



**U.S. Citizenship
and Immigration
Services**

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Login with USCIS account Username and Password

Name

Password

InfoPass	Citizenship	U.S. Department of Homeland Security	Freedom of Information Act (FOIA)
My Case Status	Green Card	U.S. Customs & Border Protection	No FEAR Act
Change of Address	Family	U.S. Immigration & Customs Enforcement	Website Policies
Visa Bulletin	Working in the U.S.	White House	Privacy and Legal Disclaimers
Passports	Humanitarian	U.S. Department of State	Accessibility
E-Verify	Adoption	USA.gov	Plug-ins
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**U.S. Citizenship
and Immigration
Services**

MYUSCIS **REQUEST BENEFIT** **CHECK CASE STATUS**

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Online Account Setup

Getting Started - Privacy Act Statement* Indicates Required Field

To protect your privacy and to ensure that your data is secure, there are 5 main steps required to set up your USCIS ELIS Online Account. You must have a valid Email address to complete the account setup.

To create your USCIS ELIS Online Account, please read and agree to the USCIS Privacy Act Statement below.

USCIS Privacy Act Statement

AUTHORITIES: The information and associated evidence you provide is collected pursuant to the Immigration and Nationality Act of 1952 (P.L. 82-414), as amended; the Homeland Security Act of 2002 (P.L. 107-296); and Title 8 of the Code of Federal Regulations.

PURPOSE: The information that you submit may be used (1) to create or update your USCIS ELIS Account, (2) determine your eligibility for a requested benefit, which includes required national security and law enforcement checks, and/or (3) determine your eligibility to act as an attorney or accredited representative in USCIS ELIS.

ROUTINE USES: This information will be shared outside USCIS to assist in determining your eligibility for your requested benefit and in accordance with the approved routine uses described in the associated systems of records notices.

DISCLOSURE: The information you provide is voluntary. However, failure to provide accurate information may delay a final decision after submission of a benefit request or result in denial of any pending benefit requests. Please note that the system will record user information such as Internet Protocol Address and Web Browser type and version upon submission.

* I have read and agree to the Privacy Act Statement.



MYUSCIS

REQUEST BENEFIT

CHECK CASE STATUS

Available Benefits*:

Application to Replace Permanent Resident Card (I-90) ▼

Apply Online

If your Legal Representative has provided you with a **Case Passcode**, click [Enter Case Passcode](#).

Important Notes:

1. USCIS captures your Internet Protocol address and your web browser information when you file a benefit request.
2. USCIS cannot electronically process fee waivers at this time in USCIS ELIS. Payment processing is completed entirely through Department of Treasury's secure Pay.gov system. USCIS will not store or have access to your payment or credit card information.
3. NEVER give out your USCIS ELIS account number or password to another individual or allow another person to use your USCIS ELIS account and password to file a benefit request.

USCIS Privacy Act Statement

AUTHORITIES: Section 264 of the Immigration and Nationality Act (INA), as amended, and the Code of Federal Regulations at 8 CFR Section 264.5 authorizes USCIS to collect the information and the associated evidence for this application.

PURPOSE: The primary purpose for providing the requested information on this form is to apply for a replacement or a renewal of your existing Permanent Resident Card. The information you provide may be used to grant or deny your request.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your request for a Resident Permanent Card.

ROUTINE USES: The information you provide on this form may be disclosed to other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices, DHS/USCIS-001 - Alien File, Index, and National File Tracking System of Records, DHS-USCIS-007 - Benefits Information System, and DHS/USCIS-015 - Electronic Immigration System-2 Account and Case Management System of Records, which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 1 hour and 25 minutes per response, including the time for reviewing instructions, and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No. 1615-0082. Do not mail your completed Form I-90 to this address.

MYUSCIS	REQUEST BENEFIT	CHECK CASE STATUS
I-90 REQUEST TYPE	EVIDENCE UPLOAD	REVIEW
E-SIGN	I-90 Form Instructions	Save Draft

Application Type

- Permanent Resident
 Permanent Resident in Commuter Status
 Conditional Permanent Resident

My previous card has been lost, stolen, or destroyed.
 My previous card was issued but never received.
 My existing card has been mutilated.
 My existing card has incorrect data because of DHS error.
(Scan the card that contains the incorrect data and upload it for inclusion with this application)

Upload scanned card with incorrect data. **Attachments:**
 None

My name or other biographic information has been legally changed since issuance of my existing card.
 My existing card will expire within six months or has already expired.
 I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my 16th birthday.
(Do not select this option if you are filing this benefit before your 14th birthday, or more than 30 days after your 14th birthday. Select the application type, "I have a prior edition..." below.)
 I have reached my 14th birthday and am registering as required. My existing card will expire BEFORE my 16th birthday.
(Do not select this option if you are filing this benefit before your 14th birthday, or more than 30 days after your 14th birthday. Select the application type, "I have a prior edition..." below.)
 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
In the space provided, enter the City and State of the United States Port of Entry (POE) that you will use to enter and exit the United States. You can pick up your card directly from that U.S. POE. If the city has more than one POE, include additional information, such as an airport, bridge, or tunnel name, to assist USCIS in identifying to which POE your card should be mailed.
 I am a commuter who is taking up actual residence in the United States.
 I have been automatically converted to permanent resident status.
 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.

