

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

**I-90, Application to Replace  
Permanent Resident Card**

**START HERE - Please type or print in black ink.**

**FOR USCIS USE ONLY**

**Part 1. Information about you.**

Family Name		Given Name	Middle Initial
U.S. Mailing Address - C/O			
Street Number and Name		Apt. #	
City			
State		ZIP Code	
Date of Birth(Month/ Day/Year)		Country of Birth	
Social Security #		A #	

Returned _____ _____	Receipt
Resubmitted _____ _____	
Reloc Sent _____ _____	
Reloc Rec'd _____ _____	
<input type="checkbox"/> Applicant Interviewed	

**Part 2. Application type.**

1. My status is: (check one)

- a.  Permanent Resident - (Not a Commuter)
- b.  Permanent Resident - (Commuter)
- c.  Conditional Permanent Resident

2. Reason for application: (check one)

**I am a Permanent Resident or Conditional Permanent Resident and:**

- a.  My card was lost, stolen or destroyed.
- b.  My authorized card was never received.
- c.  My card is mutilated.
- d.  My card was issued with incorrect information because of a USCIS administrative error. I have attached the incorrect card and evidence of the correct information.
- e.  My name or other biographic information has changed since the card was issued.

**I am a Permanent Resident and:**

- f.  My present card has an expiration date and it is expiring.
- g.  I have reached my 14th birthday since my card was issued.
- h. 1.  I have taken up Commuter status.
- h. 2.  I was a Commuter and am now taking up residence in the U.S.
- i.  My status has been automatically converted to permanent resident.
- j.  I have an old edition of the card.

Status as \_\_\_\_\_ Verified by \_\_\_\_\_  
 Class \_\_\_\_\_ Initials \_\_\_\_\_  
 FD-258 forwarded on \_\_\_\_\_  
 I-89 forwarded on \_\_\_\_\_  
 I-551 seen and returned \_\_\_\_\_  
 (Initials)  
 Photocopy of I-551 verified \_\_\_\_\_  
 (Initials)  
 \_\_\_\_\_ Name \_\_\_\_\_ Date  
 Sticker # \_\_\_\_\_  
 (ten-digit number)

**Part 3. Processing information.**

Mother's First Name	Father's First Name
City of Residence where you applied for an Immigrant Visa or Adjustment of Status	Consulate where Immigrant Visa was issued or USCIS office where status was Adjusted
City/Town/Village of Birth	Date of Admission as an immigrant or Adjustment of Status

**Action Block**

**To Be Completed by  
Attorney or Representative, if any**  
 Fill in box if G-28 is attached to  
represent the applicant

VOLAG# \_\_\_\_\_  
 ATTY State License # \_\_\_\_\_

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**Part 3. Processing information (continued):**

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If you entered the U.S. with an Immigrant Visa, also complete the following:

Destination in U.S. at  
time of Admission

Port of Entry where  
Admitted to U.S.

Are you in removal/deportation or recission proceedings?  No  Yes

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 judged to have abandoned your status?  No  Yes

If you answer yes to any of the above questions, explain in detail on a separate piece of paper.

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**Part 4. Signature.** *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

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I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature

Date

Daytime Phone Number

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*Please Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application may be denied.*

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**Part 5. Signature of person preparing form, if other than above.** *(Sign below)*

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*I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.*

Signature

Print Your Name

Date

Daytime Phone Number

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Name and Address of Business/Organization (if applicable)

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