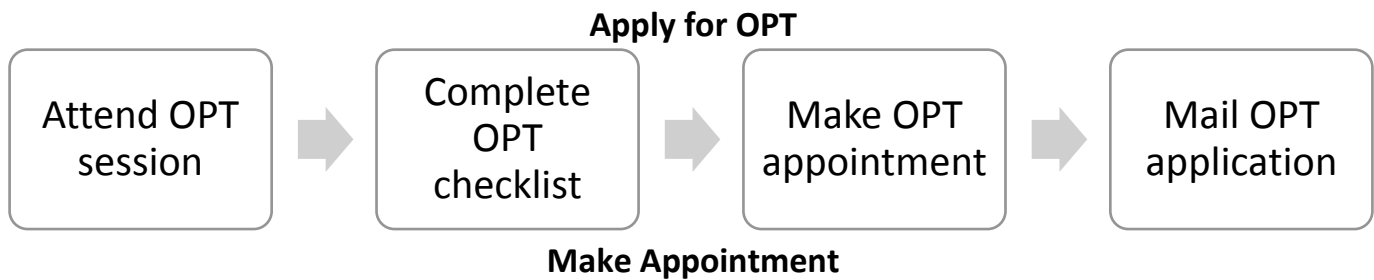


Optional Practical Training

Optional Practical Training (OPT) is a work authorization granted to F-1 students for employment in their field of study (their major). Students generally use it for post-graduation employment. Allow at least **3** months for processing.



- Make appointment with Emily Bailey, Zabrina Williams, or Eva Wong by calling Reves Center, 757-221-3590. Do not schedule by email. Appointments take ~30 minutes. Bring all checklist items.
- If you are not on campus for an extended period (ex: Macc winter field experience or dissertation research), contact Emily, Zabrina, or Eva for options. STEM extension appointments are conducted by phone.

OPT Checklist

Bring these to your appointment. **Do not** staple any documents.

All Applications:

- ___ Submit Reves OPT Application e-form **before** your appointment: <http://tinyurl.com/optreves>
- ___ Application for Employment Authorization (Form I-765). Please type. <http://tinyurl.com/optpacket>
- ___ e-Notification of Application/Petition Acceptance (Form G-1145). Please type. <http://tinyurl.com/optpacket>
- ___ Check or money order for \$410, made payable to US Department of Homeland Security, or Authorization for Credit Card Transactions Form (Form G-1450). Please type.
- ___ 2 color passport style photos, sized 2 inches by 2 inches, following the Photo Guidelines
- ___ Printed I-94 record from: <http://tinyurl.com/i94recent> ("Get Most Recent I-94"). If you last traveled to the US before April 2013 or by land, this card is in your passport, and you should copy **front** and **back**, even if blank.
- ___ Photocopy of your passport identity page(s) showing your biographical info and passport expiration

Some Applications:

- ___ Previous EAD (work authorization card): Copy of any previous EAD(s), front and back
- ___ If you changed Status to F-1 within the US: Copy of the I-797 notice showing your change of status to F-1
- ___ Starting OPT before graduation: Beginning OPT before Graduation as Master's/PhD student Form

STEM Extension Applications:

- ___ Paper copy of your official W&M transcript (or other school's transcript, if applicable), listing your degree
- ___ Form I-983, completed by you and signed by your employer

Beginning OPT before Graduation as a Master's or PhD student

Student Name _____ Student ID # 930 _____

School of Education, VIMS, and Graduate Arts & Sciences Students Only

If you are a masters/PhD student in the School of Education, VIMS or Graduate Arts & Science, please request your academic advisor to complete this section **only** if you:

- plan to begin your OPT *before* your expected graduation date
- have completed all required coursework

This form does not apply to Business or Law students.

_____ **has completed** all *course work* for a (*select one*) MA/MPP/MS/M.Ed/Ed.D/Ph.D
(Name of student)

in _____ on _____ and is now in the thesis research or writing phase of
program of study mm / dd / yyyy
his/her program.

Academic advisor signature

Academic Advisor Name

Date

Sample Check

If you have a US checking account, you can typically request “starter checks” from your bank, if you do not have any.

