



Application for Entrepreneur Parole

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

USCIS
Form I-941
OMB No. 1615-0136
Expires 03/31/2027

| | | |
|---------------------------|----------------|---------------------|
| For USCIS Use Only | Receipt | Action Block |
| | Remarks | |

| | | | |
|--|--|--|---|
| To be completed by an Attorney or Accredited Representative (if any). | <input type="checkbox"/> Select this box if Form G-28 or G-28I is attached. | Attorney State Bar Number (if applicable) <input type="text"/> | Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/> |
|--|--|--|---|

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

Part 1. Information About the Entrepreneur (Applicant)

1. I am requesting:
 Initial Parole **OR** Re-Parole **OR** Amended Application
 If you are requesting a re-parole or filing an amended application, provide the Receipt Number of your current Form I-941 approval in **Item Number 2.** below.

2. Receipt Number
 ▶

3. Your Full Legal Name (**Do not** provide a nickname)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

4. Other Names Used (if any)
 Provide all other names you have used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Other Information

5. Alien Registration Number (A-Number) (if any) ▶ A- 6. USCIS Online Account Number (if any) ▶

7. U.S. Social Security Number (if any) ▶ 8. Date of Birth (mm/dd/yyyy)

Part 1. Information About the Entrepreneur (Applicant) (continued)

9. Gender

Male Female Another Gender Identity

10. Country of Birth

11. Country of Citizenship or Nationality

12. Date of Last Arrival in the United States (if any)

(mm/dd/yyyy)

13. Immigration Status at Your Last Arrival (for example, B-2 Visitor, F-1 Student or no Status)

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

15. Have you **EVER** been arrested, cited, charged, indicted, convicted, fined, or imprisoned for violating any law or ordinance (excluding minor traffic violations)? Yes No

16. Have you **EVER** committed any crime for which you were not arrested? Yes No

If you answered "Yes" to **Item Number 15.**, you must provide certified court dispositions, arrest reports, statements of charges, indictment information, or any other charging documents that were issued. If you answered "Yes" to **Item Number 16.**, provide the date and location (town or city/state or province/country) of the events and provide an explanation in the space provided in **Part 10. Additional Information.**

17. Have you, or any person included in this application, ever been in exclusion, deportation, removal, or rescission proceedings, or are you now in such proceedings? Yes No

If you answered "Yes" to **Item Number 17.**, provide the following information below:

Name of Person(s) in Proceedings:

18. Where do you want USCIS to send all travel documents for you, and your spouse and dependent children (if applicable)?

To the U.S. address in **Part 1., Item Number 19.**

To a U.S. Embassy or U.S. Consulate at:
Name of U.S. Embassy or U.S. Consulate

To a Department of Homeland Security (DHS) office overseas at:
Name of DHS Office

19. Entrepreneur's Current U.S. Mailing Address (if applicable)

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Part 1. Information About the Entrepreneur (Applicant) (continued)

20. Entrepreneur's Current Physical Address

| | | |
|------------------------|--|----------------------|
| Street Number and Name | Apt. Ste. Fl. | Number |
| <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | ZIP Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Province | Postal Code | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Entrepreneur's Education

21. Name of Institution of Higher Learning

22. Type of Degree/Major Field of Study

Part 2. Biographic Information

1. Ethnicity (Select **only one box)**

Hispanic or Latino Not Hispanic or Latino

2. Race (Select **all applicable boxes)**

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

3. Height Feet Inches **4. Weight** Pounds

5. Eye Color (Select **only one box)**

Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select **only one box)**

Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 3. Information About Family Members Requesting Parole or Re-Parole with Entrepreneur

1. Entrepreneur's Spouse's Information

| | | |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

▶ A-

3. USCIS Online Account Number (if any)

▶

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

5. Country of Birth

6. Country of Citizenship or Nationality

Part 3. Information About Family Members Requesting Parole or Re-Parole with Entrepreneur
(continued)

7. Entrepreneur's Spouse's Other Names Used

Provide any other names your spouse has used since birth, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|-------------------------|-------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Entrepreneur's Dependent Children

Provide the following information about each child. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

8.a. Child 1

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|--|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| A-Number (if any) ▶ A- <input type="text"/> | USCIS Online Account Number (if any) ▶ <input type="text"/> | |
| Date of Birth (mm/dd/yyyy) <input type="text"/> | Country of Birth <input type="text"/> | Country of Citizenship or Nationality <input type="text"/> |

