

Certification of Eligibility for Fee Waiver in Expedited Handling

Date:

To Whom It May Concern,

I, , hereby certify that I am eligible for a fee waiver in connection with my request for expedited handling of the following matter:

Case/Application Number:

Type of Request:

Reason(s) for Fee Waiver Eligibility:

By signing below, I certify that the information provided above is true and correct to the best of my knowledge. I understand that any false statement may result in denial of the fee waiver and other penalties as permitted by law.

Signature:

Name:

Date: