

TABLE OF CHANGES – FORM
Form I-690, Application for Waiver of Grounds of Inadmissibility Under Sections 245A or
210 of the Immigration and Nationality Act
OMB Number: 1615-0032
08/31/2018

Reason for Revision:

Legend for Proposed Text
 - Black font = Current text
 - Purple font = Standard language
 - Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<p>Page 1,</p> <p>To be completed by an attorney or accredited representative (if any).</p>	<p>[Page 1]</p> <p>To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>APPLICANT: Start here. Type or print in black ink. Read the instructions before completing this application. If you need extra space to complete any item within this application, use Part 6. Additional Information or attach a separate sheet of paper; type or print your name and Alien Registration Number (A-Number) (if any), at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p>	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative (if any). Select this box if Form G-28 or G-28I is attached.</p> <p>Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>START HERE - Type or print in black ink.</p> <p>Read the Instructions before completing this application.</p>
<p>Page 1,</p> <p>Part 1. Information About You (the Applicant)</p>	<p>[Page 1]</p> <p>Part 1. Information About You (the Applicant)</p> <p><i>Your Current Legal Name</i> 1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p><i>Mailing Address</i> 2. In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province</p>	<p>[Page 1]</p> <p>Part 1. Information About You (Applicant)</p> <p><i>Your Current Legal Name</i> 1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p><i>Mailing Address</i> 2. In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province</p>

	<p>Postal Code Country</p> <p>3. Is your current mailing address the same as your physical address? Yes/No</p> <p>If you answered "No" to Item Number 3., provide your physical address in Item Number 4.</p> <p>[Page 2]</p> <p>Physical Address</p> <p>4. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Other Information</p> <p>5. City/Town/Village of Birth 6. Country of Birth 7. Date of Birth (mm/dd/yyyy) 8. Alien Registration Number (if any)</p> <p>9. USCIS Online Account Number (if any) 10. U.S. Social Security Number (if any)</p>	<p>Postal Code Country</p> <p>3. Is your current mailing address the same as your physical address? Yes/No</p> <p>If you answered "No" to Item Number 3., provide your physical address in Item Number 4.</p> <p>[Page 2]</p> <p>Physical Address</p> <p>4. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Other Information</p> <p>5. City/Town/Village of Birth 6. Country of Birth 7. Date of Birth (mm/dd/yyyy) 8. Alien Registration Number (A-Number) (if any) 9. USCIS Online Account Number (if any) 10. U.S. Social Security Number (if any)</p>
<p>Page 2,</p> <p>Part 2. Additional Information About You</p>	<p>[Page 2]</p> <p>Part 2. Additional Information About You</p> <p>2. Type of Primary Application Permanent</p> <p>Residence (Form I-698)</p> <p>Temporary Residence (Form I-687 or Form I-700)</p> <p>1. Date Primary Application Filed (mm/dd/yyyy)</p> <p>3. Relating Receipt Number</p> <p>4. I am applying for a waiver of (Select all that apply):</p> <p>INA section (Please see the instructions for more information on these sections) 212 (a) (1)(A)(i), (ii), (iii) or (iv)</p> <p>212 (a)(2)(A)(i)(II)</p>	<p>[Page 2]</p> <p>Part 2. Additional Information About You</p> <p>1. I am applying for a waiver for this primary application:</p> <p><input type="checkbox"/> Permanent Residence (Form I-698, LIFE Act Form I-485) <input type="checkbox"/> Temporary Residence (Form I-687 or Form I-700)</p> <p>2. Date You Filed the Primary Application (mm/dd/yyyy)</p> <p>3. Receipt Number for Primary Application</p> <p>4. I am applying for a waiver of (select all applicable boxes):</p> <p>INA section (Please see the Instructions for more information on these sections.) 212 (a)(1)(A)(i) 212 (a)(1)(A)(ii) 212 (a)(1)(A)(iii) 212 (a)(1)(A)(iv) 212 (a)(2)(A)(i)(II) 212(a)(2)(D) 212(a)(2)(E)</p>