Information About You

Alien Registration Number (A-Number)
 USCIS ELIS Account Number (if any)

Your Full Name
NOTE: Your card will be issued in this name.
 * Family Name (Last Name)
 Given Name (First Name)
 I do not have a Given Name (First Name).
 Middle Name
 I do not have a Middle Name.

Has your name legally changed since the issuance of your Permanent Resident Card?
 Yes No N/A - I never received my previous card.
Provide your name exactly as it is printed on your current Permanent Resident Card.
NOTE: Attach all evidence of your legal name change under "Evidence Upload."
 Family Name (Last Name)
 Given Name (First Name)
 Middle Name

Mailing Address

In Care of Name * City or Town
 * Street Number and Name State
 Apt., Ste., Flr. ZIP Code
 * Country Province
 Postal Code

Physical Address

Provide this information only if different than mailing address.
 My Physical Address is the same as my Mailing Address.

Street Number and Name City or Town
 Apt., Ste., Flr. State
 Country Province
 Postal Code

Additional Information

USCIS may contact me by:
 Email
 Daytime Telephone
 Mobile Telephone

* Date of Birth Mother's Given Name (First Name)
 City/Town/Village of Birth Father's Given Name (First Name)
 * Country of Birth Class of Admission
 U.S. Social Security Number (if any) * Date of Admission

* Gender Male Female

* What is your ethnicity? Hispanic or Latino
(Select only one) Not Hispanic or Latino

* What is your race? (Select all applicable)
 White American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American

* What is your height? Feet Inches

* What is your weight? Pounds

* What is your eye color?
(Select only one)

* What is your hair color?
(Select only one)

Processing Information

Where did you apply for your immigrant visa or adjustment of status?

Where was your immigrant visa issued or which USCIS office granted you adjustment of status?

Have you ever been in exclusion, deportation, or removal proceedings, or ordered removed from the United States?
 Yes No

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?
 Yes No

Did you enter the United States with an immigrant visa?
 Yes No

Provide the following information:

What was your destination in the United States at the time of your admission?

At which Port of Entry were you admitted to the United States?
City or Town and State

Provide a detailed explanation in the box below.

Provide a detailed explanation in the box below.

Accommodations for Individuals with Disabilities and Impairments

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

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

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

[BACK](#)

[EXIT](#)

[SAVE](#)

[NEXT](#)

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (Read the information in the Form I-90 Instructions before completing this part.)

NOTE: If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No

If you answered "Yes," select any applicable boxes:

- 1.a. I am deaf or hard of hearing and request the following accommodation (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language)):

- 1.b. I am blind or have low vision and request the following accommodation:

- 1.c. I have another type of disability and/or impairment (Describe the nature of your disability and/or impairment and the accommodation you are requesting):

Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the Form I-90 Instructions before completing this part. You must file Form I-90 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

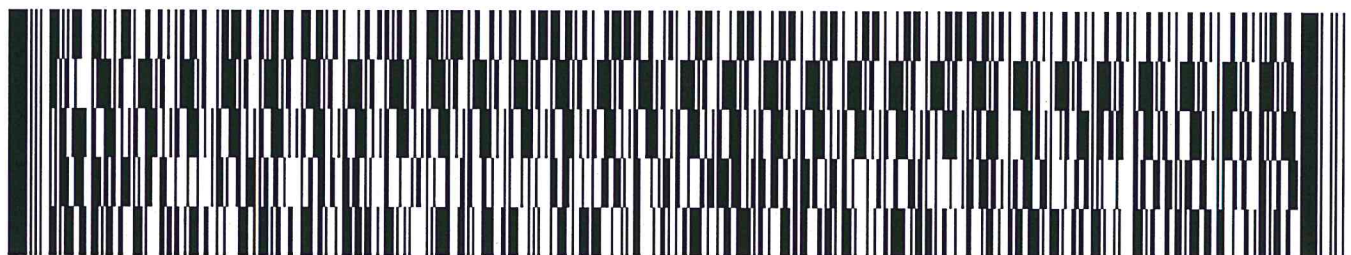
- 1.a. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**

- 1.b. The interpreter named in **Part 6.** has read to me every question and instruction on this application, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named **Part 6.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this **Application Support Center (ASC)** Acknowledgement as read to me by my interpreter.

