

Immigrant Petition by Regional Center Investor

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-526E OMB No. 1615-0026 Expires 02/28/2026

	Fee Receipt		Classification	Action Blo	ck	
For USCIS			Priority Date			
Use Only		Remarks	1			
	Received	Relocated Sen	t			
	Resubmitted	Rec	reived			
	e completed by an attorney or ecredited representative (if any).		t this box if Form G-28 is hed to represent the oner.	Attorney or Accredited USCIS Online Account		
		petiti				
► STA	ART HERE - Type or print in bl	ack ink.				
Part 1.	. Petition Type					
Select or	ne box:					
1.	This petition is an initial petition	1	2.	ing filed to amend a previou	ısly filed p	etition
			Previous Petition	Receipt Number		
			>			
Reason	ns for Amendment (Select	All that Ap	ply)			
3.	Termination of Regional Cent	er				
	Notice Date of Termination:					
	Has your NCE associated with a	new approve	d regional center?		Yes	☐ No
	Have you made a qualifying inv	estment in and	other NCE?		Yes	☐ No
4.	NCE or JCE Debarment					
	Notice Date of Debarment:					
	Have you associated with a new	NCE in good	standing?		Yes	☐ No
	Have you invested additional in		•	atisfy remaining job	Yes	☐ No
	creation requirements under INA	A 203(b)(5)(A)(ii)?			
Part 2.	. Information About You					
Provide t	the following information about you	ourself.				
1. Ali	ien Registration Number (A-Num	ber) (if any)	2. USCIS Onli	ne Account Number (if any))	
•	• A-		>			
3. U.S	S. Social Security Number (if any)			_	
•	·					

Par	t 2. Information About You (co	ontinued)				
Yoı	ır Full Name					
1.	Family Name (Last Name)	Given Name	(First Nan	ne)	Middle Na	me
Oth	er Names Used					
	all other names you have ever used, incloon, use the space provided in Part 12. A			and nicknames.	If you need extra	a space to complete this
5.	Family Name (Last Name)	Given Name	(First Nan	ne)	Middle Na	me (if applicable)
5.	Family Name (Last Name)	Given Name	(First Nan	ne)	Middle Na	me (if applicable)
Oth	er Information					
7.	Date of Birth (mm/dd/yyyy) 8.	Gender Male F	emale			
) .	City or Town of Birth		10.	State or Provinc	ce of Birth	
l 1.	Country of Birth		12.	Country(ies) of	Citizenship or N	Nationality (current)
13.	Country(ies) of Citizenship or National	lity (relinquished)				
	TE: If you are a citizen of more than one 12. Additional Information.	e country or your na	tionality o	liffers from your	citizenship, pro	vide the information in
14.	Country of Last Foreign Residence					
Ma	iling Address					
15.	In Care Of Name (if any)				7	
	Street Number and Name				Apt. Ste. Flr.	Number
	City or Town				State	ZIP Code
	Province	Postal Code		Country		(USPS ZIP Code Lookup)
		Postal Code		Country		

Form I-526E Edition 04/01/24 Page 2 of 16

16.	Is your current mailing a	ddress the same as your physical addr	ress?		Yes	☐ No
	_	Item Number 16., provide your phys		Numbers 17.		
		200, provide your project		11000000		
Phy	vsical Address					
		es for the last five years. Provide your lin Part 12. Additional Information		t. If you need extr	a space to comple	ete this
17 .	Street Number and Name		•	Apt. Ste. Flr.	Number	
	City or Town			State	ZIP Code	
	Province	Postal Code	Country			
	From (mm/dd/yyyy)	To (mm/dd/yyyy)				
		Present				
18.	Street Number and Name			Apt. Ste. Flr.	Number	
	City or Town			State	ZIP Code	
	Province	Postal Code	Country			
	Enom (mm/dd/yyyyy)	To (mm/dd/yyyyy)				
	From (mm/dd/yyyy)	To (mm/dd/yyyy)				
19.	Street Number and Name			Apt. Ste. Flr.	Number	
	City or Town			State	ZIP Code	
	Province	Postal Code	Country			
	From (mm/dd/yyyy)	To (mm/dd/yyyy)				
Em	ployment History					
		ur employment history. Also provide	any government or n	nilitary positions h	eld at any time (i	e. even if
olde		ent employment first. If you need ext				
					□ v	∏ NT≃
20.	Have you ever been emp	o Item Number 20. , provide the follo		_	∐Yes	∐ No

