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).

Current Location	Current Text	Location and Proposed Text
Page 1 -2, Part 1. Information About You	[Page 1]	[Page 1] 1. Alien Registration Number (A-Number)2. USCIS ELIS Account Number (if
		any)
	Your Full Name	Your Full Name
	NOTE: Your card will be issued in this name.	NOTE: Your card will be issued in this name.
	2.a. Family Name (<i>Last Name</i>)2.b. Given Name (<i>First Name</i>)2.c. Middle Name	3.a. Family Name (Last Name)3.b. Given Name (First Name)3.c. Middle Name
	3. Has your name legally changed since the issuance of your Permanent Resident Card?	4. Has your name legally changed since the issuance of your Permanent Resident Card?
	Yes (Proceed to number 4.a number 4.c.)	Yes (Proceed to Item Numbers 5.a 5.c.)
	No (Proceed to number 5.a number 5.f.)	No (Proceed to Item Numbers 6.a 6.i.)
	N/A - I never received my previous card. (Proceed to number 5.a. - number 5.f.)	N/A - I never received my previous card. (Proceed to Item Numbers 6.a 6.i.)
	Your name exactly as reflected on your Permanent Resident Card	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.	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	5.a. Family Name (Last Name)5.b. Given Name (First Name)5.c. Middle Name

	Mailing Address	Mailing Address
	5.a. In Care of Name	6.a. In Care Of Name
	5.b. Street Number and Name	6.b. Street Number and Name
	5.c. Apt. Ste. Flr.	6.c. Apt. Stee Flr.
	5.d. City or Town	6.d. City or Town
	5.e. State	_
		6.e. State 6.f. ZIP Code
	5.f. Zip Code	
	5.g. Postal Code	6.g. Postal Code
	5.h. Province	6.h. Province
	5.i. Country	6.i. Country
		[Page 2]
	U.S. Physical Address	Physical Address
		Provide this information only if different
		than mailing address.
	6.a. Street Number and Name	7.a. Street Number and Name
	6.b. Apt. Ste. Flr.	7.b. Apt. Ste. Flr.
	6.c. City or Town	7.c. City or Town
	6.d. State	7.d. State
	6.e. Zip Code	7.e. ZIP Code
		7.f. Province
		7.g. Postal Code
		7.h. Country
	[Page 2]	
	Additional Information	Additional Information
	7. Gender	8. Gender
	8. Date of Birth	9. Date of Birth
	9. City/Town/Village of Birth	10. City/Town/Village of Birth
	10. Country of Birth	11. Country of Birth
	[See Item Number 1. in Part 3. below]	Mother's Name
		12. Given Name (First Name)
	[See Item Number 2. in Part 3. below]	Professio Name
	11.01 (A)	Father's Name
	11. Class of Admission	13. Given Name (First Name)
	12. Date of Admission	
	13. U.S. Social Security Number	14. Class of Admission
		15. Date of Admission
		16. U.S. Social Security Number (if any)
Page 2,		[Page 2]
Part 2, Application Type		Part 2. Reason for Application
	NOTE: If your conditional status is	NOTE: If your conditional permanent
	expiring within the next 90 days, then do	resident status (for example: CR1, CR2,
	not file this application. (See Form I-90	CF1, CF2, etc.) is expiring within the
	instructions for further information.)	next 90 days, then do not file this
	,	application. (See the What is the

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:

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

	2.h1.1. City and State	the United States will be:
		City or Town and State
	2.i. I have been automatically converted to permanent resident status.	2.i. I have been automatically converted to lawful permanent resident
		status.
	Section B. (To be used only by a conditional permanent resident.)	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.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 biographical information has been legally changed since the issuance of my existing card.	3.e. My name or other biographic information has legally changed since the issuance of my existing card.
Page 3,		Page 3
Part 3. Processing Information	Mother's Name 1. Given Name (First Name)	[See Item Number 12. in Part 1. above]
	Father's Name 2. Given Name (First Name)	[See Item Number 13. in Part 1. above]
	Additional Information	[Deleted]
	3. Location where you applied for an immigrant visa or adjustment of status:	1. 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:	2. Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:
	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.)	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.)
	5.a. Destination in United States at time of admission	3.a. Destination in the United States at time of admission
	Port of entry where admitted to United States:	3.a1. Port-of-Entry where admitted to United States:
	5.a1. City and State	City or Town 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.

- **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
- Black
 Blue
 Brown
 Green
 Gray
 Hazel
 Maroon

10. Eye color (Select **only one** box)

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.)	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 a disability and/or impairment? Yes/No	1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes/No
	If you answered " Yes ," check any applicable boxes:	If you answered "Yes," select 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.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 sight-impaired and request the following accommodation:	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 the disability and/or impairment and accommodation you are requesting):	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		[Page 4] Part 6. Applicant's Statement, Contact Information, Certification, and Signature
before completing this part. You must file Form I-90 while in the United States.)		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 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 [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 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. **Applicant's Contact Information 3.** Applicant's Daytime Telephone 2. Daytime Phone Number 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.

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.

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.
	 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. 	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
		<i>Interpreter's Contact Information</i>4. Interpreter's Daytime TelephoneNumber5. Interpreter's Email Address (if any)
		Interpreter's Certification
		I certify that:
		I am fluent in English and [Language], 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.
		<i>Interpreter's Signature</i>6.a. Interpreter's Signature6.b. Date of Signature (<i>mm/dd/yyyy</i>)
Page 4, Part 6. Signature of Person Preparing This Application, If Other Than the Applicant		Page 6 Part 7. Contact Information, Statement, Certification, and Signature of the 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.	[Deleted]
	Preparer's Full Name	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)	1.a. Preparer's Family Name (Last Name)1.b. Preparer's Given Name (First Name)
	2. Preparer's Business or Organization	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.

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 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

	6.a. Signature of Preparer 6.b. Date of Signature (<i>mm/dd/yyyy</i>) 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.	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) [Autopopulate] 1.b. Given Name (First Name) [Autopopulate] 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 5.c. Item Number 5.d. [Fillable Field]
		6.a. Applicant's Signature

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