1936

mm/dd/yyyy
DATE

PAY TO THE ORDER OF US Dept of Homeland Security | \$ 410.00

Four hundred ten and 00/100 _____ DOLLARS  Security Features. Details on back.

FOR OPT application _____ *Your Signature*

⑆000000186⑆ 000000529⑆ 1000

Money Order

If you wish to use a money order instead of a check, you can purchase a money order at the US Postal Office (425 N. Boundary St.) or at a local bank. There is usually a small fee to purchase the money order. For instructions on how to fill out a money order, please go to <http://www.wikihow.com/Fill-Out-a-Money-Order>

Credit Card

If you wish to pay by credit card, complete the Authorization for Credit Card Transactions form, and put it as your top form when mailing your packet to Immigration. Type this form.



Authorization for Credit Card Transactions

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

USCIS
Form G-1450
OMB No. 1615-0131
Expires 01/31/2021

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in USCIS and your financial institution not accepting the payment. USCIS cannot process credit card payments without an authorized signature.

NOTE: Form G-1450 may only be used with a form being submitted to a USCIS Lockbox. **Do not submit this form to a USCIS Field Office. They will not accept it.**

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount	
Credit Card Expiration Date (mm/yyyy)		\$.00

Photo Guidelines

- Sized **2 inches** by **2 inches**
- Photo should have **full head** from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inches (25 mm to 35 mm).
- **Head centered** within frame (see example below).
- **Eye height** should be between 1-1/8 inches to 1-3/8 inches (28 mm and 35 mm) from bottom of photo.
- **Plain white** or **off-white background**.
- No **distracting shadows** on the face or background
- **Full face, front view, eyes open.**
- **Natural expression, without teeth showing.**

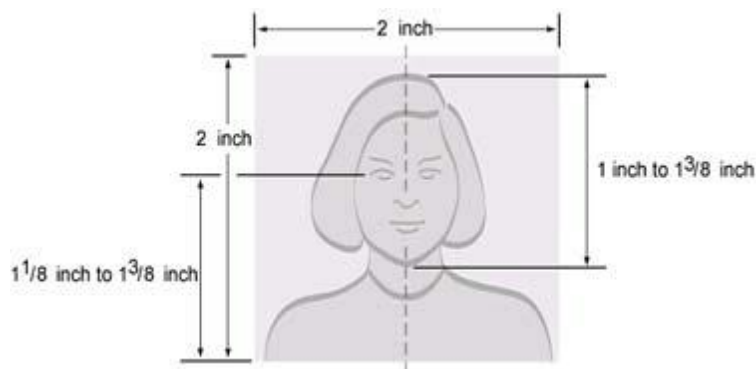


Photo Composition



Well- Composed Photos

More Tips:

1. Check photos to make sure they follow the guidelines. Sometimes the background comes out too dark.
2. Plain dark clothes usually produce better photos.
3. If you are wearing glasses, it is best to take them off for the photos.
4. Make sure that your ears are visible.
5. Your head must be bare, unless you are wearing religious headwear.
6. More tips: <https://travel.state.gov/content/passports/en/passports/photos.html>

Where can I get photos taken?

- AAA Williamsburg - 6517 Richmond Rd., 757-965-2229
Free for AAA members. Typically produces high quality photos that typically the guidelines.
- Local pharmacies, such as CVS or Walgreens; Walmart; the Post Office, and other locations.

USCIS Mailing Instructions

If your address on your I-765 OPT form is **not** in Virginia, see below for where to mail your application.

Examples include if you have moved and are applying for a STEM extension, or if you will be having your OPT card sent to an address in another state.

If your address is in....	For US Postal Service Deliveries	For Express Mail and Courier Deliveries
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, Vermont, Virginia , U.S. Virgin Islands, or West Virginia	USCIS Dallas Lockbox PO Box 660867 Dallas, TX 75266	USCIS Attn: AOS 2501 S. State Hwy. 121 Business Suite 400 Lewisville, TX 75067
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming, Guam, or the Northern Mariana Islands.	USCIS Phoenix Lockbox PO Box 21281 Phoenix, AZ 85036	USCIS Attn: AOS 1820 E. Skyharbor Circle S Suite 100 Phoenix, AZ 85034

Instructions for Completing the Application for Employment Authorization Form (I-765) for OPT

We strongly recommend that you type your answers on the PDF version of the I-765 form, then print and sign it.

