIS) provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at http://get.adobe.com/reader/. If you do not have Internet access, you may call the USCIS National Customer Service Center at 1-800-375-5283 and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>Signature. Each request must be properly signed and filed. For all signatures on this request, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the request on your behalf. A legal guardian may also sign for a mentally incompetent person.</p> <p>Copies. You may submit legible photocopies of documents requested, unless the instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application, petition, or request. If you submit original documents when not required, the documents may remain a part of the record, and USCIS will not automatically return them to you.</p> <p>Translations. If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English.</p> | <p>[Page 1]</p> <p>[deleted]</p> <p>USCIS Forms and Information</p> <p>USCIS provides forms and instructions free</p> |

| | | |
|--|--|--|
| | <p>[content pulled from later sections]</p> <p>How To Fill Out Form I-508</p> <ol style="list-style-type: none"> 1. Type or print legibly in black ink. 2. If you need extra space to complete any item within this request, use the space provided in Part 6. Additional Information or attach a separate sheet of paper; type or print your name and Alien Registration Number (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. 3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks “Provide the name of your current spouse”), type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you | <p>of charge through the USCIS website at uscis.gov. To view, print, or complete our forms, you should use the latest version of Adobe Reader, which you can download for free at http://get.adobe.com/reader/.</p> <p>Instead of waiting in line for help at your local USCIS office, you can schedule an appointment on our website at uscis.gov. Select “Make an Appointment” and follow the screen prompts. Once you finish, the system will generate an appointment notice for you.</p> <p>For more information, visit our website at uscis.gov or visit the USCIS Contact Center webpage at uscis.gov/contactcenter.</p> <p>Where To File</p> <p>Please see our website for the most current information about where to file this form.</p> <p>Filing Fee</p> <p>There is no filing fee for Form I-508.</p> <p>Completing the Form</p> <ul style="list-style-type: none"> • Type or print legibly in black ink. • If you need extra space to complete any item within this waiver form, use the space provided in Part 6. Additional Information or attach a separate sheet of paper. Type or print your name and Alien Registration Number (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>[Page 2]</p> <ul style="list-style-type: none"> • Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”) type or print “N/A” unless otherwise directed. If a question requires a numerical response and your answer is zero/none, (for example, “How many children do you have?” or |
|--|--|--|

| | | |
|---|---|---|
| | <p>have” or “How many times have you departed the United States”), type or print “None,” unless otherwise directed.</p> | <p>“How many times have you departed the United States?”), type or print “None” unless otherwise directed.</p> <p>Supporting Documents</p> <ul style="list-style-type: none"> • Evidence. At the time of filing, you must submit all evidence and supporting documentation listed in the specific instructions. • Translations. If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must also include the translator’s signature, printed name, the signature date, and the translator’s contact information. • Copies. You should submit legible photocopies of documents requested, unless the instructions specifically state that you must submit an original document. We may request an original document at the time of filing or at any time during processing of your form. If we request an original document, we will return it to you when we are done. <p>Signature</p> <ul style="list-style-type: none"> • You must sign each form before you submit it. For all signatures on this form, we will not accept a stamped or typewritten name in place of a signature. We will consider a photocopied, faxed, or scanned copy of the original handwritten signature as valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten ink signature. • If you are under 14 years of age, your parent or legal guardian may sign the form on your behalf. A legal guardian may also sign for a mentally incompetent person. |
| <p>Page 1, Part 3. Requestor’s Statement, Contact Information,</p> | <p>[Page 1] 4. Part 3. Requestor’s Statement,</p> | <p>[Page 1] Contact Information, Certification, and</p> |

| | | |
|---|---|--|
| <p>Certification, and Signature.</p> | <p>Contact Information, Certification, and Signature.</p> <p>Select the appropriate box to indicate that you either read this request yourself or someone interpreted this request for you from English to a language in which you are fluent. If applicable, select the box to indicate if someone prepared this request for you. Further, you must sign and date your request and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every request MUST contain the signature of the requestor (or parent or guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> | <p>Signature for the Person Executing This Waiver Form</p> <p>Select the appropriate box to indicate whether you read this waiver form yourself or whether you had an interpreter assist you. If someone assisted you in completing the waiver form, select the box indicating that you used a preparer. Further, you must sign and date your waiver form and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every waiver form MUST contain the signature of the person executing this waiver form (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> |
| <p>Page 1, Part 4. Interpreter’s Contact Information, Certification, and Signature.</p> | <p>[Page 1]</p> <p>5. Part 4. Interpreter’s Contact Information, Certification, and Signature.</p> <p>If you used anyone as an interpreter to read the instructions and questions on this request to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, and his or her email address (if any). The interpreter must sign and date the request.</p> | <p>[Page 1]</p> <p>Interpreter’s Contact Information, Certification, and Signature.</p> <p>If you used anyone as an interpreter to read the instructions and questions on this waiver form to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must also sign and date the waiver form.</p> |
| <p>Page 2, Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor.</p> | <p>[Page 2]</p> <p>6. Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor.</p> <p>This section must contain the signature of the person who completed your request, if other than you, the requestor. If the same individual acted as your interpreter and your preparer, that person should complete both Part 4. and Part 5. If the person who completed this request is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you prepare this request MUST sign and date the request. A stamped or typewritten name in place of a signature is</p> | <p>[Page 2]</p> <p>Contact Information and Signature of the Person Preparing this Form, if Other Than the Person Executing This Waiver Form</p> <p>This section must contain the signature of the person who completed your waiver form, if other than you, the person executing this waiver form. If the same individual acted as your interpreter and your preparer, that person should complete both applicable sections. If the person who completed this form is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this waiver form MUST sign and date the waiver form. A</p> |

