

### **Application for Provisional Unlawful Presence Waiver**

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-601A

OMB No. 1615-0123 Expires 03/31/2027

|        | Initial Receipt                 |   | Fee Star           | mp           |                        | Action Block  |
|--------|---------------------------------|---|--------------------|--------------|------------------------|---|
| For    |                                 |   |                    |              |                        |   |
| USC    |                                 |   | Relocat            | ed.          |                        |   |
| Onl    |                                 | Received  | Relocat            | Sen          | <u> </u>               |   |
|        |                                 | Received  |                    | Sen          |                        |   |
|        |                                 |   |                    |              |                        |   |
| В      | attorney or Form                | t this box if<br>n G-28 is<br>hed to represent<br>pplicant. | Attorn<br>(if appl | ey State Ba  | ar Number              | Attorney or Accredited Representative USCIS Online Account Number (if any)                |
|        | esentative (if any). the a      |   |                    |              |                        |   |
|        | t 1. Information About          |   |                    | You          | ır U.S. M              | ailing Address (USPS ZIP Code Lookup)   |
| Provid | de the following information al | out yourself.   |                    | 7.a.         | In Care Of             | Name  |
| 1.     | Alien Registration Number (A    | -Number) (if any)   |                    | 1            |                        |   |
|        | ► A-                            |   |                    | 7.b.         | Street Nur<br>and Name | nber  |
| 2.     | U.S. Social Security Number (   | if any)   |                    | 7.c.         | Apt.                   | Ste. Flr.   |
| 3.     | USCIS Online Account Numb       | er (if any)   |                    | ∫<br>7.d.    | City or To             | own   |
| J.     | Ciscis Gilline Account Numb     | er (ir arry)  |                    | 7.e.         |                        | 7.f. ZIP Code   |
| Your   | r Full Name                     |   |                    | 8.           | Is your cu             | rrent physical address the same as your mailing   |
| 4.a.   | Family Name                     |   |                    | ]            | address?               | Yes No  |
|        | (Last Name) Given Name          |   |                    | ]<br>1       |                        | wered "No" to <b>Item Number 8.</b> , provide your ddress in <b>Item Numbers 9.a 9.e.</b> |
|        | (First Name)                    |   |                    | Vor          | I C DI                 | nysical Address   |
| 4.c.   | Middle Name                     |   |                    | 9.a.         | Street Nur             |   |
| Othe   | er Names Used (if any)          |   |                    | 7.a.         | and Name               | liber   |
|        | Family Name                     |   |                    | 9.b.         | Apt.                   | Ste. Flr.   |
|        | (Last Name) Given Name          |   |                    | 9.c.         | City or To             | own   |
|        | (First Name)                    |   |                    | 9.d.         | State                  | 9.e. ZIP Code   |
| 5.c.   | Middle Name                     |   |                    | ]<br>Oth     | er Inforn              | nation  |
|        | Family Name                     |   |                    | 1            | -                      |   |
| 6.b.   | (Last Name) Given Name          |   |                    | ] <b>10.</b> | Gender                 | Male Female   |
|        | (First Name) Middle Name        |   |                    | ] <b>11.</b> | Date of Bi             | rth (mm/dd/yyyy)  |

