



Application for Permission to Reapply for Admission Into the United States After Deportation or Removal

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

USCIS
Form I-212
OMB No. 1615-0018
Expires 03/31/2027

For DHS Use Only					
Alien Registration Number A- <input type="text"/>		Fee Stamp			
Initial Receipt	Transferred In	Action Block			
Approved <input type="checkbox"/> INA 212(a)(9)(A) for Advance Approval <input type="checkbox"/> INA 212(a)(9)(A) <input type="checkbox"/> INA 212(a)(9)(C)				Relocated Returned	Remarks
Denied				Transferred Out	
		DHS Office Name/Location			

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)

► A-

Your Full Name

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 9**.

Additional Information.

3.a. Family Name (Last Name)
3.b. Given Name (First Name)
3.c. Middle Name

4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Mailing Address [USPS ZIP Code Lookup](#)

NOTE: If you are outside the United States, provide a U.S. mailing address, if available. **If a U.S. mailing address is not available, provide your mailing address abroad.**

5.a. In Care Of Name (if any)
5.b. Street Number and Name
5.c. ☐ Apt. ☐ Ste. ☐ Flr.
5.d. City or Town
5.e. State 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

Part 1. Information About You (continued)

6. Is your mailing address the same address where you currently live (physical address)? ☐ Yes ☐ No

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

Physical Address

- 7.a. Street Number and Name
- 7.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code
- 7.f. Province
- 7.g. Postal Code
- 7.h. Country

Other Information About You

8. U.S. Social Security Number (if any)
▶
9. U.S. Online Account Number (if any)
▶
10. Sex ☐ Male ☐ Female
11. Date of Birth (mm/dd/yyyy)
12. City or Town of Birth
13. State or Province of Birth (if applicable)
14. Country of Birth
15. Country of Citizenship or Nationality

If you seek an immigrant or nonimmigrant visa and you are or will file your application for consent to reapply with your immigrant or nonimmigrant visa application, provide the information requested in **Item Numbers 16. - 17.b.**

16. The Department of State (DOS) Consular Case Number (if available)

The Location of the U.S. Embassy or U.S. Consulate Where Your Application for an Immigrant Visa is Being or Will Be Made

- 17.a. City or Town

- 17.b. Country

If you are seeking consent to reapply in connection with your application to adjust your status to that of a lawful permanent resident, provide information in **Item Numbers 18.a. - 18.c.**

- 18.a. USCIS Receipt Number (if any)

- 18.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?

- 18.c. Date Filed (mm/dd/yyyy)

19. Are you submitting Form I-601, Application for Waiver of Grounds of Inadmissibility, along with this application?

☐ Yes ☐ No

If you answered "No," provide the information requested in **Item Numbers 20.a. - 20.c.** about **previously** filed Forms I-601 (if any):

- 20.a. USCIS Receipt Number for Form I-601 (if any)

- 20.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?

- 20.c. Date Filed (mm/dd/yyyy)

Part 2. Reasons You Are Filing Form I-212

If you are inadmissible to the United States for the following reason, select "Yes" and then select the appropriate boxes. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Removal as an Arriving Alien (INA Section 212(a)(9)(A)(i))

- 1.a. I have been removed as an **arriving alien** in expedited removal proceedings under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien. ☐ Yes ☐ No
- 1.b. ☐ I have only been removed once, and my last removal was less than five years ago.
- 1.c. ☐ I have been removed at least two or more times, and my last removal was less than 20 years ago.
- 1.d. ☐ I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in **Part 9. Additional Information** and include the required evidence.

2. Date You Were Removed From the United States

(mm/dd/yyyy)

Location From Where You Were Removed

3. City or Town

4. State

Removal as a Deportable Alien (INA Section 212(a)(9)(A)(ii))

- 5.a. I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding. ☐ Yes ☐ No
- 5.b. ☐ I have only been removed once and my removal was less than 10 years ago.
- 5.c. ☐ I have been removed two or more times, and my last removal was less than 20 years ago.
- 5.d. ☐ I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in **Part 9. Additional Information** and include the required evidence.
6. Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)

Location From Where You Were Removed

7.a. City or Town

7.b. State

Entry After Unlawful Presence in the Aggregate of 1 Year (INA Section 212(a)(9)(C)(i)(I))

8. I entered or attempted to enter the United States without being admitted or paroled, after having been unlawfully present in the United States on or after April 1, 1997, for a period of more than one year, in the aggregate. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 8.**, list all the time periods during which you were unlawfully present in the United States (including any periods in which you overstayed your lawful status). Begin with your most recent period of unlawful presence. Also attach evidence demonstrating that you have **remained outside the United States for 10 years** since your last departure.

Periods of Unlawful Presence

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

10. Date You Departed the United States After Your Period of Unlawful Presence (mm/dd/yyyy)

Location Where You Departed the United States After Your Period of Unlawful Presence

11.a. City or Town

11.b. State

Location Where You Reentered or Attempted to Reenter the United States

12.a. City or Town

12.b. State

13. Date You Attempted to Unlawfully Enter or Reenter the United States After Period of Unlawful Presence (mm/dd/yyyy)

Part 2. Reasons You Are Filing Form I-212 (continued)

Entry After Removal (INA Section 212(a)(9)(C)(i)(II))

14. I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 14.**, list all the dates when you were excluded, deported, or removed from the United States. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

15. Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)

Location Where You Reentered or Attempted to Reenter the United States After Your Exclusion, Deportation, or Removal

- 16.a. City or Town

- 16.b. State

17. Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy)

Part 3. Reasons For Your Request For Permission to Reapply

If the Department of Homeland Security (DHS) permits you to reenter the United States, what immigration status will you seek?