Par	t 2. Information About You (continued)		
21.	Employer Name		
	Street Number and Name	Apt. Ste. Flr.	Number
	City or Town	State	ZIP Code
	Province Postal Code Country		
	Job Title		
	From (mm/dd/yyyy) To (mm/dd/yyyy)		
22.	Employer Name		
	Street Number and Name	Apt. Ste. Flr.	Number
	City or Town	State	ZIP Code
	Province Postal Code Country		
	Job Title		
	From (mm/dd/yyyy) To (mm/dd/yyyy)		
23.	Employer Name		
	Street Number and Name	Apt. Ste. Flr.	Number
	City or Town	State	ZIP Code
	Province Postal Code Country		
	Job Title		
	From (mm/dd/yyyy) To (mm/dd/yyyy)		

Par	rt 2. Information About You (continued)
You	ur Entry Into the United States
If yo	ou are currently in the United States, you must answer questions 24-33. If you are not currently in the United States, skip to t 3.
24.	Date of Arrival (mm/dd/yyyy)
Plac	e of Arrival or Port-of-Entry
25.	City or Town 26. State
27.	I-94 Arrival-Departure Record Number ▶ Date Period of Authorized Stay Expires/Expired (mm/dd/yyyy)
29.	Passport Number or Travel Document Number 30. Country That Issued Passport or Travel Document
31.	Date Passport or Travel Document Expires (mm/dd/yyyy) 32. Current Nonimmigrant Status (if applicable)
33.	Date Current Nonimmigrant Status Expires (mm/dd/yyyy)
List	your spouse and all of your children. Also, note if the individual will be applying for a visa abroad or for adjustment of status our dependent. If you need additional space to list other children, use Part 12. Additional Information.
Fai	mily Member 1
1.	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
2.	Date of Birth (mm/dd/yyyy) 3. Country of Birth
4.	If spouse, Country(ies) of Citizenship (current)
5.	If spouse, Country(ies) of Citizenship (relinquished)
6.	Relationship to You Spouse Child
7.	Applying for Adjustment of Status?

Form I-526E Edition 04/01/24 Page 5 of 16

Pai	rt 3. Information About Your S	Spou	se and Children (continued)		
Fai	mily Member 2				
9.	Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)	
10.	Date of Birth (mm/dd/yyyy)	11.	Country of Birth		
12.	Relationship to You Spouse [Ch	nild		
13.	Applying for Adjustment of Status?		Yes No 14. Applying for Visa	Abroad? Yes	No
Fai	mily Member 3				
15.	Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)	
16.	Date of Birth (mm/dd/yyyy)	17.	Country of Birth		
18.	Relationship to You Spouse [Ch	iild		
19.	Applying for Adjustment of Status?		Yes No 20. Applying for Visa	Abroad? Yes	No
Fai	mily Member 4				
21.	Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)	
22.	Date of Birth (mm/dd/yyyy)	23.	Country of Birth		
24.	Relationship to You Spouse [Ch	nild		
25.	Applying for Adjustment of Status?		Yes No 26. Applying for Visa	Abroad?	No
Fai	mily Member 5				
27.	Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)	
28.	Date of Birth (mm/dd/yyyy)	29.	Country of Birth		
30.	Relationship to You Spouse [Ch	nild		
31.	Applying for Adjustment of Status?		Yes No 32. Applying for Visa	Abroad? Yes	□No

