



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
Careers at USCIS	Military		Adobe Reader
Site Map (Index)	Visit the U.S.		Windows Media Player
Contact Us	Genealogy		Archive



MYUSCIS REQUEST BENEFIT CHECK CASE STATUS

I-90 REQUEST TYPE INFORMATION ABOUT YOU ADDRESSES ADDITIONAL INFORMATION EVIDENCE UPLOAD REVIEW E-SIGN Form I-90 Instructions Save Draft

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:**
 [Browse...](#) 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 ZIP Code
 Province
 Postal Code

Additional Information

USCIS may contact me by:
 Email Email Address
 Daytime Telephone Daytime Telephone Number
 Mobile Telephone Mobile Telephone Number

* 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](#)



U.S. Citizenship and Immigration Services



US8732: Preparer and Interpreter Certification & Signatures

March 2015

I-90 Filed by Attorney/Accredited Representative

Form I-90
Instructions
Form I-90 Burden
Disclosure Notice

Save Draft Exit

Form G-28
→ I-90 Application

My Status
Account
Name
Mailing Address
Physical Address
Contact
Additional
Processing
Preparer
Interpreter
Upload Evidence
Review Form G-28
E-sign Form G-28
Review I-90
Attestation/
Acknowledgement
E-sign I-90

Interpreter

Yes, somebody else interpreted the instructions and questions on this application for me.

INTERPRETER NAME

Family Name (Last Name)

asfasfa

Given Name (First Name)

asfas

INTERPRETED LANGUAGE INFORMATION

Interpreted Language

Esperanto

INTERPRETER MAILING ADDRESS

Street Number and Name

45

Apt/Ste/Flr

Floor

Apt/Ste/Flr Number

1111

Country

United States

City/Town

ss

State

Arkansas

ZIP Code

11111

INTERPRETER CONTACT INFORMATION

Interpreter's Business or Organization Name

esperanto Enthusiasts, LLC

Interpreter's Email

asfa@me.com

Interpreter's Daytime Telephone Number

(333) 333-3333

NOTE: Click **Print PDF for Signature** to view and print the **Interpreter Signature** page. Your client's interpreter must sign and date this page, and return it to you. Once you receive the signed page from your client's interpreter, you must scan and upload the page in the **Evidence Upload** section.

Print PDF for Signature

Save Draft

Save and Exit

Continue to Evidence Upload


I-90 Filed by Attorney/Accredited Representative (cont'd.)

Interpreter.pdf - Adobe Reader

File Edit View Window Help

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Fill & Sign Comment



Interpreter's Certification

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

3. Interpreted Language

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (*Optional*)

Interpreter's Mailing Address

6.a. Street Number and Name

6.b. Apt., Ste., Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Postal Code

6.g. Province

6.h. Country

After Print PDF for Signature button is clicked, Interpreter Certification is generated.

Information is auto-populated from Application.

I-90 Filed by Attorney/Accredited Representative (cont'd.)

Form I-90
Instructions
Form I-90 Burden
Disclosure Notice

Save Draft

Exit

Form G-28

⇒ I-90 Application

My Status

Account

Name

Mailing Address

Physical Address

Contact

Additional

Processing

Preparer

Interpreter

Upload Evidence

Review Form G-28

E-sign Form G-28

Review I-90

Attestation/
Acknowledgement

E-sign I-90

Preparer

Yes, somebody else prepared this form for me.

PREPARER NAME

Family Name (Last Name)

LAST

Given Name (First Name)

FIRST

PREPARER MAILING ADDRESS

Street Number and Name

123 MAIN ST.

Apt/Ste/Flr

Apt/Ste/Flr

Number

Country

United States

City/Town

TEST

State

Guam

ZIP Code

23333

PREPARER'S BUSINESS/ORGANIZATION INFORMATION

Preparer's Business or Organization Name

Organization

PREPARER CONTACT INFORMATION

Preparer's Email

rep1@example.com

Preparer's Daytime Telephone Number

() - -

Preparer's Fax Number

() - -

PREPARER INFORMATION*

Preparer is an attorney or accredited representative. Preparer is not an attorney or accredited representative.

Print PDF for Signature button is hidden for Preparer when filed by Attorney/Accredited Rep.

I-90 Filed by Applicant

Form I-90

Instructions

Form I-90 Burden
Disclosure Notice

APPLICATION FEES:

Filing: \$365
Biometric Services: \$85
Total: \$450

Save Draft

Exit

⇒ I-90 Application

My Status

Account Name

Mailing Address

Physical Address

Contact

Additional

Processing

Accommodations

Preparer

Interpreter

Upload Evidence

Review

Attestation/

Acknowledgement

E-sign

Payment

Preparer

Yes, somebody else prepared this form for me.

