TABLE OF CHANGES – FORM

Form I-192, Application for Advance Permission to Enter as a Nonimmigrant OMB Number: 1615-0017 Date 03/24/2015

Reason for Revision: Form expires on 4/30/2015. Incorporated updates to standard language and formatting. Incorporated minor edits from subject matter experts.

Current Section and Page Number	Current Text	Proposed Text
Page 1,	[Page 1] [Title of Form]	[Page 1] [Title of Form]
Title of Form	Application for Advance Permission to Enter as Nonimmigrant [Pursuant to Section 212(d)(3)(A)(ii) of the INA]	Application for Advance Permission to Enter as a Nonimmigrant
Page 1	[Page 1]	[Page 1]
	Fee Stamp	To be completed by an attorney or accredited representative (if any).
		Select this box if Form G-28 or Form G-28I is attached.
		Volag Number
		Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS Online Account Number (if any)
Page 1	(Read instructions to the form. Type or Print in Black Ink.)	START HERE – Type or print in black ink.
Page 1		[Page 1]
		Part 1. Application Type
	I hereby apply to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii) of the Immigration and Nationality Act (INA).	I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14) of the Immigration and Nationality Act (INA).
		I am seeking this permission so that I may obtain (Select only one box):
		1.A. Admission as a nonimmigrant (other than as a T or U nonimmigrant).B. Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).
Pages 1-2	[Page 1]	[Page 1]

	Part 2. Information About You
1. Full Name	1. Family Name (Last Name) Given Name (First Name) Middle Name
File No. A-	2. Alien Registration Number (A-Number) (if any)
	3. USCIS Online Account Number (if any)
2. Date of Birth (<i>mm/dd/yyyy</i>)	4. Date of Birth (mm/dd/yyyy)
3. Place of Birth (<i>City-Town</i> , <i>State/Province</i> , <i>Country</i>)	5. Place of Birth City or Town State or Province Country
4. Present Citizenship/Nationality	6. Country of Citizenship or Nationality
	[Page 2]
5. Present Address, Telephone Number, and E-Mail Address	7. Physical Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country
	[See Applicant's Signature section for Telephone Number and Email Address data collections]
6. All addresses at which I have resided during the past 5 years (Use a separate sheet of paper, if necessary.)	8. Provide the addresses where you have resided during the past five years, starting with the last place you lived prior to your current physical address listed under Item Number 7 . If you need extra space to complete this section, use the space provided in Part 7 . Additional Information .
	A. Residence Number 1
	Date of Residence From (mm/dd/yyyy) To (Present)
	Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country
	B. Residence Number 2

Date of Residence From (mm/dd/yyyy) To (present) Street Number and Name Apt. Ste. Flr. City or Town State **ZIP** Code Province Postal Code Country C. Residence Number 3 Date of Residence From (mm/dd/yyyy) To (present) Street Number and Name Apt. Ste. Flr. City or Town State **ZIP** Code Province Postal Code Country [Page 3] D. Residence Number 4 Date of Residence From (mm/dd/yyyy) To (present) Street Number and Name Apt. Ste. Flr. City or Town State **ZIP** Code Province Postal Code Country **Travel Information 9.** Location at which you plan to enter the United States (desired Port-of-Entry) City State 7. Desired Port of Entry into the United States **10.** Name of Port-of-Entry 8. Means of Transportation **11.** How do you plan to travel to the United States? (For example, by plane, ship, car) 9. Proposed Date of Entry 12. When do you plan to enter the United States? (mm/dd/yyyy) 10. Approximate Length of Stay in the United States **13.** Approximate Length of Stay in the United States 11. My purpose for entering the United States is: (Explain fully) **14.** What is the purpose of your stay in the 3

	United States? Explain fully below.
12. I believe that I may be inadmissible to the United States for the following reason(s) and no others:	<i>Immigration and Criminal History</i>15. Do you believe that you may be inadmissible to the United States? Yes/No
13 have have not previously filed and application for advance permission to enter as a	If you answered "Yes," explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in Part 7. Additional Information . If you were told that you are inadmissible, provide the reason you were given.
nonimmigrant on, at	16. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? Yes/No
	If you answered "Yes," provide the details in Items A C. in Item Number 17. If you need extra space to complete this section, use the space provided in Part 7. Additional Information .
	17.A. Date Application Filed (mm/dd/yyyy)
	B. Location where you filed your application (For example, U.S. Citizenship and Immigration Services (USCIS) Office or Port-of-Entry)
	USCIS Office or U.S. Port-of-Entry City or Town State/Province Country
	C. Receipt Number (if available)
W	[Page 4]
If you are an applicant for T and U nonimmigrant status, you do not need to answer questions 14 through 17.	NOTE: If you are an applicant for T nonimmigrant status or a petitioner for U nonimmigrant status, you do not need to answer Item Numbers 18 21.
14. Have you ever been in the United States for a period of 6 months or more? If yes, when, for how long, and in what immigration status?	18. Have you EVER been in the United States for a period of six months or more?
[Page 2]	If you answered "Yes," provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in Part 7. Additional Information .
15. Have you ever filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? If yes, list the applications and/or	19. Have you EVER filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your

