

# **Application to Replace Permanent Resident Card**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS** Form I-90 OMB No. 1615-0082 Expires 12/31/2015

| Part 1. Information About You |                                       | Ph   | Physical Address |  |                            |             |
|-------------------------------|---------------------------------------|--|------------------|--|----------------------------|-------------|
| 1.                            | Alien Registration                    | on Number (A-Number) ► A- 059727674                  | 7.a.             | Street Number and Name   | 29631 ARROYO DR            |             |
| 2.                            | USCIS ELIS Ac                         | ecount Number (if any)                               | <b>□</b> 7.b.    | Apt., Flr., Lot,<br>Ste., Trlr., Unit  |                            |             |
|                               |                                       | <b>&gt;</b>  | 7.c.             | City or Town   | IRVINE                     |             |
| Your Full Name                |                                       |  | 7.d.             | State CA   | <b>7.e.</b> ZIP Code 92617 | 7-5322      |
| NOT                           | <b>E:</b> Your card wil               | ll be issued in this name.                           | 7.f.             | Postal Code  |                            |             |
| 3.a.                          | Family Name (Last Name)               | SU   | 7.g.             | Province   |                            |             |
| 3.b.                          | Given Name (First Name)               | YU JEN   |                  | Country  | United States              |             |
| 3.c.                          | Middle Name                           |  | Ad               | lditional Information  |                            |             |
| 4.                            | Has your name l<br>Permanent Resid    | legally changed since the issuance of you            |                  | Date of Birth  | (mm/dd/yyyy) ►             | 10/03/1988  |
|                               | Yes (Procee                           | ed to Item Numbers 5.a 5.c.)                         | 9.               | City/Town/Villa  | age of Birth               |             |
|                               | _ `                                   | d to Item Numbers 6.a 6.i.)                          | 4-4              | Kaohsiung  | 101                        |             |
|                               | (Proceed to                           | er received my previous card  Item Numbers 6.a 6.i.) | 10.              | Country of Birth   | h                          |             |
|                               | <b>E:</b> Attach all evication.       | dence of your legal name change with th              |                  | ther's Name  |                            |             |
|                               |                                       | xactly as reflected on your current                  | 11.              | Given Name   | KUEI HUA                   |             |
| Permanent Resident Card       |                                       | Ea4l   | (First Name)     |  |                            |             |
| 5.a.                          | Family Name (Last Name)               |  |                  | Given Name   | CHING FEI                  |             |
| 5.b.                          | Given Name (First Name)               | H /  | 13.              | (First Name) Class of Admiss   | sion                       |             |
| 5.c.                          | Middle Name                           |  |                  | F43 - CHIL   | D OF AN ALIEN CLA          | ASSIFIED AS |
| Ma                            | iling Address                         |  |                  | F41 OR F46   |                            |             |
| 6.a.                          | In Care Of Name                       |  | 14.              | Date of Admiss   | ion (mm/dd/yyyy) ►         | 12/26/2007  |
|                               |                                       |  | <b>15.</b>       | U.S. Social Sec  | urity Number (if any) ▶    | 730-12-4156 |
| 6.b.                          | Street Number and Name                | 29631 ARROYO DR                                      | Pai              | rt 2. Applicat   | ion Type                   |             |
| 6.c.                          | Apt., Flr., Lot,<br>Ste., Trlr., Unit |  |                  |  | itional permanent resider  |             |
| 6.d.                          | City or Town                          | IRVINE   | days             | example: CR1, CR2, CF1, CF2) is expiring within the next 90 days, then do <b>not</b> file this application. (See Form I-90 |                            |             |
| 6.e.                          | State CA                              | <b>6.f.</b> ZIP Code 92617-5322                      |                  | ructions for furthe<br><b>status is</b> (Select d  | ,                          |             |
| 6.g.                          | Postal Code                           |  | 1.a.             | ,  | manent Resident            |             |
| 6.h.                          | Province                              |  | 1.b.             | Permanent  | Resident - In Commuter     | Status      |
| 6.i.                          | Country                               | United States  | 1.c.             | Conditiona   | l Permanent Resident       |             |