8.b. Child 2

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|--|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| A-Number (if any) ▶ A- <input type="text"/> | USCIS Online Account Number (if any) ▶ <input type="text"/> | |
| Date of Birth (mm/dd/yyyy) <input type="text"/> | Country of Birth <input type="text"/> | Country of Citizenship or Nationality <input type="text"/> |

Part 4. Information About Additional Entrepreneurs Requesting or Have Been Granted Parole or Re-Parole with the Same Start-up Entity

1. Entrepreneur 1

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---------------------------------------|-------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Receipt Number ▶ <input type="text"/> | | |

2. Entrepreneur 2

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---------------------------------------|-------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Receipt Number ▶ <input type="text"/> | | |

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners

Information About the Qualifying Start-Up Entity

1. Start-Up Entity Legal Name

2. Start-Up Entity Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

3. Federal Employer Identification Number

4. DUNS Number (if any)

5. Trade Name "DBA" (Doing Business As)

6. Date Start-Up Entity Established in United States

(mm/dd/yyyy)

7. Number of Full-Time Employees
in United States

8. Your Ownership Stake/Percentage

of Start-Up Entity

%

Applying for Initial Parole

9. Explanatory Statement. Provide a detailed statement explaining how you meet the criteria for entrepreneur parole. Your statement should include an explanation of your role in the operations of that entity, as well as how your involvement with the start-up entity will advance the start-up entity's growth and business success such as to result in a significant public benefit. You may provide this statement in the space provided in **Part 10. Additional Information** or attach a separate sheet of paper; type or print your name and startup entity identification number 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.

10. Did your start-up entity receive a qualified investment of at least \$264,147 within 18 months immediately preceding the filing of this application? Yes No

If you answered "Yes" to **Item Number 10.**, provide the amount of qualified investment and date the qualified investment was received in **Item Numbers 11.a. - 11.b.**

11.a. Amount of Qualified Investment

11.b. Date Qualified Investment Received

\$

(mm/dd/yyyy)

If you need more space to complete this section, use the space provided in **Part 10. Additional Information.**

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

12. Did your start-up entity receive a qualified government award or grant of at least \$105,659 within 18 months immediately preceding the filing of this application? Yes No

If you answered "Yes" to **Item Number 12.**, provide the amount of qualified government award or grant and date the qualified government award or grant was received in **Item Numbers 13.a. - 13.b.**

13.a. Amount of Qualified Government Award or Grant \$ 13.b. Date Qualified Grant or Award Received (mm/dd/yyyy)

If you need more space to complete this section, use the space provided in **Part 10. Additional Information.**

Alternative Criteria

14. Does your start-up entity partially meet one or both of the above threshold criteria? Yes No N/A

If you answered "Yes" to **Item Number 14.**, provide the amounts of qualified investment and/or qualified government award or grant that was received in **Item Numbers 15.a. - 15.b.**

15.a. Amount of Qualified Investment \$ 15.b. Amount of Qualified Government Award or Grant \$

Applying for Re-Parole

16. Is this the same start-up entity for which you were granted an initial parole? Yes No

If you answered "No" to **Item Number 16.**, explain the current status of the start-up entity for which you were granted initial parole in **Item Number 17.** If you need more space to complete this section, use the space provided in **Part 10. Additional Information.**

17. Explanation

Re-Parole Criteria

Provide evidence that you continue to meet the definition of entrepreneur and that your business continues to meet the definition of start-up entity.

18. Do you own at least 5% of the shares, or similar type of equity interest, in the start-up entity? Yes No

19. Do you continue to perform an active and central role in the start-up entity? Yes No

20. Is the start-up entity continuing to lawfully operate in the United States? Yes No

21. Did your start-up entity receive at least \$528,293 in qualifying investments, qualified government awards or grants, or a combination of such funding during the initial parole period? Yes No N/A

Provide the amounts of qualifying investments, qualified government awards or grants. \$

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

22. Did your start-up entity create at least 5 qualified jobs with the start-up entity during the initial parole period? Yes No N/A

Provide the number of qualified jobs.