	<p>212 (a)(6)(A)(i) 212(a)(6)(C)(i) or (ii)</p> <p>212(a)(6)(D) and/or (E)</p> <p>212(a)(8)(A) and/or (B)</p> <p>212(a)(9)(A)(i) or (ii)</p> <p>212(a)(9)(B)(i)(I) or (i)(II)</p> <p>212(a)(9)(C)(i)(I) or (i)(II)</p> <p>212 (a)(10)(A), (B), (C), (D) and/or Other Inadmissibility - Specify below [Fillable Field]</p> <p>5. List specific reasons for inadmissibility.</p> <p>[Fillable Field]</p> <p>[Page 3]</p> <p>6. List all immediate relatives in the United States (Parents, spouse, and children). If you need more space, use Part 6. Additional Information or attach an additional sheet.</p> <p>A. Your Relative's Information Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>B. Your Relative's Information Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p>	<p>212(a)(2)(G) 212(a)(2)(H) 212(a)(2)(I) 212(a)(4) 212(a)(6)(B) 212(a)(6)(C)(i) 212(a)(6)(C) (ii) 212(a)(6)(D) 212(a)(6)(E) 212(a)(6)(F) 212(a)(6)(G) 212(a)(8)(A) 212(a)(8)(B) 212(a)(9)(A)(i) 212(a)(9)(A)(ii) 212(a)(9)(B)(i)(I) 212(a)(9)(B)(i)(II) 212(a)(9)(C)(i)(I) 212(a)(9)(C)(i)(II) 212 (a)(10)(A) 212 (a)(10)(B) 212 (a)(10)(C) 212 (a)(10)(D) 212 (a)(10)(E) Other Inadmissibility - Specify below [Fillable Field]</p> <p>5. List the specific reasons why you are inadmissible in the space below.</p> <p>[Fillable Field]</p> <p>[Page 3]</p> <p>6. List all immediate relatives in the United States (parents, spouse, and children). If you need extra space to complete this section, use the space provided in Part 6. Additional Information.</p> <p>A. Relative 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>B. Relative 2 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p>
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	<p>Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>C. Your Relative's Information Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)</p> <p>[Page 4]</p> <p>D. Your Relative's Information Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>7. I should be granted a waiver because: (Describe family unity considerations or humanitarian or public interest reasons for granting a waiver. If you need more space, Part 6. Additional Information or attach a separate sheet of paper; type or print your name and Alien Registration Number (A-Number) (if any), at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>[Fillable Field]</p>	<p>Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>C. Relative 3 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)</p> <p>[Page 4]</p> <p>D. Relative 4 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>7. Describe the family unity, humanitarian, or public interest reasons or considerations for why U.S. Citizenship and Immigration Services (USCIS) should grant your waiver. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.</p> <p>[Fillable Field]</p>
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<p>Page 4,</p> <p>Part 3. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature</p>	<p>[Page 4]</p> <p>Part 3. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature</p> <p>NOTE: Read the information on penalties in the Penalties section of the Form I-690 Instructions before completing this part.</p> <p><i>Applicant's Statement</i></p> <p>NOTE: Select the box for either Item Number A. or B. If applicable, select the box for Item Number 2.</p> <p>1. Applicant's Statement Regarding the Interpreter</p> <p>A. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center.</p> <p>B. The interpreter named in Part 4. has also read to me every question and instruction on this application, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 4. has also read the Acknowledgement of Appointment at USCIS Application Support Center to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.</p> <p>2. Applicant's Statement Regarding the Preparer</p> <p>I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the ASC Acknowledgement.</p> <p>[Page 5]</p>	<p>[Page 4]</p> <p>Part 3. Applicant's Statement, Contact Information, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-690 Instructions before completing this section.</p> <p><i>Applicant's Statement</i></p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. Applicant's Statement Regarding the Interpreter</p> <p>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.</p> <p>B. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p>2. Applicant's Statement Regarding the Preparer</p> <p>At my request, the preparer named in Part 5., [Fillable Filed], prepared this application for me based only upon information I provided or authorized.</p> <p>[Page 5]</p>
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	<p><i>Applicant's Contact Information</i> 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)</p> <p><i>Acknowledgement of Appointment at USCIS Application Support Center</i></p> <p>I, [Fillable Field], understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:</p> <p><i>By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request, as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.</i></p> <p>I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this</p> <p>Acknowledgement of Appointment at USCIS Application Support Center.</p> <p><i>Applicant's Certification</i></p> <p>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.</p>	<p><i>Applicant's Contact Information</i> 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)</p> <p>[delete]</p> <p><i>Applicant's Certification</i></p> <p>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.</p>
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	<p>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.</p> <p>I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.</p> <p><i>Applicant's Signature</i> 6. Applicant's Signature Date of Signature (mm/dd/yyyy)</p>	<p>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.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.</p> <p><i>Applicant's Signature</i> 6. Applicant's Signature Date of Signature (mm/dd/yyyy)</p> <p>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.</p>
<p>Page 5, Part 4. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 5] Part 4. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information concerning the interpreter.</p> <p><i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p>[Page 6]</p> <p><i>Interpreter's Mailing Address</i> 3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p>	<p>[Page 5] Part 4. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> 3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p>[Page 6] <i>Interpreter's Certification</i></p>

