



Application for Replacement/Initial Nonimmigrant Arrival-Departure Document

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

USCIS
Form I-102
OMB No. 1615-0079
Expires 11/30/2021

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney or Accredited Representative, if any. <input type="checkbox"/> Select this box if Form G-28 is attached to represent the applicant. Attorney State License Number _____
	New I-94 Number		
	Remarks		

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

Part 1. Information About You

1. Alien Registration Number (A-Number)

▶ A-

2. USCIS Online Account Number (if any)

Your Full Legal Name

3.a. Family Name
(Last Name)

3.b. Given Name
(First Name)

3.c. Middle Name

Other Names Used (if any)

Provide all other names used. Include nicknames, aliases, maiden name, and names from previous marriages. Provide evidence of any name changes.

4.a. Family Name
(Last Name)

4.b. Given Name
(First Name)

4.c. Middle Name

U.S. Mailing Address

5.a. In Care Of Name

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code

6. Is your current U.S. mailing address the same as your
U.S. physical address? ☐ Yes ☐ No

If you answered "No" to **Item Number 6.**, provide your
U.S. physical address in **Item Numbers 7.a. - 7.f.**

U.S. Physical Address

7.a. In Care Of Name

7.b. Street Number and Name

7.c. ☐ Apt. ☐ Ste. ☐ Flr.

7.d. City or Town

7.e. State 7.f. ZIP Code

Other Information

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

9. Country of Birth

10. Country of Citizenship

Part 1. Information About You (continued)

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

▶

Entry Information

12. Date of Last Entry into the United States

(mm/dd/yyyy)

13. Place of Last Entry into the United States (City and State)

14. Class of Admission at Last Entry into the United States

15. Indicate the type of Port-of-Entry at which you last entered the United States:

☐ Land border ☐ Airport ☐ Seaport

16. Current Nonimmigrant Status

17. Date Status Expires (mm/dd/yyyy)

- 18.a. Form I-94, Form I-94W, or Form I-95 Arrival-Departure Record Number

▶

- 18.b. Passport Number

- 18.c. Travel Document Number

- 18.d. Country of Issuance for Passport or Travel Document

- 18.e. Expiration Date for Passport or Travel Document

(mm/dd/yyyy)

Provide your name exactly as it appears on Form I-94, Form I-94W, or Form I-95. If the name on the form is different than your current legal name as entered in **Part 1, Item Numbers 3.a. - 3.c.**, provide evidence of the name change.

- 19.a. Family Name
(Last Name)

- 19.b. Given Name
(First Name)

- 19.c. Middle Name

Part 2. Reason for Application

Select the box that best describes your reason for requesting an initial or replacement document. (Select **only one** box)

- 1.a. ☐ I am applying to replace my lost or stolen Form I-94 or Form I-94W.

- 1.b. ☐ I am applying to replace my lost or stolen Form I-95.

- 1.c. ☐ I am applying to replace my Form I-94 or Form I-94W because it was mutilated. I have attached my original Form I-94 or Form I-94W.

- 1.d. ☐ I am applying to replace my Form I-95 because it was mutilated. I have attached my original Form I-95.

- 1.e. ☐ I was not issued Form I-94 when I was admitted by CBP at a port-of-entry in the United States (*whether at a land border, airport, or seaport*).

- 1.f. ☐ I was issued Form I-94, Form I-94W, or Form I-95 by USCIS with an error or incorrect information, and I am requesting that USCIS correct the document. I have attached my original Form I-94, Form I-94W, or Form I-95.

Provide an explanation of the error or incorrect information entered on Form I-94, Form I-94W, or Form I-95 at the time of issuance.

- 1.g. ☐ I was not issued Form I-94 when I entered as a nonimmigrant member of the military, and I am filing this application for an initial Form I-94.

Part 3. Processing Information

- 1.a. Are you filing this application with any other petition or application? ☐ Yes ☐ No

If you answered "Yes" to **Items Number 1.a.**, provide the USCIS form number and name of the application or petition you are filing in **Item Number 1.b.**

- 1.b. USCIS Form Number and Name



Part 3. Processing Information (continued)

- 2.a. Are you now in removal proceedings? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.a.**, complete **Item Number 2.b.**

- 2.b. Provide detailed information regarding the proceedings. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Part 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-102 Instructions before completing this section.