PREPARER NAME

Family Name (Last Name)

Smith

Given Name (First Name)

Jason

PREPARER'S BUSINESS/ORGANIZATION INFORMATION

Preparer's Business or Organization Name

ABC Law Firm

PREPARER MAILING ADDRESS

Street Number and Name

700 DEFAULT AVE

Apt/Ste/Flr

Apartment

Apt/Ste/Flr Number

1234

Country

United States

City/Town

LEXINGTON

State

Kentucky

ZIP Code

40508

PREPARER CONTACT INFORMATION

Preparer's Email

jkreddy@me.com

Preparer's Daytime Telephone Number

(734) 333-3333

Preparer's Fax Number

(232) 323-2222

PREPARER INFORMATION*

Preparer is an attorney or accredited representative. Preparer is not an attorney or accredited representative.

i **NOTE:** Click **Print PDF for Signature** to view and print the **Preparer Signature** page. Your preparer must sign and date this page, and return it to you. Once you receive the signed page from your preparer, you must scan and upload the page in the **Evidence Upload** section.

You do NOT need to complete this step if your attorney or accredited representative prepared your Form I-90 and is submitting a Form G-28 with your application.

Print PDF for Signature


I-90 Filed by Applicant (cont'd.)

preparer.pdf - Adobe Reader

File Edit View Window Help

1 (1 of 1) 100%

Fill & Sign Comment



Preparer's Certification

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Fax Number

5. Preparer's Email Address (*if any*)

Preparer's Mailing Address

6.a. Street Number and Name

6.b. Apt., Ste., Fl.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Postal Code

6.g. Province

6.h. Country

After Print PDF for Signature button is clicked, Preparer Certification is generated.

Information is auto-populated from Application.

I-90 Filed by Applicant (cont'd.)

Form I-90
Instructions
Form I-90 Burden
Disclosure Notice

APPLICATION FEES:

Filing: \$365
Biometric Services: \$85
Total: \$450

Save Draft

Exit

⇒ I-90 Application

My Status
Account Name
Mailing Address
Physical Address
Contact
Additional Processing
Accommodations
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Payment

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asfasfa

Given Name (First Name)

asfas

INTERPRETED LANGUAGE INFORMATION

Interpreted Language

Esperanto

INTERPRETER MAILING ADDRESS

Street Number and Name

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Apt/Ste/Flr

Floor

Apt/Ste/Flr

Number

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Country

United States

City/Town

ss

State

Arkansas

ZIP Code

11111

INTERPRETER CONTACT INFORMATION

Interpreter's Business or Organization Name

esperanto Enthusiasts, LLC

Interpreter's Email

asfa@me.com

Interpreter's Daytime Telephone Number

(333) 333-3333

i NOTE: Click **Print PDF for Signature** to view and print the **Interpreter Signature** page. Your interpreter must sign and date this page, and return it to you. Once you receive the signed page from your interpreter, you must scan and upload the page in the **Evidence Upload** section.

Print PDF for Signature

Save Draft

Save and Exit

Continue to Evidence Upload


I-90 Filed by Applicant (cont'd.)

Interpreter.pdf - Adobe Reader

File Edit View Window Help

1 (1 of 1) 198%

Fill & Sign Comment



Interpreter's Certification

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

3. Interpreted Language

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (Optional)

Interpreter's Mailing Address

6.a. Street Number and Name

6.b. Apt., Ste., Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Postal Code

6.g. Province

6.h. Country

After Print PDF for Signature button is clicked, Interpreter Certification is generated.

Information is auto-populated from Application.

Evidence Upload – Additional Instructions

Home

Draft Cases

G-28 Terminated Cases

Profile

Form I-90

Instructions

Form I-90 Burden
Disclosure Notice

APPLICATION FEES:

Filing: \$0

Biometric
Services: \$0

Total: \$0

Save Draft

Exit

Form G-28

I-90 Application

⇒ Upload Evidence

Review Form G-28

E-sign Form G-28

Review I-90

⇒ Upload Evidence

Review Form G-28

E-sign Form G-28

Review I-90

Attestation/
Acknowledgement

E-sign I-90

Evidence Upload

Based on your responses to the questions in this application, you will need to upload supporting evidence. You must submit all required evidence and supporting documentation with your application. Failure to provide required evidence may result in a delay in processing your application. Any document containing a foreign language must be accompanied by a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that the translator is competent to translate from the foreign language into English. See the application instructions for further details.

Use of Preparers

If you used a preparer to complete your application, you must scan and upload a copy of the signed **Preparer Certification** page with your application.

You do NOT need to complete this step if your attorney or accredited representative prepared your Form I-90 and is submitting a Form G-28 with your application.

Use of Interpreters

If you used an interpreter to complete your application, you (or your attorney or accredited representative) must scan and upload a copy of the signed **Interpreter Certification** page with your application.

Other

- Other correspondence from USCIS

Any other information you believe is relevant to your filing.

Examples:

- Explanations for exclusion, deportation, or removal proceedings

If you are required to scan and upload a signed **Preparer** or **Interpreter** certification page with your Form I-90, please make sure the file name reflects the type of certification that is being uploaded.

Examples:

- Preparer's Certification - **"Preparer.pdf"**
- Interpreter's Certification - **"Intepreter.pdf"**

Attachments

Preparer's Certification:



Adobe Acrobat
Document

Interpreter's Certification:



Adobe Acrobat
Document