

Review And Certify

Please review and certify this information by selecting the checkbox and submit button at the bottom of the form.

Personal Information

First Name WILLIAM M	Middle Name WINSLOW
Last Name MAY SIX TWENTY TWENTY THREE	Online Account Number 087606565426

Mailing Address

In care of (if any)

Country
United States

Address line 1
209 2nd St. STE 121

Address line 2
1000 DEFENSE
PENTAGON

City or town FORT WORTH	State Texas	Zip code 76102
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Accredited Representative Information

Organization name
UNITED STATES ARMED FORCES FOUNDATION, INC.

Accreditation date
05/29/2022

Contact Information

Email address
williamwinslow@deltaforce12333.army

Mobile phone number
(214) 208-6457

Daytime phone number
(214) 208-6457

Fax number

Notification preferences
Email

Certify And Submit

I certify, under penalty of perjury under the laws of the United States of America, that I am an accredited representative of an organization recognized by the Department of Justice, Executive Office for Immigration Review, under title 8 of the Code of Federal Regulations, part 292, and that the information I have provided for creation of my representative account is true and correct. I am not subject to any order of any court or administrative agency, suspending, terminating, restraining or otherwise restricting me in representing individuals seeking to file an application, petition, or request with the Department of Homeland Security, the Immigration Courts, or the BIA. I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security.

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