Form I-526E Edition 04/01/24 Page 6 of 16

Par	3. Information About Your Sp	ouse and Children (continued)				
Fan	aily Member 6					
	Family Name (Last Name)	Civan Nama (First Nama) Middle Nama (if amplicable)				
33.	ranniy Name (Last Name)	Given Name (First Name) Middle Name (if applicable)				
34.	Date of Birth (mm/dd/yyyy) 3:	5. Country of Birth				
36.	Relationship to You Spouse	Child				
37.	Applying for Adjustment of Status?	Yes No 38. Applying for Visa Abroad? Yes No				
	117 0 3					
Par	4. Information About Your Re	gional Center and Project Application				
Selec	t one box:					
	I have submitted the required initial	ll evidence with my Form I-526E filing.				
	I will submit the required initial ev	idence through my myUSCIS account.				
1.		nal center's Form I-956F, Application for Approval of an Investment in a Commercial and project into which you have invested or are actively in the process of investing?				
2.	What is the receipt number for the appro	ved Regional Center application upon which your petition is based?				
3.	D :1 4 HOOMN C :1E	A CONTRACT AND A				
3.	Provide the USCIS New Commercial En	terprise (NCE) Identification Number.				
4.	Indicate whether the offering and project following (select all that apply):	in the Form I-956F associated with your petition is based on an investment in the				
	Rural Area					
	High Unemployment Area					
	Infrastructure Project					
	High Employment Area					
	None of the Above					
Dom	t 5. Information About Your In	voetmant				
1.	Enter the amount and date of your investment(s) in the NCE. If you are actively in the process of investing capital in the NCE, enter the amount and date you anticipate making the investment. If you need additional space, use the space provided in Part 12. Additional Information .					
	Date of Investment (mm/dd/yyyy)	Amount of Investment				
		\$				
		\$				
		\$				
		\$				
	Total	\$				

Form I-526E Edition 04/01/24 Page 7 of 16

Par	rt 5. Information About Your In	vestment (continued)	
Con	nposition of Your Investment, Add	ministrative Costs and Fees, and Your	Net Worth
Co	mposition of Investment		
2.	Total Amount of Cash Deposited or Corincluding qualified escrow accounts	nmitted to Deposit into U.S. Business Accounts	s for NCE, \$
3.	Total Value of Assets Purchased for Use	e in NCE	\$
4.	Total Value of All Property Transferred	From Abroad for Use in NCE	\$
5.	Total of All Debt Financing		\$
6.	Total Stock or Other Equity Purchases		\$
7.	Other Capital		\$
Adı	ninistrative Costs and Fees		
8.	Enter the date and amount of all adminis	strative costs and fees associated with your inve	stment.
	Date (mm/dd/yyyy)	Amount	
		\$	
		\$	
		\$	
		\$	
	Total	\$	
9.	Has your regional center provided you a other compensation paid to any promote	a disclosure of all fees, ongoing interest, and er by virtue of your investment?	Yes No Not Applicable
You	ır Net Worth		
10.	Your Current Net Worth		\$
Voi	ır Sources of Investment Capital		
		have invested or are actively in the process of in	vecting into the NCE as well as any
		s associated with your investment. (Select all the	
11.	A. Income		
	B. Loan Proceeds (including mo	rtgage of real estate)	
	C. Sale of Real Estate		
	D. Gift (including capital obtained	ed through inheritance)	
	E. Tangible Assets (Equipment,	Inventory, etc.)	
	F. Insurance Proceeds		
	G. Sale of Securities		
	H. Other (Specify in the space be	elow)	

Form I-526E Edition 04/01/24 Page 8 of 16

Pa	rt 5. Information About Your Investment (continued)
12.	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, as well as any funds used to pay administrative costs and fees associated with your investment, was obtained through lawful means. Read the Lawful Capital section listed in Evidence to Accompany Petition of the Form I-526E Instructions for a list of documents that must be included with the petition.
13.	If the funds used to make your investment were gifted or loaned to you, identify the donor or lender and describe the documentation from the donor or lender (if other than a bank) included with this petition to demonstrate that such funds were obtained through lawful means.
14.	If any persons transferred capital into the United States on your behalf, provide their identity.
Pa	rt 6. Visa Processing and Immigration Proceedings
1.	Select the appropriate box to indicate how you will seek lawful permanent resident status.
Α.	Immigrant Visa Processing
	Country of Citizenship or Nationality
	Country of Current Residence
	Country of Current Residence
В.	Application for Adjustment of Status
	Country of Last Permanent Residence Abroad
Ad	dress in Country of Last Permanent Residence Abroad
2.	Address in Country of Last Permanent Residence Abroad
	Street Number and Name Apt. Ste. Flr. Number
	City or Town Province
	Postal Code Country
3.	Telephone Number

Pai	Part 6. Visa Processing and Immigration Proceedings (continued	d)
4.	If your native alphabet is other than Roman letters, type or print the foreign a	address in your native alphabet, below.
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	Province
	Postal Code Country	
5.	Are you filing any other petitions or applications with this Form I-526E?	☐ Yes ☐ No
	If you answered "Yes" to Item Number 5., select all applicable boxes:	
	Form I-485	
	Form I-131	
	Form I-765	
	Other (Provide an explanation in Part 12. Additional Information .)	
Im	mmigration Proceedings	
(DH	lease indicate whether you are in exclusion, deportation, or removal proceedings DHS) or the Department of Justice's (DOJ), Executive Office for Immigration Renmigration Appeals. You also must provide an explanation for why you are in provide an explanation for the provide and the provide an explanation for the provide and th	view (EOIR) Immigration Court or Board of
6.	Are you currently or ever been in immigration proceedings before the Department of Justice (DOJ)?	rtment of Homeland Yes No
7.	Type of Proceedings (Select only one)	
	Exclusion Deportation Removal	
8.	Location of Proceedings	
	City or Town State	_
9.	Are you currently or ever been subject to a final order of exclusion, deportate subject to reinstatement of such an order?	ion, or removal, or Yes No
Em	Employment in the United States	
10.	O. Have you ever worked in the United States without permission?	☐ Yes ☐ No
11.	 If you answered "Yes" to Item Number 10., provide an explanation below. Additional Information. 	If you need additional space, use Part 12.

Part 7. Bona Fides of Persons Involved With Regional Center Program

Each person involved with a regional center, NCE, or affiliated JCE must answer the questions below. A person is involved with a regional center, NCE, or affiliated JCE if the person is, directly or indirectly, in a position of substantive authority to make operational or managerial decisions over pooling, securitization, investment, release, acceptance or control or use of any funding. A person may be in a position of substantive authority if they serve as a principal, a representative, an administrator, an owner, an officer, a board member, a manager, an executive, a general partner, a fiduciary, an agent or in a similar position at the regional center, NCE, or affiliated JCE.

Each	petiti	oner must answer the questions in their capacity as an owner of the NCE associated with the Regional Ce	enter.	
1.	Have	e you committed a criminal or civil offense involving fraud or deceit within the previous 10 years?	Yes	☐ No
2.		e you ever committed a criminal or civil offense involving fraud or deceit that resulted in a liability in ss of \$1,000,000?	Yes	☐ No
3.		e you ever committed a criminal or civil offense for which you were convicted and sentenced to a term apprisonment of more than 1 year?	Yes	☐ No
4.	Are you subject to a final order of a State securities commission (or an agency or officer of a State performing similar functions); a State authority that supervises or examines banks, savings associations, or credit unions; a State insurance commission (or an agency or officer of a State performing similar functions); a Federal banking agency; the Commodities Futures Trading Commission; the Securities and Exchange Commission; a financial self-regulatory organization recognized by the Securities and Exchange Commission, or the National Credit Union Administration?			□ No
	If yo	ou answered "Yes" to the above, answer the following questions:		
	A.	What is the duration of penalty imposed by the final order?		
	В.	Is the final order based on a violation of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct?	Yes	□ No
	C.	Is the final order based on a violation of any law or regulation that bars you from associating with any entity regulated by such commission, authority, agency, or officer?	Yes	☐ No
	D.	Is the final order based on a violation of any law or regulation that bars you from appearing before such commission, authority, agency, or officer?	Yes	☐ No
	Е.	Is the final order based on a violation of any law or regulation that bars you from engaging in the business of securities, insurance, or banking?	Yes	☐ No
	F.	Is the final order based on a violation of any law or regulation that bars you from engaging in savings association or credit union activities?	Yes	☐ No
5.		you engaged in, or have you ever been engaged in, or do you seek to engage in any illicit trafficking in controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances?	Yes	□ No
6.		you engaged in, or have you ever been engaged in, or do you seek to engage in any activity relating to onage, sabotage, or theft of intellectual property?	Yes	□ No
7.		you engaged in, or have you ever been engaged in, or do you seek to engage in any activity related to ey laundering (as described in section 1956 or 1957 of title 18, United States Code)?	Yes	□ No
8.	Are you engaged in, or have you ever been engaged in, or do you seek to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))?			
9.		you engaged in, or have you ever been engaged in, or do you seek to engage in any activity constituting cilitating human trafficking or a human rights offense?	Yes	☐ No
10.		you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in section 212(a)(3)(E) (such as participating in Nazi Persecutions or Genocide)?	Yes	☐ No

