TABLE OF CHANGES – FORM FORM I-131A

Application for Travel Document (Carrier Documentation) OMB Number: 1615-0013 Submission Date 08/18/2016

Reason for Revision: Needed for Department of State

Current Section and Page Number	Current Text	Proposed Text
		For USCIS Use Only
		Receipt
		Document Issued [] Transportation Letter [] Boarding Foil
		Document Hand Delivered By: Date (mm/dd/yyyy)
		Action Block
		To be completed by an attorney or accredited representative (if any).
		Select this box if Form G-28 or G-28I is attached.
		Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS Online Account Number (if any)
		START HERE – Type or print in black ink.
Page 1		Part 1. Information About You [section header]
		1.a. Family Name (Last Name)1.b. Given Name (First Name)1.c. Middle Name
		2. Has your name changed since the issuance of your last Permanent Resident Card (Form I-551)? [] Yes [] No
		NOTE: If you answered "Yes" to Item Number 2. , attach evidence of your legal name change with this application.
		 <i>Mailing Address</i> [sub-header] 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

	T	D D 10 1
		3.g. Postal Code 3.h. Country
		4. Is your current mailing address the same as your U.S. physical address [] Yes [] No
		U.S. Physical Address
		5.a. Street Number and Name5.b. Apt. Ste. Flr.5.c. City or Town5.d. State 5.e. ZIP Code
	 Other Information [sub-header] 6. Alien Registration Number (A-number) 7. USCIS Online Account Number (if any) 8. U.S. Social Security Number (if any) 9. Date of Birth (mm/dd/yyyy) 10. Gender M/F 11. Country of Birth 12. Country of Citizenship 	 Other Information [sub-header] 6. Alien Registration Number (A-number) 7. USCIS Online Account Number (if any) 8. U.S. Social Security Number (if any) 9. Date of Birth (mm/dd/yyyy) 10. Sex M/F 11. Country of Birth 12. Country of Citizenship
Page 1		Part 2. Reason for Application [section header]
		(Select only one box):
		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 1.c. [] My existing Permanent Resident Card has been mutilated 1.d. [] My existing Permanent Resident Card has already expired 1.e. [] Other (explain below): [Text Box]
Pages 1-2		Part 3. Processing Information [section header]
		Date Departed in the United States (mm/dd/yyyy)
		2. Date of Intended Travel to the United States (mm/dd/yyyy)
		3. Are you NOW , or were you EVER , in exclusion, deportation, removal, or rescission proceedings? [] Yes [] No
		If you answered "Yes" to Item Number 3. , provide details in the space provided in Part 7. Additional Information .
		4. Since you were granted permanent residence, have you EVER filed Form I-407, Abandonment of Lawful Permanent Resident Status, or otherwise been judged to have

		abandoned your status? [] Yes [] No
		If you answered "Yes" to Item Number 4. , provide details in the space provided in Part 7. Additional Information .
		5.a. Have you EVER been issued a Travel Document? [] Yes [] No
		If you answered "Yes" to Item Number 5.a. , answer Item Numbers 5.b. and 5.c. for the last document issued to you and provide additional details in the space provided in Part 7. Additional Information .
		5.b. Date Issued (mm/dd/yyyy)
		5.c. Disposition (attached, lost, etc.):
Page 2		Part 4. Applicant's Statement, Contact Information, Certification, and Signature [header]
		NOTE: Read the Penalties section of the Form 1-131A Instructions before completing this part.
		Applicant's Statement NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
		1.a. [Check Box] 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.
		1.b. [Check Box] The interpreter named in Part 5. read to me every question and instruction on this application and my answer to every question in, a language in which I am fluent and I understood everything.
		2. [Check Box] At my request, the preparer named in Part 6.,, prepared this application for me based only upon information I provided or authorized.
		 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)
	Applicant Certification [Sub-header] 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	Applicant Certification [Sub-header] 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

	records that USCIS may need to	of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.
contained in this application, in supplication, and in my USCIS record entities and persons where necessary administration and enforcement of Usimmigration laws. 1) I reviewed and provided or author the information in my application; 2) I understood all of the information, and submitted with, my application.	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.	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 and enforcement of U.S. immigration laws.
		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:
	2) I understood all of the information contained	 I reviewed and 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.
	3) All of this information was complete, true,	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.
		<i>Applicant's Signature</i>6.a. Applicant's Signature6.b. Date 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.
Pages 2-3		Part 5. Contact Information, Certification, and Signature of the Interpreter [header]
		Provide the following information about the interpreter.
		 <i>Interpreter's Full Name</i> [Sub-header] 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 [Sub-header] 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State
	1	3.e. ZIP Code

	T	
		3.f. Province3.g. Postal Code3.h. Country
		 <i>Interpreter's Contact Information</i> [Subheader] 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's E-mail Address
		<pre>Interpreter Certification [Sub-header] I certify, under penalty of perjury, that:</pre>
	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	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.
	accuracy of every answer	<i>Interpreter's Signature</i>7.a. Interpreter's Signature7.b. Date of Signature (mm/dd/yyyy)
Page 3		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 [Sub-header] 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization
		Preparer's Mailing Address [Sub-header] 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>Preparer's Contact Information</i> [Sub-header] 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)
		7.a. [Check Box] 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.** [Check Box] I am an attorney or accredited representative and my representation of the applicant in this case [Check Box] extends [Check Box] does not extend beyond the preparation of this application. **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 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** [Sub-header] **Preparer's Certification** [Sub-header] By my signature, I certify, under penalty of By my signature, I certify, under penalty of perjury, that I prepared this application at the perjury, that I prepared this application at the request of the applicant. The applicant then request of the applicant. The applicant then reviewed this completed application and reviewed this completed application and informed me that he or she understands all of informed me that he or she understands all of the information contained in, and submitted the information contained in, and submitted with, his or her application, including the with, his or her application, including the **Applicant's Certification**, and that all of this **Applicant's Certification**, and that all of this information is complete, true, and correct. I information is complete, true, and correct. I completed this application based only on completed this application based only on information that the applicant provided to me or information that the applicant provided to me or authorized me to obtain or use. authorized me to obtain or use. Preparer's Signature **8.a.** Preparer's Signature **8.b.** Date of Signature (mm/dd/yyyy) Part 7. Additional Information If you need extra space to provide any If you need extra space to provide any additional information within this application, additional information within this application, use the space below. If you need more space use the space below. If you need more space than what is provided, you may make copies of than what is provided, you may make copies of this page to complete and file with this this page to complete and file with this application or attach a separate sheet of paper. application or attach a separate sheet of paper. Type or print your name and A-Number (if any) Include your name and A-Number (if any) at at the top of each sheet; indicate the Page the top of each sheet; indicate the **Page** Number, Part Number, and Item Number to Number, Part Number, and Item Number to which your answer refers; and sign and date which your answer refers; and sign and date each sheet. each sheet. **1.a.** Family Name (Last Name) **1.b.** Given Name (First Name) 1.c. Middle Name **2.** A-Number (if any) 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 Number4.d. [Fillable field]
5.a. Page Number5.b. Part Number5.c. Item Number5.d. [Fillable field]
6.a. Page Number6.b. Part Number6.c. Item Number6.d. [Fillable field]
7.a. Page Number7.b. Part Number7.c. Item Number7.d. [Fillable field]