**TABLE OF CHANGES - FORM**

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

**OMB No 1615-0082**

**10/21/2014**

**Reason for Revision:** Form I-90 has been revised to include capture of biometrics information, mobile phone number, and email address. Capture of biometrics information on the form will facilitate ASC appointments and bring collection of those data elements into compliance with the PRA. Mobile phone number and email address are added to facilitate creation of inferred accounts in ELIS when data from a paper I-90 filing is transferred into ELIS (future capability).

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| --- | --- | --- |
| **Current Location** | **Current Text** | **Location and Proposed Text** |
| **Page 1 -2,**  **Part 1. Information About You** | **[Page 1]**  ***Your Full Name***  **NOTE:** Your card will be issued in this name.  **2.a.**Family Name *(Last Name)*  **2.b.** Given Name *(First Name)*  **2.c.** Middle Name  **3.**Has your name legally changed since the issuance of your Permanent Resident Card?  Yes (Proceed to **number** **4.a. - number 4.c.**)  No (Proceed to **number** **5.a. - number 5.f.**)  N/A - I never received my previous card. (Proceed to **number** **5.a. - number 5.f.**)  **Your name exactly as reflected on your Permanent Resident Card**  **NOTE:** Attach all evidence of your legal name change with this application.  **4.a.**Family Name *(Last Name)*  **4.b.** Given Name *(First Name)*  **4.c.** Middle Name  ***Mailing Address***  **5.a.** In Care of Name  **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.**Postal Code  **5.h.**Province  **5.i.**Country  ***U.S. Physical Address***  **6.a.** Street Number and Name  **6.b.**Apt.Ste.Flr.  **6.c.**  City or Town  **6.d.**State  **6.e.**Zip Code  **[Page 2]**  ***Additional Information***  7. Gender  8. Date of Birth  9. City/Town/Village of Birth  10. Country of Birth  **[**See **Item Number 1.** in **Part 3.** below]  **[**See **Item Number 2.** in **Part 3.** below]  11. Class of Admission  12. Date of Admission  13. U.S. Social Security Number | **[Page 1]**  **1.** Alien Registration Number (A-Number)  **…2. USCIS ELIS Account Number** (if any)  ***Your Full Name***  **NOTE:** Your card will be issued in this name.  **3.a.**Family Name (Last Name)  **3.b.** Given Name (First Name)  **3.c.** Middle Name  **4.** Has your name legally changed since the issuance of your Permanent Resident Card?  Yes (Proceed to **Item Numbers** **5.a. - 5.c.**)  No (Proceed to **Item Numbers** **6.a. - 6.i.**)  N/A - I never received my previous card. (Proceed to **Item Numbers** **6.a. - 6.i.**)  **Provide your name exactly as it is printed on your current Permanent Resident Card.**  **NOTE:** Attach all evidence of your legal name change with this application.  **5.a.**Family Name (Last Name)  **5.b.** Given Name (First Name)  **5.c.** Middle Name  ***Mailing Address***  **6.a.** In Care Of Name  **6.b.** Street Number and Name  **6.c.**Apt.Ste.Flr.  **6.d.**  City or Town  **6.e.** State  **6.f.**ZIP Code  **6.g.**Postal Code  **6.h.**Province  **6.i.**Country  **[Page 2]**  ***Physical Address***  Provide this information only if different than mailing 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  ***Additional Information***  8. Gender  9. Date of Birth  10. City/Town/Village of Birth  11. Country of Birth  **Mother’s Name**  12. Given Name (First Name)  **Father’s Name**  13. Given Name (First Name)  14. Class of Admission  15. Date of Admission  16. U.S. Social Security Number (if any) |
| Page 2,  **Part 2, Application Type** | **NOTE:** If your conditional status is expiring within the next 90 days, then do **not** file this application. (See Form I-90 instructions for further information.)  **My status is** (Select **only one** box)  **1.a.** Permanent Resident *(Proceed to* ***Section A.****)*  **1.b.** Permanent Resident – In Commuter Status *(Proceed to* ***Section A.****)*  **1.c.** Conditional Permanent Resident *(Proceed to* ***Section B.)***  ***Reason for Application*** *(select only one box)* [subheader]  **Section A.** (To be used **only** by a permanent resident or a permanent resident in commuter status.)  **…2.d.** My existing card has incorrect data because of USCIS error. (Attach existing card with incorrect data along with this application.)  **…2.f.** My existing card will expire in 6 months or has already expired  **…2.g1.** I have reached my 14th birthday and am registering as required. My existing card will expire after my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g1. You must select 2.j.)  **2.g2.** I have reached my 14th birthday and am registering as required. My existing card will expire before my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g.2. You must select 2.j.)  **2.h1.** I am a permanent resident who is taking up commuter status.  **My port of entry (POE) into the United States will be:**  **2.h1.1.** City and State  …  **…2.i.** I have been automatically converted to permanent resident status.  …  **Section B.** *(To be used only by a conditional permanent resident.)*  **…3.d.** My existing card has incorrect data because of USCIS error. (Attach existing permanent resident card with incorrect data along with this application.)  **3.e.** My name or other biographical information has been legally changed since the issuance of my existing card. | **[Page 2]**  **Part 2. Reason for Application**  **NOTE:** If your conditional permanent resident status (for example: CR1, CR2, CF1, CF2, etc.) is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of This Application** section of the Form I-90 Instructions for further information.)  **My status is** (Select **only one** box):  **1.a.** Lawful Permanent Resident (Proceed to **Section A.**)  **1.b.** Permanent Resident – In Commuter Status (Proceed to **Section A.**)  **1.c.** Conditional Permanent Resident (Proceed to **Section B.)**  ***Reason for Application*** *(Select* ***only one*** *box)* [subheader]  **Section A.** (To be used **only** by a lawful permanent resident or a permanent resident in commuter status.)  **…2.d.** My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Attach your existing card with incorrect data along with this application.)  **…2.f.** My existing card has already expired or will expire within six months.  **...2.g1.** I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my 16th birthday. (See **NOTE** below for additional information.)  **2.g2.** I have reached my 14th birthday and am registering as required. My existing card will expire BEFORE my 16th birthday. (See **NOTE** below for additional information.)  **NOTE:** If you are filing this application before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason **2.j.** However, if your card has expired, you must select reason **2.f.**  **2.h1**. I am a permanent resident who is taking up commuter status.  **2.h1.1. My Port-of-Entry (POE) into the United States will be:**  City or Town and State \_\_\_\_  …  **…2.i.** I have been automatically converted to lawful permanent resident status.  …  **Section B.** (To be used only by a conditional permanent resident.)  **…3.d.** My existing card has incorrect data because of DHS error. (Attach your existing permanent resident card with incorrect data along with this application.)  **3.e.** My name or other biographic information has legally changed since the issuance of my existing card. |
| **Page 3,**  **Part 3. Processing Information** | **Mother’s Name**  1. Given Name *(First Name)*  **Father’s Name**  2. Given Name *(First Name)*  ***Additional Information***  **3.**Location where you applied for an immigrant visa or adjustment of status:  **4.**Location where immigrant visa was issued or USCIS office where adjustment of status was granted:  Did you enter the United States with an immigrant visa? Complete **number 5.a.** and **number 5.a1.** (If you were granted adjustment of status, proceed to **number 6.**)  **5.a.** Destination in United States at time of admission  **Port of entry where admitted to United States:**  **5.a1.** City and State  **6.** Have you ever been ordered removed from the United States?  **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?  **NOTE:** If you answered **"Yes"** to **number 6** or **number 7** above, provide a detailed explanation on a separate sheet of paper. You must include your Name and A-Number on the top of each sheet. | **Page 3**  **[**See **Item Number 12.** in **Part 1.** above]  **[**See **Item Number 13.** in **Part 1.** above]  **[Deleted]**  **1.**Location where you applied for an immigrant visa or adjustment of status:  **2.**Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:  Complete **Item Numbers 3.a.** and **3.a1.** if you entered the United States with an immigrant visa. (If you were granted adjustment of status, proceed to **Item Number 4.**)  **3.a.** Destination in the United States at time of admission  **3.a1. Port-of-Entry where admitted to United States:**  City or Town and State \_\_\_\_\_\_\_\_  **4.** Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States?  **5.** 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 determined to have abandoned your status?  **NOTE:** If you answered **"Yes"** to **Item Numbers 4.** or **5.** above, provide a detailed explanation in the space provided in **Part 8. Additional Information.**  ***Biographic Information***  **6.** Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  **7.** Race (Select **all applicable** boxes)  White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  **8.** Height  Feet  Inches  **9. W**eight  Pounds  **10.** Eye color(Select **only one** box)  Black  Blue  Brown  Green  Gray  Hazel  Maroon  Pink  Unknown/Other  **11.** Hair color(Select **only one** box)  Bald (No hair)  Black  Blonde  Brown  Gray  Red  Sandy  White  Unknown/Other |