2. I have requested the services of and consented to

who is is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the **ASC Acknowledgement.**



Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, , understand that the purpose of a USCIS ASC appointment is for me to provide 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 ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application 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 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.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

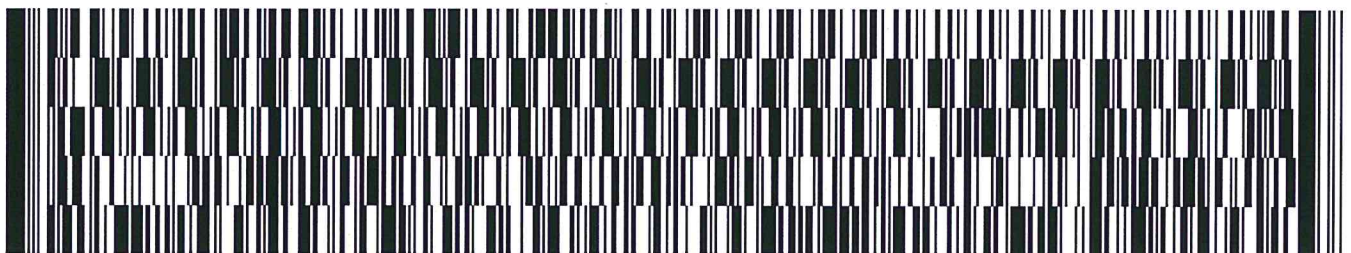
- 6.a. Applicant's Signature
- 6.b. Date of Signature: (mm/dd/yyyy) ▶

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

Interpreter's Full Name

Provide the following information concerning the interpreter.

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)



Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 5., in Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant in the same language provided in **Part 5., in Item Number 1.b.**

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant

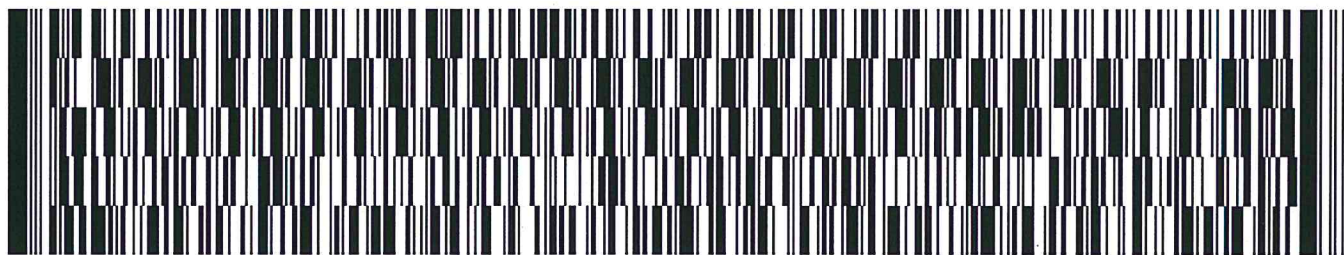
Preparer's Full Name

Provide the following information concerning the preparer.

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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



Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant (continued)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this application.

Preparer's Certification

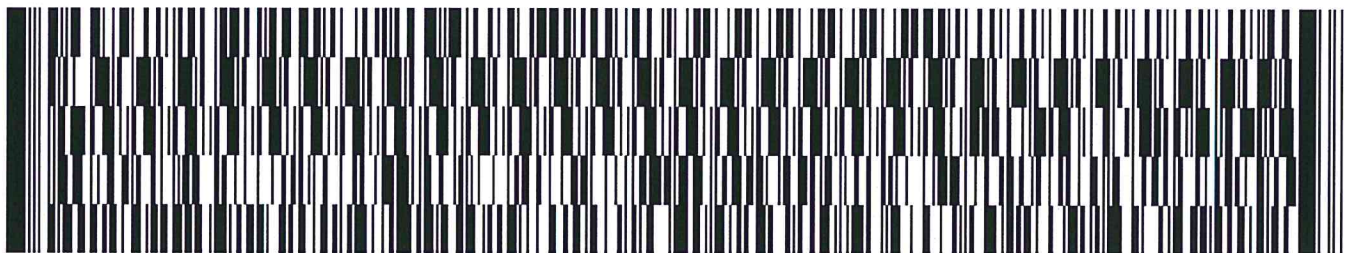
By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant and the applicant has informed me that he or she understands the **ASC Acknowledgement**.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) ►

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



Part 8. 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. Include 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.

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) A-

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

3.d.

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

4.d.

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

5.d.

6.a. Applicant's Signature

6.b. Date of Signature (mm/dd/yyyy)

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10/20/2014

