

☐ Applicant Interviewed

Application to Replace Permanent Resident Card

Department of Homeland Security

Receipt

U.S. Citizenship and Immigration Services

USCIS Form I-90 OMB No. 1615-00

OMB No. 1615-0082 Expires 07/31/2019

Action Block

| | | Date: | _ | | | | |
|---|---------|---------------------|----------------------------------|----------------------------|------|---|------------|
| Fo USC Us | CIS | Class o | f Admission | | | | |
| On | | Remarks | | | | | |
| | | | | | | | |
| > 5 | STAR | RT HERE | - Type or print | in black ink. | | | |
| Par | t 1. | Informa | tion About Y | ou | Ma | Tailing Address (USPS ZIP Code Looks | <u>up)</u> |
| 1. | Alie | n Registra | tion Number (A-N | Number) | 6.a. | a. In Care Of Name | |
| 2. | USC | CIS Online | Account Number | r (if any) | 6.b. | b. Street Number and Name | |
| | - | ** ** | | | 6.c. | c. Apt. Ste. Flr. | |
| | | ıll Name | | | 6.d. | d. City or Town | |
| | | | vill be issued in th | nis name. | 6.e. | e. State 6.f. ZIP Code | |
| | (Last | ily Name t Name) | | | 6.g. | z. Province | |
| 3.b. | | en Name st Name) | | | | n. Postal Code | |
| 3.c. | Mido | dle Name | | | 6.i. | | |
| 4. | | | e legally changed ident Card? | since the issuance of your | 0.1. | . Country | |
| | | Yes (Proce | eed to Item Num | bers 5.a 5.c.) | Phy | hysical Address | |
| | | No (Proce | ed to Item Num l | pers 6.a 6.i.) | Prov | ovide this information only if different than mailing addre | ess. |
| | | | ver received my poor tem Numbers | | 7.a. | a. Street Number and Name | |
| Provide your name exactly as it is printed on your current Permanent Resident Card. | | | rinted on your current | 7.b. 7.c. | | | |
| NOTE: Attach all evidence of your legal name change with | | | egal name change with | | | | |
| | applica | | | 1 | 7.d. | d. State 7.e. ZIP Code | |
| 5.a. | (Last | ily Name t Name) | | | 7.f. | F. Province | |
| 5.b. | | en Name st Name) | | | 7.g. | g. Postal Code | |
| 5.c. | Mido | dle Name | | | 7.h. | h. Country | |
| | | | | | | | |

Part 1. Information About You (continued) Reason for Application (Select only one box) **Section A.** (To be used **only** by a lawful permanent resident or Additional Information a permanent resident in commuter status.) 8. Gender Male Female My previous card has been lost, stolen, or destroyed. 9. Date of Birth (mm/dd/yyyy) 2.b. My previous card was issued but never received. City/Town/Village of Birth My existing card has been mutilated. 10. My existing card has incorrect data because of 2.d. Department of Homeland Security (DHS) error. 11. Country of Birth (Attach your existing card with incorrect data along with this application.) **2.e.** My name or other biographic information has been Mother's Name legally changed since issuance of my existing card. Given Name 2.f. My existing card has already expired or will expire (First Name) within six months. Father's Name **2.g.1.** I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my Given Name 16th birthday. (See **NOTE** below for additional (First Name) information.) Class of Admission I have reached my 14th birthday and am registering 2.g.2. as required. My existing card will expire BEFORE my 16th birthday. (See NOTE below for additional Date of Admission information.) (mm/dd/yyyy) **NOTE**: If you are filing this application before your U.S. Social Security Number (if any) 14th birthday, or more than 30 days after your 14th birthday, you must select reason 2.j. However, if your card has expired, you must select reason 2.f. **2.h.1.** I am a permanent resident who is taking up commuter Part 2. Application Type status. **NOTE:** If your conditional permanent resident status (for My Port-of-Entry (POE) into the United States will be: 2.h.1.a. example: CR1, CR2, CF1, CF2) is expiring within the next 90 City or Town and State days, then do not file this application. (See the What is the **Purpose of This Application** section of the Form I-90 Instructions for further information.) 2.h.2. I am a commuter who is taking up actual residence in My status is (Select only one box): the United States. 2.i. Lawful Permanent Resident (Proceed to **Section A.**) I have been automatically converted to lawful permanent resident status. Permanent Resident - In Commuter Status 2.j. (Proceed to **Section A.**) I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent 1.c. Conditional Permanent Resident Resident Card for a reason that is not specified above. (Proceed to **Section B.**)