| Part  | t 2. | Application Type (continued)  | Par  | t 3. Processing Information (continued)  |  |  |
|---|------|---|--|--|--|--|
| Reason for Application (select only one box)  |      |   | <b>3.a1.</b> Which Port of Entry were you admitted to the United |  |  |  |
| 2.a.<br>2.b.  |      | My previous card has been lost, stolen, or destroyed.<br>My previous card was issued but never received.  |  | States?  |  |  |
| 2.c.<br>2.d.  |      | My existing card has been mutilated.  My existing card has incorrect data because of DHS error. (Submit your existing conditional permanent resident card.)   | 4.<br>4.a  | Have you ever been in exclusion, deportation, or removal proceedings, or ordered removed from the United States? |  |  |
| 2.e.  |      | My name or other biographic information has been legally changed since issuance of my existing card.  | <b>4.</b> a  |  |  |  |
| 2.f.  |      | My existing card will expire in 6 months or has already expired.  |  |  |  |  |
| 2.g1.   |      | I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason 2.j.)  | 5.   | Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as    |  |  |
| 2.g2.   |      | I have reached my 14th birthday and am registering as required. My existing card will expire BEFORE my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason 2.j.) | 5.a  | Lawful Permanent Resident, or otherwise been judged to have abandoned your status? Yes No                        |  |  |
| 2.h1.   |      | I am a permanent resident who is taking up commuter status.  My port of entry (POE) into the United States will be: City and State  |  | OHIC   |  |  |
| 2.h2.   |      | I am a commuter who is taking up actual residence in the United States.   | Add  | ditional Information   |  |  |
| 2.i.  |      | I have been automatically converted to permanent resident status.   | 6.   | What is your ethnicity?  |  |  |
| 2.j.  |      | I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent   |  | Not Hispanic or Latino  What is your race?   |  |  |
|   |      | Resident Card for a reason that is not specified above.   | 7.   | what is your face?   |  |  |
|   |      | Processing Information  |  | Asian  |  |  |
|   |      | ere did you apply for your immigrant visa or astment of status?   | 10   |  |  |  |
|   |      | ere was your immigrant visa issued or which USCIS ce granted you adjustment of status?  | 8.<br>9.   | What is your height? Feet 5 Inches 7 What is your weight? Pounds 172   |  |  |
| If you entered the United States with an immigrant visa,  |      |   | 10.  | What is your eye color? Black  |  |  |
| complete <b>Item Numbers 3.a.</b> and <b>3.a1</b> . If you were granted adjustment of status, proceed to <b>Item Number 4</b> . |      |   | 11.  | What is your hair color? Black   |  |  |
| 3.a.  | Wh   | at was your destination in the United States at the time your admission?  | 12.  | What is your gender?   |  |  |
|   |      |   |  |  |  |  |

| Part 4. Accommodations for Individuals With Disabilities and Impairments (Read the information in Form I-90 instructions before completing this Part.)  1. Are you requesting an accommodation because of a disability and/or impairment?  ☐ Yes ☒ No |  | Part 6. Person Preparing This Application, If Other Than the Applicant  NOTE: If you are an attorney or representative, you must submit a completed Form <i>G-28</i> , Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application. |  |  |
|---|--|---|--|--|
|   |  |   |  |  |
| 1.a.  | I am deaf or hard of hearing and request the following accommodation (if requesting a signlanguage interpreter, indicate for which language (e.g., American Sign Language)): | Provide the following information concerning the preparer:  1.a. Preparer's Family Name (Last Name)   |  |  |
| 1.a.1   |  | 1.b. Preparer's Given Name (First Name)   |  |  |
|   |  | 2. Preparer's Business or Organization Name   |  |  |
|   |  | Preparer's Mailing Address  |  |  |
| 1.b.  | I am blind or sight-impaired and request the following accommodation:  | 3.a. Street Number and Name   |  |  |
| 1.b.1   | Elec   | 3.b. Apt., Flr., Lot, Ste., Trlr., Unit 3.c. City or Town   |  |  |
|   |  | 3.d. State 3.e. ZIP Code  |  |  |
|   |  | 3.f. Postal Code  |  |  |
| 1.c.  | ☐ I have another type of disability and/or impairment  | 3.g. Province   |  |  |
| 1.c.1   | (describe the nature of the disability and/or impairment and accommodation you are requesting):  | 3:h. Country  |  |  |
|   |  | Preparer's Contact Information  |  |  |
|   |  | 4. Preparer's Daytime Telephone Number  |  |  |
|   |  | 5. Preparer's Fax Number  |  |  |
| D   |  | 6. Preparer's Email Address (if any)  |  |  |
|   | t 5. Contact Information of Applicant  |   |  |  |
| 1.  | Daytime Telephone Number (949) 381–8960  |   |  |  |
| 2.  | Mobile Telephone Number  |   |  |  |
| 3.  | Email Address (if any)  jamie3160003@gmail.com   |   |  |  |
|   |  |   |  |  |

