

# DRAFT

OMB No. 1615-0082; Expires 06/30/09

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

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

### FOR USCIS USE ONLY

Receipt
<input type="checkbox"/> Applicant Interviewed _____

Action Block
Class of Admission _____

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

### Part 1. Information About You

**1. Your Current Legal Name** (Your card will be issued in this name)

Family Name ( <i>Last Name</i> )	Given Name ( <i>First Name</i> )	Full Middle Name
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**2. Has your name legally changed since the issuance of your Permanent Resident Card?** Yes (Proceed to **Question 3**)  No (Skip to **Question 4**)  N/A - I never received my previous card. (Skip to **Question 4**)**3. Your name exactly as reflected on your Permanent Resident Card**

Family Name ( <i>Last Name</i> )	Given Name ( <i>First Name</i> )	Full Middle Name
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**NOTE:** Attach all evidence of your legal name change with this application.**4. U.S. Mailing Address**

C/O Name:		
Street Number and Name		Apt., Suite, or Floor
City	State	Zip Code + 4

**5. U.S. Residence Address** (if different from above)

Street Number and Name		Apt., Suite, or Floor
City	State	Zip Code + 4

<b>6. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>7. Date of Birth</b> (mm/dd/yyyy)      /      /
<b>8. Country of Birth</b>	<b>9. City/Town/Village of Birth</b>
<b>10. Social Security Number</b>	<b>11. A-Number</b>
<b>12. Class of Admission</b>	<b>13. Date of Admission</b> (mm/dd/yyyy)      /      /

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## Part 2. Application Type

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**NOTE:** If your conditional status is expiring within the next 90 days, then do **not** file this form. (See Form I-90 instructions for further information.)

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**1. My status is** (Check **only one** box):

- A.** Permanent Resident (Proceed to **Section A** in next question)
- B.** Permanent Resident - In Commuter Status (Proceed to **Section A** in next question)
- C.** Conditional Permanent Resident (Skip to **Section B** in next question)

**2. Reason for application** (Check **only one** box and **see instructions** before filling out the reason):

**Section A.** (To be used **only** by permanent resident or permanent resident in commuter status)

- A.** My previous card has been lost, stolen, or destroyed.
- B.** My previous card was issued but never received.
- C.** My existing card has been mutilated.
- D.** My existing card has incorrect data because of USCIS error.  
(Attach existing card with incorrect data along with this application.)
- E.** My name or other biographic information has been legally changed since issuance of my existing card.
- F.** My existing card will expire in six months or has already expired.
- G1.** I have reached my 14th birthday, and my existing card will **not** expire before my 16th birthday.
- G2.** I have reached my 14th birthday, and my existing card will expire before my 16th birthday.
- H1.** I am a permanent resident who is taking up commuter status.  
My port of entry (POE) into the United States will be \_\_\_\_\_
- H2.** I am a commuter who is taking up actual residence in the United States.
- I.** I have been automatically converted to permanent resident status.
- J.** I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

**Section B.** (To be used **only** by conditional permanent resident)

- A.** My previous card has been lost, stolen, or destroyed.
- B.** My previous card was issued but never received.
- C.** My existing card has been mutilated.
- D.** My existing card has incorrect data because of USCIS error.  
(Attach existing card with incorrect data along with this application.)
- E.** My name or other biographical information has been legally changed since issuance of my existing card.

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**Part 3. Processing Information**

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1. Mother's First Name	2. Father's First Name
3. City of residence where you applied for an immigrant visa or adjustment of status	4. Consulate where immigrant visa or USCIS office where adjustment of status was granted
5. If you entered the United States with an immigrant visa, also complete the following: (If you were granted adjustment of status, skip this question and proceed to <b>Question 6</b> .)	
a. Destination in United States at time of admission _____	
b. Port of entry where admitted to United States _____	
6. Have you ever been ordered removed from the United States?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**NOTE:** If you answered "Yes" to **Question 6** or **Question 7** above, provide detailed explanation in **Part 7**.

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**Part 4. Accommodations for Individuals With Disabilities and Impairments** *(Read the information in the instructions before completing this section.)*

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Are you requesting an accommodation because of your disability and/or impairment?  No  Yes

If you answered "Yes," check any applicable box:

1. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):
- \_\_\_\_\_
2. I am blind or sight-impaired and request the following accommodation(s):
- \_\_\_\_\_
3. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):
- \_\_\_\_\_

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**Part 5. 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

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

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**Part 6. Signature of Person Preparing Form, If Other Than Above** *(Sign below)*

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.

**NOTE:** If you are an attorney or representative, you must submit a completed Form G-28 along with this application.

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**Signature****Date****Daytime Phone Number**

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**Print Your Name**

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Name of Business/Organization (if applicable)

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Street Number and Name

Apt., Suite, or Floor

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City

State

Zip Code + 4

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A-Number:

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**Part 7. Explanation Page**

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Provide detailed explanation on this page, if you answered "Yes" to **Question 6** or **Question 7** in **Part 3**.