| Pai | et 2. Application Type (continued) | Bio | graphic Information |
|---------------------------------------|--|---------------------------------|--|
| Secti 3.a. 3.b. 3.c. 3.d. | My previous card has been lost, stolen, or destroyed. My previous card was issued but never received. My existing card has been mutilated. My existing card has incorrect data because of DHS error. (Attach your existing permanent resident card with incorrect data along with this application.) My name or other biographic information has legally changed since the issuance of my existing card. | 6.7. | Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander |
| Par | et 3. Processing Information | 8. | Height Feet Inches |
| 1. 2. | Location where you applied for an immigrant visa or adjustment of status: Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status: | 9. 10. | Weight Pounds |
| Unit | plete Item Numbers 3.a. and 3.a1. if you entered the ed States with an immigrant visa. (If you were granted stment of status, proceed to Item Number 4.) Destination in the United States at time of admission | | □ Bald (No hair) □ Black □ Blond □ Brown □ Gray □ Red □ Sandy □ White □ Unknown/Other |
| 3.a.1 | . Port-of-Entry where admitted to the United States: City or Town and State | Disa info | t 4. Accommodations for Individuals with abilities and/or Impairments (Read the ormation in the Form I-90 Instructions before apleting this part.) TE: If you need extra space to complete this section, use |
| 4. | Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States? Yes No | | pace provided in Part 8. Additional Information . Are you requesting an accommodation because of your disabilities and (or impairments?) |
| abov | Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been determined to have abandoned your status? Yes No TE: If you answered "Yes" to Item Numbers 4. or 5. e, provide a detailed explanation in the space provided in 8. Additional Information. | If yo. 1.a. | u answered "Yes," select any applicable boxes: I am deaf or hard of hearing and request the following accommodation (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language)): |
| | | | |
| | | | |
| | | | |

| Part 4 | . Accommodations for Individuals with | Applicant's Contact Information | | | | |
|-------------|---|---|--|--|--|--|
| | dities and/or Impairments (continued) | V | | | | |
| 11. | | 3. Applicant's Daytime Telephone Number | | | | |
| 1.b. | I am blind or have low vision and request the following accommodation: | | | | | |
| | | 4. Applicant's Mobile Telephone Number (if any) | | | | |
| | | 5 April 2001 Address (Com.) | | | | |
| | | 5. Applicant's Email Address (if any) | | | | |
| | | | | | | |
| 1.c. | I have another type of disability and/or impairment | Applicant's Certification | | | | |
| | (Describe the nature of your disability and/or | Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand | | | | |
| | impairment and the accommodation you are requesting): | | | | | |
| | requesting). | 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek. | | | | |
| | | I further authorize release of information contained in this | | | | |
| | | application, in supporting documents, and in my USCIS records | | | | |
| Part 5 | . Applicant's Statement, Contact | to other entities and persons where necessary for the | | | | |
| Inforn | nation, Certification, and Signature | administration and enforcement of U.S. immigration laws. | | | | |
| NOTE: | Read the Penalties section of the Form I-90 | I understand that USCIS will require me to appear for an | | | | |
| Instruction | ons before completing this part. | appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an | | | | |
| Annlia | antia Statement | oath reaffirming that: | | | | |
| Applic | ant's Statement | 1) I reviewed and provided or authorized all of the | | | | |
| | Select the box for either Item Number 1.a. or 1.b. If | information in my application; | | | | |
| applicab | le, select the box for Item Number 2 . | 2) I understood all of the information contained in, and | | | | |
| 1.a. | I can read and understand English, and I have read | submitted with, my application; and 3) All of this information was complete, true, and correct | | | | |
| | and understand every question and instruction on this | at the time of filing. | | | | |
| | application and my answer to every question. | I certify, under penalty of perjury, that I provided or authorized | | | | |
| 1.b. | The interpreter named in Part 6 . read to me every | all of the information in my application, I understand all of the | | | | |
| | question and instruction on this application and my answer to every question in | information contained in, and submitted with, my application, and that all of this information is complete, true, and correct. | | | | |
| | and the crossy question in | and that an of this information is complete, true, and correct. | | | | |
| | a language in which I am fluent and I understood | Applicant's Signature | | | | |
| | everything. | 6.a. Applicant's Signature (sign in ink) | | | | |
| 2. | At my request, the preparer named in Part 7 ., | → T | | | | |
| | | 6.b. Date of Signature (mm/dd/yyyy) | | | | |
| | prepared this application for me based only upon | o.b. Date of Signature (min/dd/yyyy) | | | | |
| | information I provided or authorized. | NOTE TO ALL APPLICANTS: If you do not completely fill | | | | |