- 1.a. ☐ Permanent Resident
1.b. ☐ Visitor
1.c. ☐ Student
1.d. ☐ Other (Explain)

2. Explain Why You Would Like to Reenter the United States

NOTE: If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

U.S. Citizen or Lawful Permanent Resident Family Members (if any)

NOTE: If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

- 3.a. Family Name (Last Name)
3.b. Given Name (First Name)
3.c. Middle Name
3.d. Relationship

My relative is (Select one):

- 4.a. ☐ A lawful permanent resident.
4.b. ☐ A U.S. citizen.

Part 4. Biographic Information

1. Ethnicity (Select **only one** box)
☐ Hispanic or Latino
☐ Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
3. Height Feet Inches
4. Weight Pounds
5. Eye Color (Select **only one** box)
☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other
6. Hair Color (Select **only one** box)
☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

Part 5. Additional Information if Filing with CBP

If you are filing this application with Customs and Border Protection (CBP), provide the information requested in **Item Numbers 1.a. - 40.c.**

Address History

Provide physical addresses for everywhere you have lived during the last ten years, whether inside or outside the United States. Provide your current address first. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

Physical Address 1 (current address)

1.a.	Street Number and Name	<input type="text"/>
1.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
1.c.	City or Town	<input type="text"/>
1.d.	State	<input type="text"/>
1.e.	ZIP Code	<input type="text"/>
1.f.	Province	<input type="text"/>
1.g.	Postal Code	<input type="text"/>
1.h.	Country	<input type="text"/>

Dates of Residence

2.a.	From (mm/dd/yyyy)	<input type="text"/>
2.b.	To (mm/dd/yyyy)	<input type="text"/>

Physical Address 2

3.a.	Street Number and Name	<input type="text"/>
3.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
3.c.	City or Town	<input type="text"/>
3.d.	State	<input type="text"/>
3.e.	ZIP Code	<input type="text"/>
3.f.	Province	<input type="text"/>
3.g.	Postal Code	<input type="text"/>
3.h.	Country	<input type="text"/>

Dates of Residence

4.a.	From (mm/dd/yyyy)	<input type="text"/>
4.b.	To (mm/dd/yyyy)	<input type="text"/>

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you are unsure of the exact employment date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

Employer 1 (current or most recent)

5.	Name of Employer or Company	<input type="text"/>
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Address of Employer or Company

6.a.	Street Number and Name	<input type="text"/>
6.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
6.c.	City or Town	<input type="text"/>
6.d.	State	<input type="text"/>
6.e.	ZIP Code	<input type="text"/>
6.f.	Province	<input type="text"/>
6.g.	Postal Code	<input type="text"/>
6.h.	Country	<input type="text"/>
7.	Your Occupation	<input type="text"/>

Dates of Employment

8.a.	From (mm/dd/yyyy)	<input type="text"/>
8.b.	To (mm/dd/yyyy)	<input type="text"/>

Part 5. Additional Information if Filing with CBP (continued)

Employer 2

9. Name of Employer or Company

Address of Employer or Company

10.a. Street Number and Name

10.b. ☐ Apt. ☐ Ste. ☐ Flr.

10.c. City or Town

10.d. State

10.e. ZIP Code

10.f. Province

10.g. Postal Code

10.h. Country

11. Your Occupation

Dates of Employment

12.a. From (mm/dd/yyyy)

12.b. To (mm/dd/yyyy)

Information About Your Parents

Information About Your Mother

Mother's Legal Name

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

Mother's Name at Birth (if different than above)

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

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

16. City or Town of Birth

17. Country of Birth

18. Current City or Town of Residence (if living)

19. Current Country of Residence (if living)

Information About Your Father

Father's Legal Name

20.a. Family Name (Last Name)

20.b. Given Name (First Name)

20.c. Middle Name

Father's Name at Birth (if different than above)

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

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

23. City or Town of Birth

24. Country of Birth

25. Current City or Town of Residence (if living)

26. Current Country of Residence (if living)

Information About Your Marital History

27. What is your current marital status?

- ☐ Single, Never Married ☐ Legally Separated
☐ Married ☐ Marriage Annulled
☐ Divorced ☐ Other
☐ Widowed

28. How many times have you been married (including annulled marriages and marriages to the same person)?

Part 5. Additional Information if Filing with CBP (continued)

Information About Your Current Marriage
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

29.a. Family Name (Last Name)

29.b. Given Name (First Name)

29.c. Middle Name

30. A-Number (if any) ► **A-**

31. Current Spouse's Date of Birth (mm/dd/yyyy)

32. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

33.a. City or Town

33.b. State or Province

33.c. Country

Place of Marriage to Current Spouse

34.a. City or Town

34.b. State or Province

34.c. Country

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 9. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

35.a. Family Name (Last Name)

35.b. Given Name (First Name)

35.c. Middle Name

36. Prior Spouse's Date of Birth (mm/dd/yyyy)

37. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

38.a. City or Town

38.b. State or Province

38.c. Country

39. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

40.a. City or Town

40.b. State or Province

40.c. Country

Part 6. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

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

3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 7.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



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

Interpreter's Full Name

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

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

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

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English

and

, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

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

5. Preparer's Email Address (if any)

**Part 8. Contact Information, Declaration, and
Signature of the Person Preparing this
Application, if Other Than the Applicant**
(continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 9. 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-						
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3.a. Page Number	3.b. Part Number	3.c. Item Number

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

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

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

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