| Par            | t 1. Information About You (continued)  | 23.a.        | Place or Port-of-Entry (Actual or approximate city or town,   |
|----------------|---|--------------|---|
| 12.            | City or Town of Birth   | 23.b.        | State   |
| 13.            | Country of Birth  | 24.a.        | From (On or about mm/dd/yyyy)   |
| 14.            | Country of Citizenship or Nationality   | 24.b.<br>25. | To (On or about mm/dd/yyyy)  Immigration Status (At the time of entry)  |
| 15.a.          | Mother's Family Name (Last Name)  | 26.          | Are there other previous entries? Yes No  |
| 15.b.          | Mother's Given Name (First Name)  | 20.          | If you answered "Yes" to <b>Item Number 26.</b> , include the place of entry, dates, and your immigration status at the time of entry for any other prior entries in the space  |
| 16.a.          | Father's Family Name (Last Name)  |              | provided in <b>Part 9. Additional Information</b> .   |
| 16.b.          | Father's Given Name (First Name)  | You          | r Immigration or Criminal History   |
|                |   | 27.          | Are you currently in removal, exclusion, or deportation<br>proceedings in which there is no final order issued by the<br>immigration judge, the Board of Immigration Appeals, a   |
| 17.            | Date of Entry (On or about mm/dd/yyyy)  Place or Port-of-Entry (Actual or approximate city or town)           |              | DHS officer, or a Federal court yet? (This includes proceedings under INA section 239, an exclusion or deportation proceeding initiated before April 1,1997, a Visa Waiver Program removal proceeding under INA section 217, expedited removal under INA 235, and a request for a judicial removal order under INA section 238(c))?  Yes No |
| 18.b.<br>19.   | State Immigration Status (At the time of entry)   |              | If you answered "No" to <b>Item Number 27.</b> , go to <b>Item Number 29.a.</b> If you answered "Yes" to <b>Item Number 27.</b> , select the statement below (either <b>Item Number 28.a.</b> or <b>28.b.</b> ) that most accurately describes your curren situation.   |
| You            | were previously in the United States as follows:  Place or Port-of-Entry (Actual or approximate city or town) | 28.a.        | I am in removal, exclusion, or deportation proceedings that are administratively closed and, at the time of filing my Form I-601A, have not been placed back on EOIR's calendar to continue my removal, exclusion, or deportation proceedings.  |
| 21.a.<br>21.b. | State From (On or about mm/dd/yyyy)  To (On or about mm/dd/yyyy)  Immigration Status (At the time of entry)   |              | NOTE: You may be eligible for a provisional unlawful presence waiver. Provide a copy of the administrative closure order. Also, if U.S. Citizenship and Immigration Services (USCIS) approves your provisional unlawful presence waiver, it is important that you resolve your removal, exclusion, or deportation proceedings               |
|                |   |              | waiver, it is important that you resolve your   |

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| Par   | t 1. Information About You (continued)  | 31.   | departure that has not expired and that was granted to you   |  |
|-------|---|---|--|--|
| 28.b. | proceedings that are not administratively closed, or in removal, exclusion, or deportation proceedings that were administratively closed, but EOIR has placed my proceedings back on its calendar in order to continue them.  |   | by the immigration judge or the Board of Immigration Appeals during removal, exclusion, or deportation proceedings?  Yes No  NOTE: If you answered "Yes" to Item Number 31., you are ineligible for a provisional unlawful presence waiver.  |  |
|       | <b>NOTE:</b> You are ineligible for a provisional unlawful presence waiver unless your proceedings are administratively closed at the time you file your Form I-601A, and the proceedings have not been put back on EOIR's calendar to continue your removal, exclusion, or deportation after having been previously administratively closed.   |   | If you were granted voluntary departure in the past, but then you withdrew your voluntary departure request or otherwise terminated voluntary departure you should not select "Yes" to <b>Item Number 31.</b> In this case you may be in removal proceedings or you may be the subject of a final order of removal, deportation, or exclusion. You should select the statements that apply to you in <b>Item Numbers 27 28.b.</b> or <b>Item Number 29.a.</b> If you filed |  |
| 29.a. | Are you currently subject to a final order of removal, exclusion or deportation? (This includes an order entered in proceedings under INA section 239, an exclusion or  |   | a motion to withdraw your voluntary departure request, please submit a copy with your Form I-601A.   |  |
|       | deportation order entered in proceedings initiated before April 1, 1997, a Visa Waiver Program removal order under INA section 217, an expedited removal order under INA section 235, and a judicial order under INA section 238(c))?  Yes No   | Answer <b>Item Numbers 32 38.</b> If you answer "Yes" to any question in <b>Item Numbers 32 38.</b> , your application for a provisional unlawful presence waiver may be denied as a matter of discretion. For each "Yes" response for <b>Item Numbers 32. 38.</b> , provide the location and date of the event and a brief |  |  |
|       | <b>NOTE:</b> If you answered "Yes" to <b>Item Number 29.a.</b> , you are ineligible for a provisional unlawful presence waiver unless you applied for, and USCIS has already approved, an application for permission to reapply for admission under INA section 212(a)(9)(A)(iii) and 8 CFR 212.2 on Form I-212, Application for Permission to Reapply for Admission into the United States after | Nun<br>crim<br>from<br>show<br>you  | ription in <b>Part 9. Additional Information</b> . For <b>Item aber 34.</b> , if you were arrested but not charged with any e or offense, provide a statement or other documentation the arresting authority, prosecutor's office, or court to that you were not charged with any crime or offense. If the answer "Yes" to <b>Item Number 35.</b> , you must provide all ed court dispositions.  |  |
|       | Deportation or Removal. If you have already applied for and if USCIS has already granted you permission to reapply for admission, provide the relevant information in <b>Item Number 29.b.</b> If you answered "No" to <b>Item Number 31.</b>   | 32.   | Have you <b>EVER</b> knowingly and willfully given false or misleading information to a U.S. Government official while applying for an immigration benefit or to gain entry or admission into the United States?   Yes No  |  |
| 29.b. | USCIS Receipt Number for Your Approved Form I-212:  ▶   | 33.   | Have you <b>EVER</b> been engaged in alien smuggling?  Yes No  |  |
|       | <b>NOTE:</b> You may also provide a copy of the approval notice that USCIS sent to you when it approved your Form I-212.  | 34.   | Have you <b>EVER</b> been arrested, cited, or detained by a law enforcement officer (including immigration and military officers) in the United States, your home country, and/or any other country for any reason other than traffic  |  |
|       | Has DHS served you with a DHS Form I-871, giving you notice that DHS intends to reinstate a prior deportation, exclusion, or removal order against you as permitted under INA section 241(a)(5)?  Yes No If you answered "Yes" to <b>Item Number 30.a.</b> , has DHS  | 35.   | Violations? Yes No  Have you <b>EVER</b> been charged, indicted, convicted, imprisoned, or jailed in the United States, your home country, and/or any other country for any crime or   |  |
|       | served you with a final decision reinstating a prior deportation, exclusion, or removal order under INA section 241(a)(5)?  Yes No  | 36.   | offense?   |  |