23. Did your start-up reach at least \$528,293 in annual revenue in the United States during the initial parole period? Yes No N/A

Provide the amount of annual revenue generated. \$

24. Did the annual revenue generated by your start-up entity in the United States average 20 percent growth during the initial parole period? Yes No N/A

Provide the percentage of annual revenue growth. %

Alternative Criteria

25. Does your start-up entity partially meet one or more of the above threshold criteria? Yes No N/A

If you answered "Yes" to **Item Number 25.**, provide the applicable information requested in **Item Numbers 26.a. - 26.c.**

26.a. Total Amount of Revenue Generated During Initial Period of Parole

\$

26.b. Total Amount of Additional Qualified Investment, Government Grants or Awards During Initial

Period of Parole \$

26.c. Total Number of Qualified Jobs Created During Initial Period of Parole

27. Provide a detailed statement explaining how you continue to meet the criteria for entrepreneur parole. Your statement should include an explanation of your continued or new role in the operations of that entity, as well as how your involvement with the start-up entity will advance the start-up entity's growth and business success such as to result in a significant public benefit. You may provide this statement in the space provided in **Part 10. Additional Information** or attach a separate sheet of paper; type or print your name and startup entity identification number 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.

28. Are you maintaining a household income that is greater than 400 percent of the Federal Poverty Guidelines? Yes No

If you answered "Yes" to **Item Number 28.**, provide the information requested in **Item Numbers 29.a. - 29.b.**

29.a. Amount of Household Income in Last Full Calendar Year \$

29.b. Number of Members of Household

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

Filing an Amended Application to Report a Material Change

In the space below, provide a detailed explanation of any material changes to the facts on which your parole was based. If you need more space to complete this section, use the space provided in **Part 10. Additional Information**.

30. Explanation

31. Are you maintaining a household income that is greater than 400 percent of the Federal Poverty Guidelines? Yes No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32.a. - 32.b.**

32.a. Amount of Household Income in Last Full Calendar Year \$ **32.b.** Number of Members of Household

Information About the Owners of the Start-Up Entity

If there are multiple owners of the start-up entity, you must list all other individuals or entities that own a share of the start-up entity and identify their ownership percentage.

33.a. Owner 1

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Legal Entity Name (if any) Trade Name "DBA" (Doing Business As)

Other Names Used

Provide any other names you have used since birth, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Other Information

A-Number (if any) U.S. Social Security Number (if any)

USCIS Online Account Number (if any) Date of Birth (mm/dd/yyyy)

Country of Birth Country of Citizenship or Nationality

Percentage of Ownership in the Start-Up Entity Listed in **Part 5., Item Number 1.** Position Held (if any) in the Entity Listed in **Part 5., Item Number 1.**

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

Address and Contact Information

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Daytime Telephone Number

Fax Number

Email Address (if any)

Website Address (if any)

33.b. Owner 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Legal Entity Name (if any)

Trade Name "DBA" (Doing Business As)

Other Names Used

Provide any other names you have used since birth, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

A-Number (if any)

U.S. Social Security Number (if any)

▶ A-

▶

USCIS Online Account Number (if any)

Date of Birth (mm/dd/yyyy)

▶

Country of Birth

Country of Citizenship or Nationality

Percentage of Ownership in the Start-Up Entity Listed in **Part 5, Item Number 1.**

Position Held (if any) in the Entity Listed in **Part 5, Item Number 1.**

Part 5. Basis of Eligibility - Qualifying Start-Up Entity and Owners (continued)

Address and Contact Information

Street Number and Name Apt. Ste. Fl. Number
City or Town State ZIP Code
Province Postal Code Country
Daytime Telephone Number Fax Number
Email Address (if any) Website Address (if any)

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award

1. Name of Investor (if an individual)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

3. A-Number (if any)

▶ A-

4. U.S. Social Security Number (if any)

▶

5. Country of Birth

6. Mailing Address and Contact Information

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

7. Daytime Telephone Number

8. Email Address (if any)

9. Website Address (if any)

Information on Investment

10.a. Aggregate Amount of Investment

\$

10.b. Types of Investment (for example, equity or convertible debt)

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award (continued)

Qualified Investor Verification

11. Is the investor a U.S. citizen or lawful permanent resident of the United States? Yes No
12. Has the investor been permanently or temporarily enjoined from participating in the offer or sale of a security or in the provision of services as an investment adviser, broker, dealer, municipal securities dealer, government securities broker, government securities dealer, bank, transfer agent or credit rating agency; barred from association with any entity involved in the offer or sale of securities or provision of such services; or otherwise found to have participated in the offer or sale of securities or provision of such services in violation of law? Yes No

List investments in other start-ups by this investor during the preceding five years totaling no less than \$633,952. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

| | | |
|---|---|----------------------|
| 13. Name of Company | 14. DUNS Number (if any) | |
| <input type="text"/> | <input type="text"/> | |
| 15. Year of Investment <input type="text"/> | 16. Amount of Investment \$ <input type="text"/> | |
| 17. Type of Investment | | |
| <input type="text"/> | | |
| 18. Company Address | | |
| Street Number and Name | Apt. Ste. Flr. Number | |
| <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/> | |
| City or Town | State ZIP Code | |
| <input type="text"/> | <input type="text"/> <input type="text"/> | |
| Province | Postal Code | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$528,293 in revenue with average annualized revenue growth of at least 20 percent.

