

Section A - to be completed by the submitting agency.

To: U S Citizenship and Immigration Services

6. Verification Number

- 7 Photocopy of Document Attached
(If printed on both sides, attach a copy of the front and of the back)
 Other Information Attached (Specify documents)

From: Typed or Stamped Name and Address of Submitting Agency

UPS Capital Business Credit

8 Organization (specify)

Attn: Status Verifier

(USCIS may use above address with a No. 20 window envelope)

1. Alien Registration Number or Form I-94 Number

2 Applicant's Name (Last, First, Middle)

3 Nationality

4 Date of Birth (mm/dd/yyyy)

5 U S Social Security Number

9. Name of Submitting Official

10 Title of Submitting Official

11 Date

12 Telephone Number

Section B - to be completed by USCIS

USCIS RESPONSE: From the documents or information submitted and/or a review of our records we find that:

1. This document appears valid and relates to a Lawful Permanent Resident alien of the United States.
2. This document appears valid and relates to a Conditional Resident alien of the United States.
3. This document appears valid and relates to an alien authorized employment as indicated below:
a. Full-Time
b. Part-Time
c. No Expiration (Indefinite)
d. Expires on _____
(Specify mm/dd/yyyy below)
4. This document appears valid and relates to an alien who has an application pending for
(Specify USCIS benefit below)
5. This document relates to an alien having been granted asylum/refugee status in the United States.
6. This document appears valid and relates to an alien paroled into the United States pursuant to Section 212 of the I&N Act
7. This document appears valid and relates to an alien who is a Cuban/Haitian entrant
- Please see reverse for additional comments.
8. This document appears valid and relates to an alien who is a conditional entrant.
9. This document appears valid and relates to an alien who is a nonimmigrant
(specify type or class below)
10. This document appears valid and relates to an alien not authorized employment in the United States
11. Continue to process as legal alien. USCIS is searching indices for further information.
12. This document is not valid because it appears to be
(check all that apply)
a. Expired
b. Altered
c. Counterfeit

USCIS Stamp

Comments

- 13 No determination can be made from the information submitted. Please obtain a copy of the original alien registration documentation and resubmit.
- 14 No determination can be made without seeing both sides of the document submitted. (Please resubmit request.)
- 15 Copy of document is not readable. (Please resubmit request.)

"PRUCOL"

For Purposes Of Determining If Alien Is Permanently Residing Under Color Of Law Only!

- 16 USCIS is actively pursuing the removal of an alien in this class/category.
- 17 USCIS is not actively pursuing the removal of an alien in this class/category at this time.
- 18 Other

Instructions

- Submit copies (front and back) of alien's original documentation.
- Make certain a complete return address has been entered in the "From" portion of the form.
- The Alien Registration Number ("A" Number) is the letter "A" followed by a series of seven or eight digits. The number found on Form I-94 may also be recorded in this block. (Check the front and back of the Form I-94 document. If the "A" Number appears, record that number when requesting information instead of the longer admission number because the "A" Number refers to the most integral record available.)
- If Form G-845 is submitted without copies of the applicant's original documentation, it will be returned to the submitting agency without any action taken.
- Address this verification request to the local office of the U.S. Citizenship and Immigration Services.

Document Verification Request

Name _____
Street Address _____
City _____
State _____
Zip _____
Date of Birth _____

I authorize the U.S. Citizenship and Immigration Services to release information regarding my immigration status to UPS Capital Business Credit because I am applying for a U.S. Small Business Loan.

Lender Name UPS Capital Business Credit
Contact Person _____
Street Address _____
City, State and Zip _____
Phone _____
FAX _____

Signature

Date