You must file Form I-102 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this application and my answer to every question, in

a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in **Part 6.**,

prepared this application for me based only upon information provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

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

5. Applicant's Email Address (if any)

Applicant'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 application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

- 6.a. Applicant's Signature

➔

- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 5. Interpreter's Contact Information, Certification, and Signature

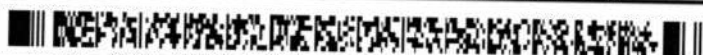
Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

- 1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)



Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's E-mail Address (if any)

Interpreter's Certification

I certify under penalty of perjury, that:

I am fluent in English and

, which is the same language specified in **Part 4., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other than the Applicant (continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case extends ☐ does not extend ☐ beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Part 7. 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 your name and A-Number (if any) 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.a. Family Name (Last Name)

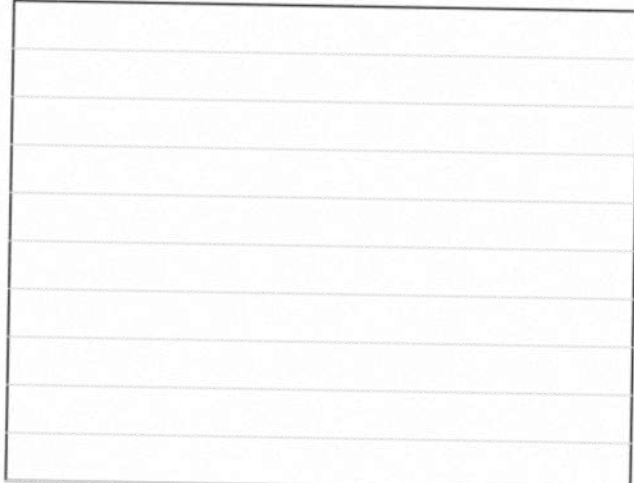
1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

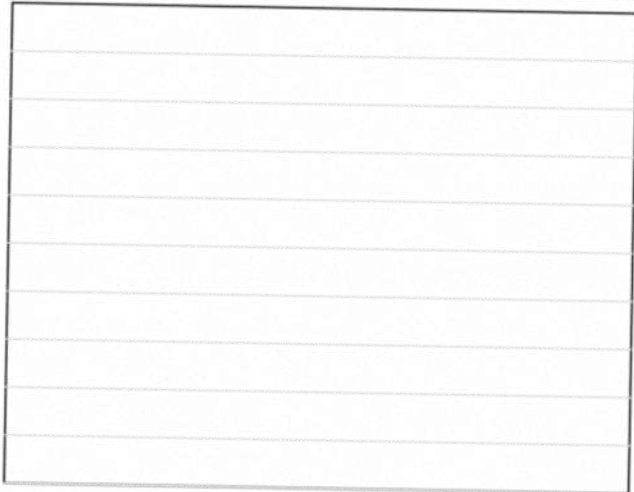
3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

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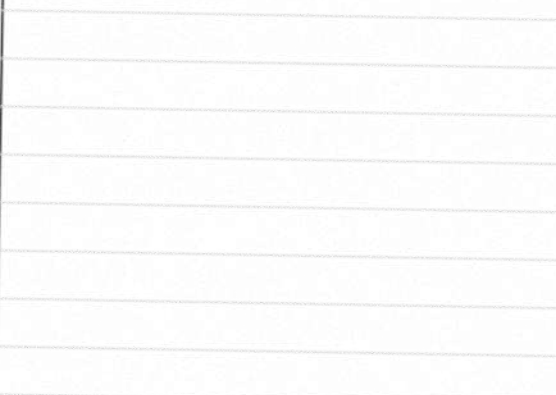
4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

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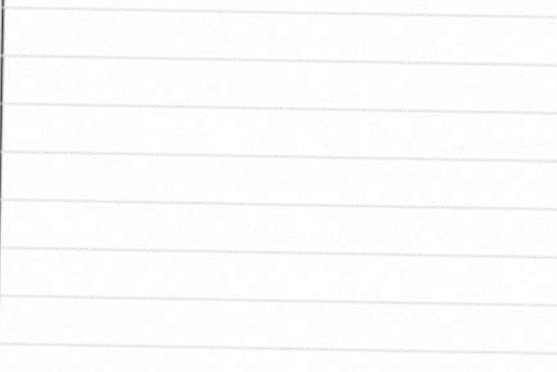
5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

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6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

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