

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Welcome to the United States

I-94W Nonimmigrant Visa Waiver Arrival/Departure Record

Instructions

This form must be completed by every nonimmigrant visitor not in possession of a visitor's visa, who is a national of one of the countries enumerated in 8 CFR/217./The airline can provide you with the current list of eligible countries.

Type or print legibly with pen in ALL CAPITAL LETTERS. USE ENGLISH.

This form is in two parts. Please complete both the Arrival Record (Items 1 through 16) and the Departure Record (Items 19 through 22). The reverse side of this form must be signed and dated. Children under the age of fourteen must have their form signed by a parent or guardian.

Item 9 - If you are entering the United States by land, enter **LAND** in this space. If you are entering the United States by ship, enter **SEA** in this space.

5 U.S.C. § 552a(e)(3) Privacy Act Notice: Information collected on this form is required by Title 8 of the U.S. Code, including the INA (8 U.S.C. 1103, 1187), and 8 CFR 235.1, 264, and 1235.1. The purposes for this collection are to give the terms of admission and document the arrival and departure of nonimmigrant aliens to the U.S. The information solicited on this form may be made available to other government agencies for law enforcement purposes or to assist DHS in determining your admissibility. All nonimmigrant aliens seeking admission to the U.S., unless otherwise exempted, must provide this information. Failure to provide this information may deny you entry to the United States and result in your removal.

(d)	mis	sio	n I	Nun	nbe	r															
) [000	0	0	00	00																
		Π	Т	Т	Т			Т	Т]										
ri	L val	L Do		-d		_	_														
	vai A V																				
_		.,		<u></u>																	
	1. F	ami	ly ľ	Vame	2																ı
			_																		
	2. First (Given) Name 3. Birth Date (DD/MM.												M/YY	ζ) 1							
	1.0	'our	try	of C	itizer	ıship									5. Se	v (M	ale or	Femi	ale)		
				01 0			ı	ı	1	1	1	ı	l	l	J. 50					I	
	6. C	Cour	ntry	of B	irth																
	7. P	assı	ort	Issu	e Dat	te (DI	D/MN	1/YY)			8. Pa	asspoi	t Exp	iratio	n Dat	e (DD	/MM	/YY)		ĺ
	0.0	<u>L</u>	Ц.	> 7	<u> </u>							10		L.,	F1: 1						
	9. P	'assj I	ort	Nur	nber I	ı	ı	ı	ı	1	ı	10. /	Airlin I	e and	Fligh 	Num I	iber I	ı	ı	ı	
	11.	Con	ntr	y Wł	l nere \	ou L	ive					12. 0	City V	Vhere	You F	L Board	Led		_		1
		Ì	ĺ		l	l		I	1	1	1				l	l	ĺ			l	
	13.	Ado	lres	s Wł	ile ii	the l	Unite	d Stat	es (N	lumbe	r and	Street)									
	14.	City	an	d Sta	ite					1			1	i			ı	ı		ı	
	15	Tele	nh.	ne N	Jumb	erin	the II	S W	here	Von C	an be	Reach	ned.]
	15.			one i				.5. **					lcu 	l	ı	ı	I	I	I	I	
	16.	Em	ail /	Addr	ess	_															
									Gov	/ern	men	t Use	On	ly							
	17.			18.																	ı
		ı	1		ı	ı	ı	ı	ı	1	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	
			_									_					CE	BP Fo	rm I-9)4W (J 05/08)
																					1-0111
																		ON	ID INC	. 105	1-0111
	mis	sio	n ľ	Nun	nbe	r															
	חו	Πſ	٦n	П	пп	00															
		_	_								1										
	artı				rd																
	A W	/AI	VE	<u>R</u>																	
	19	Fan	nilv	Nan	ne.																
				1 (41)		ı	ı	I	ı	1	ı	ı	l	ĺ	ı	ı	l	l	ı	l	
	20.	Firs	st (C	liver	ı) Naı	ne	-	-				-	-	-	21. 1	Birth	Date	(DD/I	MM/Y	(Y)	
	22.	Cot	ıntr	y of	Citiz	enshij	p _														ı
		1					1														
							-	-													





CBP Form I-94W (xx/11)

STAPLE HERE

See Other Side

 \bigcirc



Do any of the following apply to you? (Answer Yes or No)									
A.	Do you have a communicable disease; physical or mental disorder, or are you a drug abuser or addict?	Yes No							
B.	Have you ever been arrested or convicted for an offense or crime involving moral turpitude or a violation related to a controlled substance; or been arrested or convicted for two or more offenses for which the aggregate sentence to confinement was five years or more; or been a controlled substance trafficker, or are you seeking entry to engage in criminal or immoral activities?	Yes No							
C.	Have you ever been or are you now involved in espionage or sabotage; or in terrorist activities; or genocide; or between 1933 and 1945 were involved, in any way, in persecutions associated with Nazi Germany or its allies?								
D.	Are you seeking to work in the U.S.; or have ever been excluded and deported; or been previously removed from the United States; or procured or attempted to procure a visa or entry into the U.S. by fraud or misrepresentation?								
E.	Have you ever detained, retained or withheld custody of a child from a U.S. citizen granted custody of the child?	Yes No							
F.	Have you ever been denied a U.S. visa or entry into the U.S. or had a U.S. visa cancelled? If yes, when? where?								
G.	Have you ever asserted immunity from prosecution?	Yes No							
IMPORTANT: If you answered "Yes" to any of the above, please contact the American Embassy BEFORE you travel to the U.S. since you may be refused admission into the United States.									
_	Family Name (Please print) First Nat	ne							
_	Country of Citizenship Date of B	irth							
WAIVER OF RIGHTS: I hereby waive any rights to review or appeal of a U.S. Customs and Border Protection officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any action in deportation.									
CERTIFICATION: I certify that I have read and understand all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief.									
_	Signature	Date							
a p Th is	perwork Reduction Act Statement: An agency may not conduct or sponsor an info person is not required to respond to this information unless it displays a current valid to control number for this collection is 1651-0111. The estimated average time to constant the spondent. If you have any comments regarding the burden estimate stoms and Border Protection, 799 Ninth Street, NW, Washington DC 20229.	OMB control number. mplete this application							
Departure Record Important – Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law. Surrender this permit when you leave the U.S.: - By sea or air, to the transportation line; - Across the Canadian border, to a Canadian Official; - Across the Mexican border, to a U.S. Official.									
info day tem stay inci in a Por Dat	Warning: You may not accept unauthorized employment; or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident, unless eligible under section 201(b) of the INA; or 3) an extension of stay. Violation of these terms will subject you to deportation. Any previous violation of this program, including having previously overstayed on this program without a proper DHS authorization, will result in a finding of inadmissibility as outlined in Section 217 of the Immigration and Nationality Act. Port: Date: Carrier:								
	ght No./Ship Name:								

(

(