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 6. Interpreter's Contact Information, Certification, and Signature

| Prov | ide the following information about the interpreter. | | | | | | |
|--|---|--|--|--|--|--|--|
| Inte | erpreter'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) | | | | | | |
| | | | | | | | |
| Inte | rpreter'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 | | | | | | |
| | | | | | | | |
| Int | erpreter's Contact Information | | | | | | |
| 4. | Interpreter's Daytime Telephone Number | | | | | | |
| | | | | | | | |
| 5. | Interpreter's Mobile Telephone Number (if any) | | | | | | |
| | | | | | | | |
| 6. | Interpreter's Email Address (if any) | | | | | | |
| | | | | | | | |
| Inte | erpreter's Certification | | | | | | |
| I cer | tify, under penalty of perjury, that: | | | | | | |
| | fluent in English and, | | | | | | |
| which is the same language provided in Part 5. , 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 | | | | | | |
| | ver to every question. The applicant informed me that he or inderstands every instruction, question, and answer on the | | | | | | |

application, including the Applicant's Certification, and has

| Inte | erpreter's Signature | | | | |
|--------------------------------|---|--|--|--|--|
| 7.a. | Interpreter's Signature (sign in ink) | | | | |
| | | | | | |
| 7.b. | Date of Signature (mm/dd/yyyy) | | | | |
| Sign | t 7. Contact Information, Declaration, and nature of the Person Preparing this plication, if Other Than the Applicant | | | | |
| Prov | ide the following information about the preparer. | | | | |
| Pre | parer'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) | | | | |
| - | | | | | |
| Pre | parer'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. | · | | | | |
| 4. | Preparer's Daytime Telephone Number | | | | |
| 5. | Preparer's Mobile Telephone Number (if any) | | | | |
| | | | | | |
| 6. | Preparer's Email Address (if any) | | | | |

verified the accuracy of every answer.

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

| Pre | par | er'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 whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited |

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.

Representative, with this application.

| Pre | Preparer's Signature | | | | | | | |
|------|------------------------------------|--|--|--|--|--|--|--|
| 8.a. | Preparer's Signature (sign in ink) | | | | | | | |
| | | | | | | | | |
| 8.b. | Date of Signature (mm/dd/yyyy) | | | | | | | |

| Pa | rt 8. Additional Information | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|---|---|------|-------------|------|-------------|------|-------------|
| with space to co shee the te Num | ou need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page emplete and file with this application or attach a separate to f paper. Include your name and A -Number (if any) at op of each sheet; indicate the Page Number, Part aber, and Item Number to which your answer refers; and and date each sheet. | 2 | | | | | |
| You | ır Full Name | | | | | | |
| | Family Name (Last Name) Given Name | | | | | | |
| | (First Name) | | | | | | |
| 1.c. 2. | A-Number (if any) A- | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 3.a. | Page Number 3.b. Part Number 3.c. Item Numb | 6.d. | | | | | |
| 3.d. | | | | | | | |
| 4. a. | Page Number 4.b. Part Number 4.c. Item Numb | 7 d | Page Number | 7.b. | Part Number | 7.c. | Item Number |
| 4.d. | | | | | | | |