| | | |
|--|---|---|
| | not acceptable. If the person who helped you prepare your request is an attorney or accredited representative, he or she must also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your request, if his or her representation extends beyond preparation of this request. | stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your waiver form is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, along with your waiver form. |
| Page 2, Part 6. Additional Information. | <p>[Page 2]</p> <p>7. Part 6. Additional Information. If you need extra space to provide any additional information within this request, use the space provided in Part 6.</p> <p>Additional Information. If you need more space than what is provided in Part 6., you may make copies of Part 6. to complete and file with your request or attach a separate sheet of paper. Include 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>We recommend that you print or save a copy of your completed request to review in the future and for your records.</p> | <p>[Page 3]</p> <p>Additional Information.</p> <p>If you need extra space to provide any additional information within this waiver form, use the space provided in Part 6.</p> <p>Additional Information. If you need more space than what is provided in Part 6., you may make copies of Part 6. to complete and file with your waiver form or attach a separate sheet of paper. Include 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>We recommend that you print or save a copy of your completed waiver form to review in the future and for your records.</p> |
| Page 2, What Is the Filing Fee? | <p>What Is the Filing Fee?</p> <p>There is no filing fee for Form I-508.</p> | [Moved to General Instructions] |
| Page 2, Where To File? | <p>Where To File?</p> <p>Please see our website at www.uscis.gov/I-508 or call our National Customer Service Center at 1-800-375-5283 for the most current information about where to file this request. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>NOTE: If you are filing this request together with Form I-485, Application to Register Permanent Residence or Adjust Status, file this request at the same USCIS office where you must submit the related Form I-485. If you are filing this request together with Form I-131, Application for Travel Document, file this request at the</p> | [Moved to General Instructions] |

| | | |
|---|--|--|
| | same USCIS office where you must submit the related Form I-131. | |
| Page 2, Address Change | <p>Address Change</p> <p>You must notify USCIS of your new address within 10 days of moving from your previous residence. For information on filing a change of address go to the USCIS website at www.uscis.gov/addresschange or contact the USCIS National Customer Service Center at 1-800-375-5283. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>NOTE: Do not submit a change of address request to USCIS Lockbox facilities because these facilities do not process change of address requests.</p> | [Deleted] |
| Pages 2-3, USCIS Forms and Information | <p>USCIS Forms and Information</p> <p>To ensure you are using the latest version of this request, visit the USCIS website at www.uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have Internet access, you may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by calling the USCIS National Customer Service Center at 1-800-375-5283. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>[Page 3]</p> <p>Instead of waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our online system, InfoPass, at infopass.uscis.gov. Use the InfoPass appointment scheduler and follow the screen prompts to set up your appointment. InfoPass generates an electronic appointment notice that appears on the screen.</p> | [Moved to General Instructions] |
| Page 3, USCIS Privacy Act Statement | <p>[Page 3]</p> <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this request, and the associated</p> | <p>[Page 3]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this waiver form, and the</p> |

| | | |
|---|--|--|
| | <p>evidence, is collected under 8 USC 1184(b) and 1257(b) and 8 CFR sections 223.2 and 245.1 and part 247.</p> <p>PURPOSE: The primary purpose for providing the requested information on this request is to determine whether the requestor has waived the diplomatic rights, privileges, exemptions, and immunities associated with his or her occupational status, so that he or she may acquire or retain lawful permanent resident status in the United States.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may affect your status in the United States.</p> <p>ROUTINE USES: The Department of Homeland Security (DHS) may share the information you provide on this request with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records] which you can find at www.dhs.gov/privacy. DHS may also make the information available, as appropriate, for law enforcement purposes or in the interest of national security.</p> | <p>associated evidence, is collected under INA section 247, 8 U.S.C. 1257, and 8 CFR sections 245.1 and 247.</p> <p>PURPOSE: The primary purpose for the requested information on this waiver form is to determine whether you have waived diplomatic or similar rights, privileges, exemptions, and immunities that may have accrued to you under any law or Executive Order. This waiver form also informs you that as a lawful permanent resident of the United States, you are or will be ineligible for any and all such diplomatic rights, privileges, exemptions, and immunities previously held on your behalf by your sending country, office, or organization. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security Number (if applicable), and any requested evidence, may delay a final decision or result in denial of your waiver form.</p> <p>ROUTINE USES: The Department of Homeland Security (DHS) may share the information you provide on this waiver form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records and DHS/USCIS-007 Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program] which you can find at www.dhs.gov/privacy. DHS may also make the information available, as appropriate, for law enforcement purposes or in the interest of national security.</p> |
| <p>Page 3, Paperwork Reduction Act</p> | <p>[Page 3]</p> <p>Paperwork Reduction Act</p> | <p>[Page 4]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor</p> |

| | | |
|--|--|---|
| | <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes per response, for both forms, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No 1615-0025. Do not mail your completed Form I-508 or Form I-508F to this address.</p> | <p>an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No 1615-0025. Do not mail your completed Form I-508 to this address.</p> |
|--|--|---|