



Request for Waiver of Certain Rights, Privileges, Exemptions, and Immunities for French Nationals

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

USCIS
Form I-508F
OMB No. 1615-0025
Expires 03/31/2017

▶ **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-

Part 2. Waiver Statement

1. Waiver Statement

I, , a French national, believe that I have an occupational status that entitles me to nonimmigrant status under section 101(a)(15)(A) or (G) of the Immigration and Nationality Act (INA) as a government official or international organization representative, respectively, and I receive a salary from the French Republic.

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.

2. Waiver Request

You must choose whether to retain or waive your U.S. tax exemptions under The Convention between the Government of the United States of America and the Government of the French Republic for the Avoidance of Double Taxation and the Prevention of Fiscal Evasion with Respect to Taxes on Income and Capital, signed at Paris on August 31, 1994, as amended ("Convention"). Select the box for either **Item A.** or **Item B.** and type or print your initials below your selection.

A. Retaining United States Tax Exemptions

I do not waive the benefits conferred by Articles 16 and 21 of the Convention. This means that I will not be required to pay U.S. taxes on the salary the French Republic pays me. However, because I have not waived any benefits under the INA, I understand that I may not use any calendar year or portion of a calendar year under my admission as a lawful permanent resident in the United States to fulfill the residence or physical presence requirements for naturalization under U.S. immigration and nationality laws.

Requestor's Initials

B. Waiving United States Tax Exemptions

I do waive the exemption from taxation provided by Articles 16 and 21 of the Convention. This means that I will be required to pay U.S. taxes on the salary the French Republic pays me. I understand that this waiver allows me to use the time during which the waiver is in effect to fulfill residence and physical presence requirements for naturalization under U.S. immigration and nationality laws.

Requestor's Initials

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)

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)

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

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)

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

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)