	<p>I certify that:</p> <p>I am fluent in English and [Fillable Field], which is the same language provided in Part 3., Item B., in Item Number 1.</p> <p>I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 3., Item B., in Item Number 1.; and</p> <p>I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant, in the same language provided in Part 3., Item B., Item Number 1. The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and</p> <p>The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.</p> <p><i>Interpreter's Signature</i> 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>	<p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language provided in Part 3., Item B., in Item Number 1., 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 Certification, and has verified the accuracy of every answer.</p> <p>[delete]</p> <p><i>Interpreter's Signature</i> 7. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Page 6,</p> <p>Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant</p>	<p>[Page 6]</p> <p>Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant</p> <p>Provide the following information concerning the preparer.</p> <p><i>Preparer's Full Name</i> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p>[Page 7]</p> <p><i>Preparer's Mailing Address</i> 3. Street Number and Name Apt./Ste./Flr. Number City or Town State</p>	<p>[Page 6]</p> <p>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i> 3. Street Number and Name Apt./Ste./Flr. Number City or Town State</p>

	<p>ZIP Code Province Postal Code Country</p> <p><i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number (if any)</p> <p>6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i> 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.</p> <p>7.B. I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends/does not extend beyond the preparation of this application.</p> <p>NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this petition.</p> <p><i>Preparer's Certification</i> By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement.</p> <p><i>Preparer's Signature</i> 8. Preparer's Signature Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the</p>	<p>ZIP Code Province Postal Code Country</p> <p><i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p>[Page 7]</p> <p><i>Preparer's Statement</i> 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.</p> <p>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.</p> <p>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 application.</p> <p><i>Preparer's Certification</i> 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 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.</p> <p><i>Preparer's Signature</i> 8. Preparer's Signature Date of Signature (mm/dd/yyyy)</p> <p>[delete]</p>
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	<p>instructions, your application may be denied.</p> <p>NOTE: We recommend that you print a copy of your completed application for your records. If you are required to appear for a biometric services appointment at a USCIS ASC, you should bring a copy of your completed application with you.</p>	
<p>Page 8,</p> <p>Part 6. Additional Information</p>	<p>[Page 8]</p> <p>Part 6. Additional Information</p> <p>If you need extra space to provide any additional information within this application, use the space below or attach a separate sheet of paper. 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. Include your name and A-Number (if any) at the top of each sheet; indicate the <i>Page Number, Part Number, and Item Number</i> to which your answer refers; and sign and date each sheet.</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. A-Number (if any)</p> <p>3.A. Page Number 3.B. Part Number 3.C. Item Number 3.D. [Fillable Field]</p> <p>4.A. Page Number 4.B. Part Number 4.C. Item Number 4.D. [Fillable Field]</p> <p>5.A. Page Number 5.B. Part Number 5.C. Item Number 5.D. [Fillable Field]</p> <p>6.A. Page Number 6.B. Part Number 6.C. Item Number 6.D. [Fillable Field]</p>	<p>[Page 8]</p> <p>Part 6. Additional Information</p> <p>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.</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. A-Number (if any)</p> <p>3.A. Page Number B. Part Number C. Item Number D. [Fillable Field]</p> <p>4.A. Page Number B. Part Number C. Item Number D. [Fillable Field]</p> <p>5.A. Page Number B. Part Number C. Item Number D. [Fillable Field]</p> <p>6.A. Page Number B. Part Number C. Item Number D. [Fillable Field]</p> <p>7.A. Page Number B. Part Number C. Item Number D. [Fillable Field]</p>