Par	t 7. Bona Fides of Persons Involved With Regional Center Program (continued)		
11.	Are you engaged in, or have you ever been engaged in, or do you seek to engage in a violation of any statute, regulations, or Executive order regarding foreign financial transactions or foreign asset control?	Yes	☐ No
12.	Are you, or during the preceding 10 years have you been, included on the Department of Justice's List of Currently Disciplined Practitioners?	Yes	☐ No
13.	During the preceding 10 years, have you received a reprimand or otherwise been publicly disciplined for conduct related to fraud or deceit by a State bar association of which you are or were a member?	Yes	☐ No
Par	t 8. Foreign Involvement in Regional Center Program		
For I	tem Numbers 1. to 3., you should answer "Yes" to any question that applies.		
1.	Are you an official or representative of a foreign government entity?	Yes	☐ No
2.	Have you provided capital to a regional center, new commercial enterprise or job-creating entity derived from an agency, official or other similar entity or representative of a foreign government entity?	Yes	☐ No
3.	Is your ownership or administration of a regional center, new commercial enterprise, or job-creating entity subject to the direct or indirect involvement of an agency, official or other similar entity or representative of a foreign government entity?	Yes	☐ No
Par	t 9. Petitioner's Statement, Contact Information, Declaration, and Signature		
NOT	E: Read the Penalties section of the Form I-526E Instructions before completing this part.		
Peti	tioner's Statement		
NOT	E: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number	2.	
1.	Petitioner's Statement Regarding the Interpreter		
	A. I can read and understand English, and I have read and understand every question and instruction o my answer to every question.	n this petit	ion and
	B. The interpreter named in Part 10. read to me every question and instruction on this petition and my question in a language in which I am fluent. I understoom information as interpreted.	•	•
2.	Petitioner's Statement Regarding the Preparer		
	At my request, the preparer named in Part 11. , prepared this petition for me based only upon information I provided or authorized.		,
Peti	tioner's Contact Information		
3.	Petitioner's Daytime Telephone Number 4. Petitioner's Mobile Telephone Number	er (if any)	
5.	Petitioner's Email Address (if any)		

Form I-526E Edition 04/01/24 Page 12 of 16

Part 9. Petitioner's Statement, Contact Information, Declaration, and Signature (continued)

Petitioner's Declaration

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require me to submit original documents 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 I seek.

I furthermore authorize release of information contained in this petition, 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 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 audits as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5 Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. 117-103); and 8 CFR parts 103, 204, 205, and 214.

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 provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I further understand that my petition includes any records previously filed by the regional center with its Form I-956F, Application for Approval of an Investment in a Commercial Enterprise, identified in **Part 4.**, **Item Number 1.** I certify that such records are incorporated by reference into my petition, as are any changes submitted by the regional center to amend that prior approval, and will be considered when determining my eligibility.