Part 1. Reason for Applying

1. **I am applying for:** a) For post-graduate OPT application, check “Initial permission to accept employment.” b) For OPT STEM Extension, check “Renewal of my permission to accept employment.”

Part 2. Information About You

1. **Your Full Legal Name:** As it appears in your passport.
2. **Other Names Used:** All previous names, including nicknames.
5. **Your U.S. Mailing Address:** Your mailing address, or our address. The post office cannot forward immigration mail, so if you use your address and move, you must change addresses on the USCIS website: <https://www.uscis.gov/addresschange>. If your address is a non-Virginia address, where you mail your OPT materials may change (see last packet of packet).

In Care Of Name: If you are mailing to a friend, their name. If you are mailing to the Reves Center, Reves Center W&M. Please note that we have had difficulty receiving Social Security Numbers mailed to the Reves Center, so you may wish to use a different address (or change your address online once it’s confirmed) if you are applying for a Social Security Card.

Street Number and Name: Reves Ctr WM PO BOX 8795

City or Town: Williamsburg **State:** VA **ZIP Code:** 23187

6. **Is your current mailing address the same as your physical address?** If using the Reves Center address, say “no”, and list your current address for #7.
7. **U.S. Physical Address.** Only necessary if you list the Reves Center address or a place where you do not live.
8. **Alien Registration Number.** If you did OPT previously, this is typically listed on your OPT card as your USCIS #.
13. – 17. **Social Security Number:** Here you must answer questions about your Social Security card, or if you do not have one and would like one, information related to that. If you would not like one, answer 13-14, and skip 15-17.
21. **I-94 number (if any):** Your I-94 number is the 11 digit number printed on your I-94 card in your passport (if you last entered the US in 2013 or earlier, or if you entered through a land border) or online record (available at <https://i94.cbp.dhs.gov>, under “Already Visiting and Need Proof”).
22. **Date of Your Last Arrival:** The date when you last entered the U.S, usually date stamped on your passport, or listed in your I-94 record.
23. **Place of Your Last Arrival:** Airport or land border where you entered the U.S. and the immigration officer stamped your passport.
24. **Immigration Status at Your Last Arrival:** If you entered the U.S. in another status (e.g., F-2), then applied to change your status to F-1, enter the previous status here. Otherwise, enter F-1 student.
25. **Your Current Immigration Status or Category:** F-1 Student
26. **SEVIS Number:** Listed on your I-20, in the upper right corner.
27. **Eligibility Category.** For post-graduate OPT, enter (c) (3) (B). For OPT STEM Extension, enter (c) (3) (C).

28. **(c) (3) (C) STEM OPT Eligibility Category:** Complete this **only** if you are applying for OPT STEM Extension. If you are, enter the “CIP” code (a six digit number) and SEVIS degree name as it appears on your I-20. This information is found under your major listed on the first page of your I-20. (Example: Physics, 40.0801).
- Employer’s Name as listed in E-Verify & E-Verify Company Number:** Your employer should be able to provide you with this information.
29. - 31. Leave blank. These questions apply to other work authorization types, not OPT.

Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature

1. Check 1a if appropriate
3. – 4. Your Phone Number(s)
5. Your Email
7. Sign and Date.

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

Leave blank, unless you used an interpreter.

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Leave blank, unless someone else prepared this form.

Part 6. Additional Information

Leave blank, unless you are entering more information from a previous page. If you do this, be sure to list your name in # 1.



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System](#) and [DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block

	<input type="checkbox"/> Authorization/Extension Valid Through		

Alien Registration Number A- <input type="text"/>			
Remarks			

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
---	--	---

▶ **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-
9. USCIS Online Account Number (if any)
▶
10. Gender Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

- 13.b. Provide your Social Security number (SSN) (if known).
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15., Consent for Disclosure**, to receive a card.)
 Yes No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country
- 18.b. Country

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N-

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

() () ()

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 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 **Part 4.** 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 **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

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 law.

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 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

- 7.a. Applicant's Signature 
- 7.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 4. 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)

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

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)

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 Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 5. 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

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)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

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 ay 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.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information 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 **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