# Part 7. Person Interpreting This Application, If Other Than the Applicant Interpreter's Full Name Provide the following information concerning the interpreter: Interpreter's Family Name (Last Name) **1.b.** Interpreter's Given Name (First Name) Interpreter's Business or Organization Name 2. 3. Interpreted Language Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any) tronic Interpreter's Mailing Address Street Number and Name 6.b. Apt., Flr., Lot, Ste., Trlr., Unit City or Town **6.e.** ZIP Code **6.d.** State Postal Code Province 6.g. **6.h.** Country

## **Evidence Submitted**

| File Name           | Document Category         |
|---------------------|---------------------------|
| green card 001.jpg  | Identity/Travel Documents |
| green card2 001.jpg | Identity/Travel Documents |
| DRIVER LICENSE.JPG  | Identity/Travel Documents |
| ID CARD.JPG         | Identity/Travel Documents |
| BOARDING FOIL.JPG   | Identity/Travel Documents |
| Passport2.JPEG      | Identity/Travel Documents |
| Passport1.JPEG      | Identity/Travel Documents |

# Electronic Form Only

### Attestation

## Acknowledgement of Appointment at USCIS Application Support Center

Applicants: Please make sure you read and completely understand the contents of the Acknowledgement of Appointment at USCIS Application Support Center below. You will be required to certify, under penalty of perjury, that you have read and understand this Acknowledgement when you e-sign your application.

**Attorneys and Accredited Representatives:** Please review the contents of the **Acknowledgement of Appointment at USCIS Application Support Center** with your client(s) and make sure they understand the purpose for the Acknowledgement. You will be required to certify, under penalty of perjury, that you have read and reviewed the Acknowledgement with your client, that your client understands the Acknowledgement, and your client knows that by appearing for a biometrics appointment, he or she will be re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

USCIS may require that you appear for an interview or provide fingerprints, photograph, and/or signature at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), before making a decision on your application. After USCIS receives your application and ensures it is complete, we will inform you in writing (or by email notice if you e-file your application), if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of your local or designated USCIS Application Support Center (ASC) and the date and time of your appointment. If you fail to attend your biometric services appointment, USCIS may deny your application.

Review the USCIS ASC Acknowledgement that appears below. The purpose of the acknowledgement is to confirm that you have completed your application, reviewed your responses, and verified that the information was provided by you and is complete, true, and correct. If someone helped you fill out your application, that person should review the acknowledgement with you to make sure you understand it.

I, YU JEN SU, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature, and to re-verify that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my USCIS ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number on my USCIS ASC Notice, and all supporting document(s), application(s), petition(s), or request(s) filed with my application, petition, or request, that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true and correct.

I also understand that when I sign my name, provide my fingerprints, and/or am photographed at the USCIS ASC, I will be re-verifying that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center with me.

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## E-Signature Attestation

| L-Sign   | ature recestation   |
|--|---|
| Acknowledgment of Appointment at USCIS Support Center  | : Reviewed  |
|  | derstand each and every question and instruction on this application, as derstand the <b>Acknowledgement of Appointment at USCIS Application</b>  |
| application, as well as my answer to each question in {Ir and every question and instruction on this application as and correct responses in the language indicated above. T also has read the <b>Acknowledgement of Appointment a</b> | eter Last Name}, has read to me each question and instruction on this interpreted Language}, a language in which I am fluent. I understand each translated to me by my interpreter, and have provided complete, true, the interpreter named {Interpreter First Name} {Interpreter Last Name}, to USCIS Application Support Center to me in the language in which I inter (ASC) Acknowledgement as read to me by my interpreter. |
| representative, preparing this application for me. This pe   | rer First Name} {Preparer Last Name} who is an attorney or accredited erson who assisted me in preparing my application has reviewed the atton Support Center with me and I understand the ASC  |
| Electronically Signed by the:  |   |
| APPLICANT  |   |
| Full Name(First, Middle, Last): Email Address:   | YU JEN SU jamie3160003@gmail.com  |
| USCIS Account Identifier:  |   |
| IP Address:  | 98.180.147.61, 10.84.25   |
| eSignature Submission Date and Time:   | 2016-09-29T03:33:58.073-04:00   |
| Browser Data:  | Mozilla/5.0 (Windows NT 10.0; WOW64; rv:49.0) Gecko/20100101 Firefox/49.0   |
| USCIS Electronic Immigration System Session Identifier:  | DD3534F3DF2643EE219D2B20552AAFD2  |
| Note: Your typed written full legal name submitted electronically as part Any electronic filing with this method shall bind you as the signator  | If this document signifies you as the identified signatory.   |