

Application for Travel Document (Carrier Documentation)

USCIS Form I-131A

OMB No. 1615-New Expires 00/00/20xx

Department of Homeland SecurityU.S. Citizenship and Immigration Services

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USC	Document Issued							
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On	Document Hand Delivered							
	By: Date:	nm/dd/yyyy)						
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To be		tate Bar Number Attorney or Accredited Representative						
	rney or accredited Form G-28 or Form G-28I is	le) USCIS Online Account Number (if any)						
repre	esentative (if any). attached.							
► S'	TART HERE - Type or print in black ink.							
Part	1. Information About You	4. Is your current mailing address the same as your U.S. physical address? Yes No						
	Family Name (Last Name)	If you answered "No" to Item Number 4. , provide your U.S.						
	Given Name (First Name)	physical address in Item Numbers 5.a 5.e.						
1.c.	Middle Name	U.S. Physical Address						
2.	Has your name changed since the issuance of your last	5.a. Street Number						
	Permanent Resident Card (Form I-551)? Yes No	and Name 5.b. Apt. Ste. Flr.						
	E: If you answered "Yes" to Item Number 2., attach	5.b. Apt. Ste. Flr.						
evider	nce of your legal name change with this application.	5.c. City or Town						
Curr	rent Mailing Address	5.d. State 5.e. ZIP Code						
3.a.	In Care Of Name (if any)							
		Other Information						
	Street Number	6. Alien Registration Number (A-Number)						
;	and Name	► A-						
3.c.	Apt. Ste. Flr.	7. USCIS Online Account Number (if any)						
3.d.	City or Town							
3.e.	State 3.f. ZIP Code	8. U.S. Social Security Number (if any)						
3.g.	Province	9. Date of Birth (mm/dd/yyyy)						
3.h.	Postal Code	`						
	Country	10. Sex Male Female						
J.1.	Country							
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Par	t 1. Information About You (continued)	5.b. Date Issued (mm/dd/yyyy)						
11.	Country of Birth	5.c. Disposition (attached, lost, etc.):						
12.	Country of Citizenship or Nationality							
		Part 4. Applicant's Statement, Contact						
		Information, Certification, and Signature						
Par	t 2. Reason for Application	NOTE: Read the Penalties section of the Form 1-131A						
(Sele	ect only one box):	Instructions before completing this part.						
1.a.	My previous Permanent Resident Card has been lost, stolen, or destroyed							
1.b.	My previous Permanent Resident Card was issued but never received	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.						
1.c.	My existing Permanent Resident Card has been mutilated	 1.a.						
1.d.	My existing Permanent Resident Card has already expired							
1.e.	Other (explain below):	answer to every question in						
		a language in which I am fluent and I understood						
Par	et 3. Processing Information	everything.						
1.	Date Departed the United States (mm/dd/yyyy)	2. At my request, the preparer named in Part 6. ,						
	Date Departed the Ginted States (timin day);;;;)	prepared this application for me based only upon						
2.	Date of Intended Travel to the United States	information I provided or authorized.						
4.	(mm/dd/yyyy)	0.40.4						
•		Applicant's Contact Information						
3.	Are you NOW , or were you EVER , in exclusion, deportation, removal, or rescission proceedings?	3. Applicant's Daytime Telephone Number						
	Yes No							
	If you answered "Yes" to Item Number 3. , provide details in the space provided in Part 7. Additional	4. Applicant's Mobile Telephone Number (if any)						
	Information.	5. Applicant's Email Address (if any)						
4.	Since you were granted permanent residence, have you	3. Applicant's Email Address (II any)						
	EVER filed Form I-407, Abandonment of Lawful							
	Permanent Resident Status, or otherwise been judged to have abandoned your status? Yes No	Applicant's Certification						
	If you answered "Yes" to Item Number 4. , provide details in the space provided in Part 7. Additional Information .	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						
5.a.	Have you EVER been issued a Travel Document? Yes No	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						
	If you answered "Yes" to Item Number 5.a. , answer Item	benefit I seek.						
	Numbers 5.b. and 5.c. for the last document issued to you and provide additional details in the space provided in	I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS						

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records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

 ${\bf Part~7.~Additional~Information}.$

Part 4. Applicant's Statement, Contact Information, Certification, and Signature (continued)					
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:					
1)	I reviewed and understood all of the information contained in, and submitted with, my application; and				
2)	All of this information was complete, true, and correct at the time of filing.				
I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.					
Appli	cant's Signature				
6.a. A	pplicant's Signature				
6.b. D	Pate of Signature (mm/dd/yyyy)				
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.					
Part 5. Interpreter's Contact Information, Certification, and Signature					
Provide the following information about the interpreter.					
Interpreter's Full Name					
1.a. In	nterpreter's Family Name (Last Name)				

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

Interpreter's Business or Organization Name (if any)

2.

Inte	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. 3.g.	Province Postal Code						
3.h.	Country						
Inte	erpreter's Contact Information						
4.	Interpreter's Daytime Telephone Number						
5.	Interpreter's Mobile Telephone Number (if any)						
6. Inte	Interpreter's Email Address (if any) erpreter's Certification						
I certify, under penalty of perjury, that:							
I am fluent in English and which is the same language specified in Part 4., Item Number 1.b., 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.							
Inte	erpreter's Signature						
7. a.	Interpreter's Signature						
7. b.	Date of Signature (mm/dd/yyyy)						

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Part 6. Contact Information and Signature of the Person Preparing this Application, if Other Than the Applicant		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.					
Prov	ide the following information about the preparer.	7.b.		I am an attorney or accredited representative and my					
Pre	parer's Full Name			representation of the applicant in this case extends does not extend beyond the					
1.a.	Preparer's Family Name (Last Name)			preparation of this application.					
1.b.	Preparer's Given Name (First Name)	A	-	NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited					
2.	Preparer's Business or Organization Name (if any)			Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.					
Pre	parer's Mailing Address	4-							
3.a.	Street Number and Name			er's Certification					
3.b.	Apt. Ste. Flr.	prej	pared	gnature, I certify, under penalty of perjury, that I this application at the request of the applicant. The					
3.c.	City or Town	applicant then reviewed this completed application and informed me that he or she understands all of the information							
3.d.	State 3.e. ZIP Code	contained in, and submitted with, his or her application, including the Applicant's Certification , and that all of this information is appropriate true and some true.							
3.f.	Province	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.							
3.g.	Postal Code								
3.h.	Country	Pr	epar	er's Signature					
		8.a.	Pre	parer's Signature					
Pro	parer's Contact Information								
	·	8.b.	Da	te of Signature (mm/dd/yyyy)					
4.	Preparer's Daytime Telephone Number								
5.	Preparer's Mobile Telephone Number (if any)								
6.	Preparer's Email Address (if any)								

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Part 7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
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. Type or print your name and A-Number 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.	5.d.					
1.a. Family Name (Last Name) 1.b. Given Name (First Name)	A					
1.c. Middle Name						
2. A-Number A-]					
3.a. Page Number 3.b. Part Number 3.c. Item Number	6.a. 6.d.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						
Prod	3/ _{7,a.}	Page Number	7.b.	Part Number	7.c.	Item Number
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.	7.d.					
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