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| Par   | t 1. Information About You (continued)  | 42. | providing weapons to any person who to your knowledge   |
|-------|---|-----|---|
| 37.   | Are you <b>NOW</b> or have you <b>EVER</b> knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?  Yes No  Are you <b>NOW</b> or have you <b>EVER</b> been engaged in | 43. | used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes No  Have you EVER received any type of military, paramilitary, or weapons training?  Yes No |
|       | prostitution?   | 44. | Have you <b>EVER</b> recruited, enlisted, conscripted, or used  |
| ques  | wer <b>Item Numbers 39.a 45.</b> If you answer "Yes" to any tion in <b>Item Numbers 39.a 45.</b> , your application for a isional unlawful presence waiver may be denied as a   |     | any person under 15 years of age to serve in or help an armed force or group?  Yes No   |
| Num   | er of discretion. For each "Yes" response for <b>Item nbers 39.a 45.</b> , provide a complete explanation in <b>9. Additional Information</b> .   | 45. | Have you <b>EVER</b> used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes No   |
|       | e you <b>EVER</b> ordered, incited, called for, committed, assisted,  |     |   |
| -     | ed with, or otherwise participated in any of the following:   | Par | rt 2. Biographic Information  |
| 39.a. | . Acts involving torture or genocide?  Yes  No  | 1.  | Ethnicity (Select <b>only one</b> box)  |
| 39.b  | . Killing any person?   |     | Hispanic or Latino  |
| 39.c. | Intentionally and severely injuring any person?   |     | Not Hispanic or Latino  |
|       | Yes No  | 2.  | Race (Select all applicable boxes)  |
| 39.d. | Engaging in any kind of sexual contact or relations with  |     | White   |
|       | any person who was being forced or threatened?  |     | Asian   |
|       | ☐ Yes ☐ No  |     | Black or African American   |
| 39.e. | Limiting or denying any person's ability to exercise  |     | American Indian or Alaska Native  |
|       | religious beliefs?  |     | Native Hawaiian or Other Pacific Islander   |
| Have  | e you <b>EVER</b> :   | 3.  | Height Feet Inches  |
| 40.a. | Served in, been a member of, assisted in, or participated   | 3.  | red menes   |
|       | in any military unit, paramilitary unit, police unit, self-<br>defense unit, vigilante unit, rebel group, guerilla group,   | 4.  | Weight Pounds Dounds  |
|       | militia, or insurgent organization? Yes No  | 5.  | Eye Color (Select <b>only one</b> box)  |
| 40.b  | Served in any prison, jail, prison camp, detention facility,  |     | Black Blue Brown  |
|       | labor camp, or any other situation that involved detaining  |     | Gray Green Hazel  |
|       | persons?  |     | Maroon Pink Unknown/Other   |
| 41.   | Have you EVER been a member of, assisted in, or   | 6.  | Hair Color (Select <b>only one</b> box)   |
|       | participated in any group, unit, or organization of any kind in which you or other persons used any type of   |     | Bald (No hair) Black Blond  |
|       | weapon against any person or threatened to do so?   |     | Brown Gray Red  |
|       | Yes No  |     | Sandy White Unknown/Other   |

