



# Request for Waiver of Certain Rights, Privileges, Exemptions, and Immunities

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

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

<b>For Government Use Only</b>	<input type="checkbox"/> Requestor is a French national paid by the French Republic	<input type="checkbox"/> Form I-508F executed	<input type="checkbox"/> Exempt from U.S. taxes	Remarks
			<input type="checkbox"/> Not exempt from U.S. taxes	

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

## Part 1. Information About the Person Filing This Request

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

2. Alien Registration Number (A-Number) (if any) ▶ A-

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

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

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

6. Mailing Address

In Care Of Name  Street Number and Name

Apt.  Ste.  Flr.  Number  City or Town  State  ZIP Code

Province  Postal Code  Country

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

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

8. Physical Address

Street Number and Name  Apt.  Ste.  Flr.  Number

City or Town  State  ZIP Code

Province  Postal Code  Country

9. Employment Information

Name of Mission or Organization

Street Number and Name  Apt.  Ste.  Flr.  Number

City or Town  State  ZIP Code

Province  Postal Code  Country

## Part 2. Waiver Statement

I, , believe that I have an occupational status entitling me to nonimmigrant status under section 101(a)(15)(A), (E), or (G) of the Immigration and Nationality Act (INA) as a government official, treaty trader or treaty investor, or international organization representative, respectively.

Accordingly, as I seek to acquire or retain lawful permanent resident status, I hereby waive all diplomatic rights, privileges, exemptions, and immunities that would otherwise accrue to me under any U.S. law or executive order because of my occupational status.

**NOTE:** French nationals receiving a salary from the French Republic are also required to complete Form I-508F. French nationals must submit both Form I-508 and Form I-508F together to U.S. Citizenship and Immigration Services (USCIS).

## Part 3. Requestor's Statement, Contact Information, Certification, and Signature

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

### 1. Requestor's Statement Regarding the Interpreter

- A.**  I can read and understand English, and have read and understand every question and instruction on this request, as well as my answer to every question.
- B.**  The interpreter named in **Part 4.** has also read to me every question and instruction on this request, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

### 2. Requestor's Statement Regarding the Preparer

- I have requested the services of and consented to , who  is  is not an attorney or accredited representative, preparing this request for me.

### *Requestor's Contact Information*

#### 3. Requestor's Daytime Telephone Number

#### 4. Requestor's Mobile Telephone Number (if any)

#### 5. Requestor's Email Address (if any)

### *Requestor's 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 request, 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.

I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

### *Requestor's Signature*

#### 6. Requestor's Signature

 

Date of Signature (mm/dd/yyyy)

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

Provide the following information concerning the interpreter.

### *Interpreter's Full Name*

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

### *Interpreter's Mailing Address*

3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

### *Interpreter's Contact Information*

4. Interpreter's Daytime Telephone Number
5. Interpreter's Email Address (if any)

### *Interpreter's Certification*

**I certify that:**

I am fluent in English and , which is the same language provided in **Part 3., Item B.** in **Item Number 1.**;

I have read to this requestor every question and instruction on this request, as well as the answer to every question, in the language provided in **Part 3., Item B.** in **Item Number 1.**; and

The requestor has informed me that he or she understands every instruction and question on the request, as well as the answer to every question, and the requestor verified the accuracy of every answer.

### *Interpreter's Signature*

6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor**

Provide the following information concerning the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number  5. Preparer's Fax Number
6. Preparer's Email Address (if any)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- B.  I am an attorney or accredited representative and my representation of the requestor in this case  extends  does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this request, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.

**Preparer's Certification**

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of the requestor. I completed this request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with every answer on the request. If the requestor supplied additional information concerning a question on the request, I recorded it on the request.

**Preparer's Signature**

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

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## Part 6. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

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

2. A-Number (if any) ▶ A- 

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

D. \_\_\_\_\_  
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4. A. Page Number  B. Part Number  C. Item Number

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

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

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