	petitions, the filing locations, and describe the	behalf?
	outcome of each application/petition (for example: denied, approved, pending).	If you answered "Yes" to Item Number 19. , provide the information in the space provided in Part 7. Additional Information .
		NOTE: If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in Part 7. to also provide the following information:
		A. Type of application or petition filed;
		B. Location where you (or the other person) filed the application or petition (for example, USCIS office or Port-of-Entry); and
	16. However, annulased an information	C. Outcome of the application or petition (for example, approved, denied, or is pending).
	16. Have you ever been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Describe in detail.	20. Have you EVER been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?
		If you answered "Yes" to Item Number 20. , provide the information in the space provided in Part 7. Additional Information .
	17. Have you ever, in or outside the United States, been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? Describe in detail. Include all offenses where impaired driving may have been an issue.	21. Have you EVER, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? If you answered "Yes," describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in Part 7. Additional Information.
New		[Page 4]
		Part 3. Biographic Information
		Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
		2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
		3. Height Feet Inches
		4. Weight

		Pounds
		5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
		6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other
Page 2,	[Page 2]	[Page 5]
Item 18. Applicant's Signature and Certificate	Item 18. Applicant's Signature and Certificate	Part 4. Applicant's Statement, Contact Information, Certification, and Signature
		NOTE: Read the information on penalties in the Penalties section of the Form I-192 Instructions before completing this part.
		NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
		Applicant's Statement Regarding the Interpreter 1. Applicant's Statement Regarding the Interpreter
		A. [] I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
		B. [] The interpreter named in Part 5. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.
		2. Applicant's Statement Regarding the Preparer
		[] At my request, the preparer named in Part 6. , [Fillable Filed], prepared this application for me based only upon information I provided or authorized.

	7	Provide the following information about the interpreter.
		Part 5. Interpreter's Contact Information, Certification, and Signature
New		[Page 6]
	Signature of the Applicant/Signature of Guardian or Family Member (if Applicant is unable to sign)	NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.
	(Signature of Applicant) (Date)	<i>Applicant's Signature</i>6. Applicant's SignatureDate of Signature (mm/dd/yyyy)
	I certify that the statements above and all attachments hereto are true and correct to the best of my knowledge and belief.	I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.
		 I reviewed and provided or authorized all of the information in my application; I understood all of the information contained in, and submitted with, my application; and All of this information was complete, true, and correct at the time of filing.
	I understand that the information herein contained may be used in any proceedings (including civil, criminal, immigration, or any other judicial proceeding) hereafter instituted against me.	I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:
		I further 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 and enforcement of U.S. immigration laws.
		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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.
		 Applicant's Contact Information 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone (if any) 5. Applicant's Email Address (if any)

		Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any) Interpreter's Mailing Address 3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number (if any) 6. Interpreter's Email Address (if any) Interpreter's Certification I certify, under penalty of perjury, that: I am fluent in English and [Fillable Field], which is the same language specified in Part 4., Item B. in Item Number 1., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification, and has verified the accuracy of every answer.
		<i>Interpreter's Signature</i>7. Interpreter's SignatureDate of Signature (mm/dd/yyyy)
Page 2,	[Page 2]	[Page 7]
19. Preparer's Signature and Certification		Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
		Provide the following information about the preparer.
		 Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)
	8	Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Flr. City or Town

	19. Preparers Signature and Certification I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information. (Signature) (Address) (Date)	IP Code Province Postal Code Country [Page 8] Preparer's Contact Information 4. Preparer's Mobile 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. 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 may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application. Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use. Preparer's Signature 8. Preparer's Signature 8. Preparer's Signature (mm/dd/yyyy)
New		[Page 9] Part 7. 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 every sheet.
1. Family Name (Last Name) Given Name (First Name) Middle Name
2. A-Number (if any)
3.A. Page Number B. Part Number C. Item Number D.
4.A. Page Number B. Part Number C. Item Number D.
5.A. Page Number B. Part Number C. Item Number D.
6.A. Page Number B. Part Number C. Item Number D.