Waiver of Certain Rights, Privileges, Exemptions, and Immunities

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-508
OMB No. 1615-0025
Expires 05/31/2019

► **START HERE - Please type or print in black ink.**

Part 1. Information About the Person Filing This Waiver Form

1. Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Alien Registration Number (A-Number) (if any) ► **A-**

3. U.S. Social Security Number (if any) ►

4. Date of Birth (mm/dd/yyyy)

5. U.S. State Department-Issued Personal Identification Number (PID)

6. Mailing Address

In Care Of Name

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

(USPS ZIP Code Lookup)

Province | Postal Code | Country

7. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No," provide your physical address in **Item Number 8.**

8. Physical Address

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

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

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Part 2. Waiver Statement

1. I, _____, 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, other position covered under the E classification, or international organization representative, respectively.

   Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive and understand that I will no longer be eligible for any and all diplomatic rights, privileges, exemptions, and immunities that would otherwise be granted to me under any law or executive order because of my occupational status.

Part 3. Statement, Contact Information, Certification, and Signature of the Person Executing This Waiver Form

NOTE: Select the box for either **Item A.** or **Item B.** in **Item Number 1.**

Statement

1. Statement Regarding the Interpreter

   A. ☐ I can read and understand English, and I have read and understand every question, statement, and instruction on this waiver form, and my answer or selection for every item.

   B. ☐ The interpreter named in **Part 4.** read to me every question, statement, and instruction on this waiver form, and my answer or selection for every question, in _____, a language in which I am fluent, and I understood everything.

NOTE: If applicable, select the box for **Item Number 2.**

2. Statement Regarding the Preparer

   ☐ At my request, the preparer named in **Part 5.,** _____, prepared this waiver form for me based only upon information I provided or authorized.

Person's Executing This Waiver Form's Contact Information

3. Daytime Telephone Number

4. Mobile Telephone Number (if any)

5. Email Address (if any)

Certification

Although not required in order to submit this waiver form, if you have submitted any documents, you must certify the following: 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.

I furthermore authorize release of information contained in this waiver form, 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 certify, under penalty of perjury, that 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.

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Part 3. Statement, Contact Information, Certification, and Signature of the Person Executing This Waiver Form (continued)

Signature

6. Signature

Date of Signature (mm/dd/yyyy)

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information concerning the interpreter.

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)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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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)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language specified in **Part 3., Item B.** in **Item Number 1.**, and I have read 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. The person executing this waiver form informed me that he or she understands every instruction, statement, question, and response to every item on this waiver form, including the **Certification**, and has verified the accuracy of every response.

Interpreter's Signature

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Waver Form, if Other Than the Person Executing this Waiver Form

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Suite Floor

Number (if applicable)

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7. **A.** ☐ I am not an attorney or accredited representative but have prepared this waiver form on behalf of the person executing this waiver form and with that person's consent.

B. ☐ I am an attorney or accredited representative and my representation of the person executing this waiver form

☐ extends ☐ does not extend beyond the preparation of this waiver form.

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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this waiver form.

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Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Waver Form, if Other Than the Person Executing this Waiver Form (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this waiver form at the request of the person executing this waiver form. 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.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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Part 6. Additional Information

If you need extra space to provide any additional information within this waiver form, 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 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 additional information refers; and sign and date each sheet.

1. Family Name (Last Name) | Given Name (First Name) | Middle Name

2. A-Number (if any) ► **A-**

3. **A.** Page Number **B.** Part Number **C.** Item Number

D.

4. **A.** Page Number **B.** Part Number **C.** Item Number

D.

5. **A.** Page Number **B.** Part Number **C.** Item Number

D.

6. **A.** Page Number **B.** Part Number **C.** Item Number

D.

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