| **Page 3,**  **Part Accommodations for Individuals With Disabilities and Impairments** *(Read the information in Form I-90 instructions before completing this Part.)* | **Part 4. Accommodations for Individuals With Disabilities and Impairments** *(Read the information in the Form I-90 instructions before completing this part.)*  **1.** Are you requesting an accommodation because of a disability and/or impairment? Yes/No  If you answered “**Yes**,” check any applicable boxes:  **1.a.** I am deaf or hard of hearing and request the following accommodation (if requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):  **1.b.** I am blind or sight-impaired and request the following accommodation:  **1.c.** I have another type of disability and/or impairment (describe the nature of the disability and/or impairment and accommodation you are requesting): | **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): |
| **Page 4,**  **Part 5. Signature of Applicant** *(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.)* | **2.** Daytime Phone Number  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.  **1.a** Signature of Applicant  **1.b.** Date of Signature  **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. | **[Page 4]**  **Part 6. Applicant’s Statement, Contact Information, 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*** [subheader]  **NOTE**: Select the box for either **Item Number** **1.a.** or **1.b.** If applicable, select the boxfor **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 [Language],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[Name],who is/is notan attorney or accreditedrepresentative, 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.  ***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, [Auto populate Name Field], understand that the purpose of a USCIS Application Support Center (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)*  **[Deleted]** |
| **New** |  | **[Page 5]**  **Part 6. Interpreter’s Contact Information, Certification, and Signature**  Provide the following information concerning the interpreter.  ***Interpreter's Full Name***  **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)  ***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 [Language],whichis 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)* |
| **Page 4,**  **Part 6. Signature of Person Preparing This Application, If Other Than the Applicant** | **NOTE:** If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.  ***Preparer's Full Name…***  1.a. Preparer’s Family Name *(Last Name)*  1.b. Preparer’s Given Name *(First Name)*  2. Preparer’s Business or Organization Name  ***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 Phone Number  Extension  **5.**Preparer's E-mail Address *(if any)*  **Declaration**  To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.  **6.a.** Signature of Preparer  **6.b.**Date of Signature*(mm/dd/yyyy)*  **NOTE:** If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet. | **Page 6**  **Part 7.** **Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant**  ***[Deleted]***  ***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)  ***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 caseextends**/**does not extendbeyond 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. |
| **New** |  | **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.  **1.a.**  Family Name (Last Name) [Auto-populate]  **1.b.** Given Name (First Name) [Auto-populate]  **1.c.** Middle Name [Auto-populate]  **2.** A-Number (if any) [Auto-populate]  **3.a.** Page Number  **3.b.** Part Number  **3.c.** Item Number  **3.d.** [Fillable Field]  **4.a.** Page Number  **4.b.** Part Number  **4.c.** Item Number  **4.d.** [Fillable Field]  **5.a.** Page Number  **5.b.** Part Number  **5.c.** Item Number  **5.d.** [Fillable Field]  **6.a.** Applicant’s Signature  **6.b.** Date of Signature (mm/dd/yyyy) |