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| Part 3. Information About Your Immigrant<br>Visa Case   | Part 4. Information About Your Qualifying Relative  |
|---|---|
| Provide the basis on which you are immigrating to the United States using the check boxes below. (Select <b>only one</b> box)  1.a. Diversity Visa Program Selectee or Derivative   | Provide the following information about the qualifying relative (the U.S. citizen or Lawful Permanent Resident (LPR) spouse of parent) who would experience extreme hardship if you were refused admission to the United States.  |
| <ul><li>1.b.</li></ul>  | Your Qualifying Relative's Full Name and Relationship to You  |
| <ul> <li>1.d.</li></ul>   | 1.a. Family Name (Last Name)  1.b. Given Name (First Name)  |
| including Derivatives  If you selected Item Number 1.a. because you are a Diversity Visa (DV) Program selectee or derivative, provide information about your (or your spouse's or parent's) DV case:  2.a. DOS DV Case Number (KCC Case Number)  DV Program Selectee's Full Name (If you are a derivative and   | <ul> <li>1.c. Middle Name</li> <li>2.a. U.S. Citizen Spouse</li> <li>2.b. U.S. Citizen Parent</li> <li>2.c. LPR Spouse</li> <li>2.d. LPR Parent</li> </ul>  |
| your parent or spouse is the DV Program Selectee)   | Your Other Qualifying Relative  |
| 2.b. Family Name (Last Name)  2.c. Given Name (First Name)  2.d. Middle Name  If you selected Item Numbers 1.b., 1.c., 1.d., or 1.e. provide the following information about the approved immigrant visa petition (Form I-130, Form I-140, or Form I-360) that was filed on your (or your spouse's or parent's) behalf, or that you used to self-petition on your behalf, that is your basis to immigrate and the related Department of State (DOS) immigrant visa application. | 3. Do you have more than one qualifying relative (U.S. citize or LPR spouse or parent)?  Yes No  If you answered "Yes" to Item Number 3., provide the other qualifying relative's name and your relationship to the qualifying relative in Item Numbers 4.a 5.d.  Also provide evidence of the U.S. citizenship or LPR status of the other qualifying relative with your application. See the What Evidence Must I Submit With Form I-601A section of the Instructions.  Additional Qualifying Relative's Full Name and Relationship to You |
| 3.a. USCIS Receipt Number   | 4.a. Family Name (Last Name)  |
| 3.b. DOS Consular Case Number (NVC Case Number)   | 4.b. Given Name (First Name)  4.c. Middle Name  |
| <b>Petitioner Name</b> (Provide the full name of the family member or the company who petitioned for you (or your spouse or parent).)   | <ul><li>5.a. U.S. Citizen Spouse</li><li>5.b. U.S. Citizen Parent</li></ul>   |
| 3.c. Family Name (Last Name)  3.d. Given Name (First Name)  | 5.c.  LPR Spouse 5.d.  LPR Parent   |
| 3.e. Middle Name  |   |
| 3.f. Company or Organization Name   |   |
| 1   |   |

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### Part 5. Statement From Applicant

In the space provided, explain in detail why you believe USCIS should approve your application for a provisional unlawful presence waiver as a matter of discretion. Provide all of the reasons you believe support your application for this waiver, including information about the extreme hardship your qualifying relatives would experience if you were refused admission to the United States. If you need extra space to complete your statement, use the space provided in **Part 9. Additional Information**.

### Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-601A Instructions before completing this section. You must file Form I-601A while in the United States.

#### Applicant's Statement

**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 <b>Part 7.</b> read to me every |  |  |

| question and instruction on this application and my |
|---|
| answer to every question in                         |
|   |
| a language in which I am fluent, and I understood   |
|   |
| everything.   |

| 2. | At my request, the preparer named in <b>Part 8.</b> , |
|----|---|
|    |   |

prepared this application for me based only upon information I provided or authorized.

### Applicant's Contact Information

| 3. | Applicant's Daytime Telephone Number |
|----|--------------------------------------|
|    |                                      |

| 1. | Applicant's Mobile Telephone Number (if any) |  |
|----|--|--|
|    |  |  |

| 5. | Applicant's Email Address (if any) |
|----|------------------------------------|
|    |                                    |

### Applicant's Declaration and Certification

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 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 laws.

### Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, 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 contained in, and submitted with, my application and that all of this information is complete, true, and correct.

# Applicant's Signature 6.a. Applicant's Signature 6.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

### Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

### Interpreter's Full Name

| 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.   |  |  |  |  |  |  |
| 3.c.   | City or Town   |  |  |  |  |  |  |
| 3.d.   | State 3.e. ZIP Code  |  |  |  |  |  |  |
| 3.f.   | Province   |  |  |  |  |  |  |
| 3.g.   | Postal Code  |  |  |  |  |  |  |
| 3.h.   | 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)   |  |  |  |  |  |  |
|  | rpreter's Certification  |  |  |  |  |  |  |
|  | ify, under penalty of perjury, that:   |  |  |  |  |  |  |
| which<br>1.b.,<br>every<br>answ<br>she u<br>applie | fluent in English and , h is the same language specified in <b>Part 6.</b> , <b>Item Number</b> and I have read to this applicant in the identified language question and instruction on this application and his or her er to every question. The applicant informed me that he or inderstands every instruction, question, and answer on the cation, including the <b>Applicant's Declaration and ification</b> , and has verified the accuracy of every answer. |  |  |  |  |  |  |
| Inte   | rpreter's Signature  |  |  |  |  |  |  |
| 7.a.   | Interpreter's Signature  |  |  |  |  |  |  |
| 7.b.   | Date of Signature (mm/dd/yyyy)   |  |  |  |  |  |  |

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## Part 8. 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.                                    |  |  |  |  |  |  |
| 3.c.                       | City or Town                                      |  |  |  |  |  |  |
| 3.d.                       | State 3.e. ZIP Code                               |  |  |  |  |  |  |
| 3.f.                       | Province  |  |  |  |  |  |  |
| 3.g.                       | Postal Code                                       |  |  |  |  |  |  |
| 3.h.                       | Country   |  |  |  |  |  |  |
|                            |   |  |  |  |  |  |  |
| Pre                        | parer'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 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.

### 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

| 8.a. | Preparer's Signature           |  |  |  |  |
|------|--------------------------------|--|--|--|--|
|      |                                |  |  |  |  |
| 8.h. | Date of Signature (mm/dd/yyyy) |  |  |  |  |

| Part 9. Additional Information   | 5.a.       | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|--|------------|-------------|------|-------------|------|-------------|
| f you need extra space to provide any additional information   | <i>5</i> 3 |             |      |             |      |             |
| 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 <b>Page Number</b> , Part Number, and Item Number to which your answer refers; and | 5.d.       |             |      |             |      |             |
| ign and date each sheet.  La. Family Name (Last Name)  |            |             |      |             |      |             |
| L.b. Given Name (First Name)   |            |             |      |             |      |             |
| L.c. Middle Name   |            |             |      |             |      |             |
| 2. A-Number (if any) ► A-  |            |             |      |             |      |             |
| 3.a. Page Number 3.b. Part Number 3.c. Item Number   | 6.a.       | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 3.d.   | 6.d.       |             |      |             |      |             |
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|  |            |             |      |             |      |             |
| I.a. Page Number   4.b. Part Number   4.c. Item Number   | 7.a.       | Page Number | 7.b. | Part Number | 7.c. | Item Number |
| i.d.   | 7.d.       |             |      |             |      |             |
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