I certify and attest, 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.

Petitioner's Signature

You must sign and date your petition. Every petition **MUST** contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

6.	Petitioner's Signature (sign in ink)	Date of Signature (mm/dd/yyyy
\Rightarrow		
	E TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit reactions, USCIS may delay a decision on or deny your petition.	quired documents listed in the

Part 10. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section.

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)				

Pa	rt 10. Interpreter's Contact Informa	ation, Certificat	tion, a	nd Signature	(contin	nued)
Int	terpreter's Mailing Address					
3.	Street Number and Name			Λ	nt Sta	Flr. Number
3.	Street Number and Name				трі. Sie.	Til. Number
	City or Town			State		ZIP Code
	Province	Postal Code		Country		
Int	terpreter's Contact Information					
4.	Interpreter's Daytime Telephone Number		5.	Interpreter's Mol	bile Tel	ephone Number (if any)
6.	Interpreter's Email Address (if any)					
Int	terpreter's Certification					
	rtify, under penalty of perjury, that:					
	a fluent in English and			.1 1		ied in Part 9. , Item B. in
ansv	n Number 1. , I have read to this petitioner in twer to every question. The petitioner informed tion, including the Petitioner's Declaration , a	d me that he or she u	underst	ands every instruc	tion, qu	
Int	terpreter's Signature					
The	interpreter must sign and date the petition.					
7.	Interpreter's Signature (sign in ink)					Date of Signature (mm/dd/yyyy)
	rt 11. Contact Information, Declara Other Than the Petitioner	ition, and Signa	ture o	of the Person F	Prepar	ring this Petition,
	vide the following information about the preparall complete both Part 10. and Part 11.	arer. If the same ind	lividual	acted as your inte	erpreter	and your preparer, that person
Pre	eparer's Full Name					
1.	Preparer's Family Name (Last Name)		Prepar	er's Given Name	(First N	(ame)
	ne person who completed this petition is associanization name and address information.	ated with a business	s or org	anization, that per	rson sho	ould complete the business or
2.	Preparer's Business or Organization Name (if any)				

Form I-526E Edition 04/01/24 Page 14 of 16

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, **if Other Than the Petitioner** (continued) Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Flr. Number City or Town ZIP Code State Province Postal Code Country Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) Preparer's Email Address (if any) 6. Preparer's Statement I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with 7. the petitioner's consent. В. I am an attorney or accredited representative and my representation of the petitioner in this case extends does not extend beyond the preparation of this petition. **NOTE:** If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration**, and informed me that all of this information in the petition and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable.

8.	Preparer's Signature	Date of Signature (mm/dd/yyyy)		

Part 12. Additional Information

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.

Fami	ily Name (Last N	Name)		Giv	en Name (First Name)	Middle Name
A-Nı	umber (if any)	A-				
A.	Page Number	В.	Part Number	C.	Item Number	
D.						
A.	Page Number	В.	Part Number	C.	Item Number	
D.						
A.	Page Number	В.	Part Number	C.	Item Number	
D.						
A.	Page Number	В.	Part Number	С.	Item Number	
D.						
Α.	Page Number	В.	Part Number	C.	Item Number	
D.						
	A-No A. D. A. D. A. A. A.	A-Number (if any) A. Page Number D. A. Page Number D. A. Page Number D. A. Page Number A. Page Number	A-Number (if any) A- A. Page Number B. D. A. Page Number B. D. A. Page Number B. D. A. Page Number B. D.	A. Page Number B. Part Number D. A. Page Number B. Part Number	A-Number (if any) A. Page Number B. Part Number C. D. A. Page Number B. Part Number C.	A-Number (if any) A. Page Number B. Part Number C. Item Number D. A. Page Number B. Part Number C. Item Number D. A. Page Number B. Part Number C. Item Number D. A. Page Number B. Part Number C. Item Number D. A. Page Number B. Part Number C. Item Number D. A. Page Number B. Part Number C. Item Number C. Item Number C. Item Number D.