19.a. Company 1

| | | |
|------------------------|---|----------------------|
| Name of Company | DUNS Number (if any) | |
| <input type="text"/> | <input type="text"/> | |
| Street Number and Name | Apt. Ste. Flr. Number | |
| <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/> | |
| City or Town | State ZIP Code | |
| <input type="text"/> | <input type="text"/> <input type="text"/> | |
| Province | Postal Code | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award (continued)

19.b. Company 2

| | | | | | |
|------------------------|----------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Name of Company | | DUNS Number (if any) | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Street Number and Name | | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | | State | | ZIP Code | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Province | Postal Code | Country | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |

Name of Investor (if an organization such as a Venture Capital Firm, Accelerator or Incubator)

| | |
|-----------------------------------|---|
| 20.a. Legal Entity Name | 20.b. Trade Name "DBA" (Doing Business As) |
| <input type="text"/> | <input type="text"/> |
| 20.c. DUNS Number (if any) | |
| <input type="text"/> | |

21. Address and Contact Information

| | | | | | |
|------------------------|----------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Name of Company | | DUNS Number (if any) | | | |
| <input type="text"/> | | <input type="text"/> | | | |
| Street Number and Name | | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | | State | | ZIP Code | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Province | Postal Code | Country | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |

| | |
|-------------------------------------|-----------------------------------|
| 22. Daytime Telephone Number | 23. Email Address (if any) |
| <input type="text"/> | <input type="text"/> |
| 24. Website Address (if any) | |
| <input type="text"/> | |

Information on Investment

| | |
|---|--|
| 25.a. Aggregate Amount of Investment | 25.b. Types of Investment (for example, equity or convertible debt) |
| \$ <input type="text"/> | <input type="text"/> |

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award (continued)

Qualified Investor Verification

26. Is the investor majority owned and controlled, directly and indirectly, by U.S. citizens or lawful permanent residents of the United States? Yes No
27. Has the investor been permanently or temporarily enjoined from participating in the offer or sale of a security or in the provision of services as an investment adviser, broker, dealer, municipal securities dealer, government securities broker, government securities dealer, bank, transfer agent or credit rating agency; barred from association with any entity involved in the offer or sale of securities or provision of such services; or otherwise found to have participated in the offer or sale of securities or provision of such services in violation of law? Yes No

List investments in other start-ups by this investor during the preceding five years totaling no less than \$633,952. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

28. Name of Company 29. DUNS Number (if any)

30. Year of Investment 31. Amount of Investment \$

32. Type of Investment

33. Address Information

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Identify at least 2 of the start-ups listed above that each created, subsequent to such investment, at least 5 qualified jobs or generated at least \$528,293 in revenue with average annualized revenue growth of at least 20 percent.

34.a. Company 1

Name of Company DUNS Number (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Part 6. Information on Qualified Investors or Government Entities Providing a Grant/Award (continued)

34.b. Company 2

| | | | | |
|------------------------|----------------------|--------------------------|--------------------------|---|
| Name of Company | | DUNS Number (if any) | | |
| <input type="text"/> | | <input type="text"/> | | |
| Street Number and Name | | Apt. | Ste. | Flr. Number |
| <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="text"/> |
| City or Town | | State | | ZIP Code |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Province | Postal Code | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Name of Government Entity Providing Grant/Award

35. Name of Approving Official

36. Address and Contact Information

| | | | | |
|------------------------|----------------------|--------------------------|--------------------------|---|
| Street Number and Name | | Apt. | Ste. | Flr. Number |
| <input type="text"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="text"/> |
| City or Town | | State | | ZIP Code |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Province | Postal Code | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

37. Daytime Telephone Number

38. Email Address (if any)

39. Website Address (if any)

Information on Grant/Award

40.a. Aggregate Amount of Grant/Award

\$

40.b. Type of Grant/Award

Part 7. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2. Applicant's Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 8.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

Part 8. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of responses and information contained in and submitted with the application, are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

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

Part 10. 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 the start-up entity's name 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. Name of Start-Up Entity

2. Start-Up Entity Identification Number

3. Page Number Part Number Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

4. Page Number Part Number Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

5. Page Number Part Number Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

6. Page Number Part Number Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

7. Page Number Part Number Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|
