

## **Welcome to the United States**

# I-94W Nonimmigrant Visa Waiver Arrival/Departure Record

OMB NO. 1651-0111

### **ARRIVAL RECORD** Visa Waiver

### Instructions

This form must be completed by every nonimmigrant visitor not in possession of a visitor's visa who is a national of one of the countries enumerated in 8 CFR 217. The airline can provide you with the current list of eligible countries.

Type or print legibly with pen in ALL CAPITAL LETTERS. **USE ENGLISH.** 

This form is in two parts. Please complete both the Arrival Record (Items 1 through 7) and the

hildren under the age of fourteen must have their form signed by a parent or guardian.				
1	Applicant Information			
	Applicant Name (Please print, ALL CAPS) Family Name		First	t (Given) Name
	Are you known by any other names or aliases? Other Names/Aliases Family Name		<b>Yes</b> First	<b>No</b> t (Given) Name
	Parents Family Name		First	t (Given) Name
	Birth Date (DD/MM/YY)			
	City of Birth			
	Country of Birth			
	Gender (Male or Female)			
2	Passport Information			
	Passport Number			
	Passport Issuing Country			
	Issuance Date (DD/MM/YY)		Expir	ration Date (DD/MM/YY)

2	Passport Information	
	Passport Number	
	Passport Issuing Country	
	Issuance Date (DD/MM/YY)	Expiration Date (DD/MM/YY)
	Country of Citizenship	
	National Identification Number	

3	Citizenship Information			
	Are you now a citizen or national of any other coulf yes, what countries?	country? Yes No		
	How did you acquire citizenship?			
	Have you ever been a citizen or national of any of lf yes, what countries?	other country? Yes No		
	Have you ever been issued a passport or national identity card for travel by any other country?			
	If yes, what is the document number?	Expiration Date		
	Additional document number	Expiration Date		
If you need more space to answer any of the questions please add it here.				

Admission Number	This Space For Official Use Only
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	MAFT
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	3
A Comback Information	
4 Contact Information E-mail Address	
Telephone Number	
Country Code/Number	
Home Address	
Address Line 1	Apartment Number
Address Use O	0.7
Address Line 2	City
State/Province/Region	Country
5 Emergency Contact Information	
Emergency Contact Family Name	First (Given) Name
Telephone Number Country Code/Number	
Country Code/Number	
E-mail Address	
6 Travel Information	
Is your travel to the U.S. occurring in transit to an	other country? Yes No
Address while in the United States	
Address Line 1	Apartment Number
Address Line 2	City
State	
Are you a member of CBP Global Entry?	
Please provide your Pass ID number.	No
	SEE OTHER SID
	CBP Form I-94W (xx16
dmission Number	OMB NO. 1651-011
	This Space For Official Use Only

**DEPARTURE RECORD** Visa Waiver 1 Family Name (Please print, ALL CAPS)

2 First/Given Name

3 Birth Date (DD/MM/YY)

Country of Citizenship

STAPLE HERE

CBP Form I-94W (xx/16)

7 U.S. Point of Contact Information		Do ar
U.S. Point of Contact		1 Do
		or
Address		ar
Address Line 1	Apartment Number	
Address Line 2	City	
State		_
		<b>2</b> Ha
Telephone Number Country Code/Number		da
Country Coucy, Hamison		
		3 Ha
8 Employment Information		
		<b>4</b> Do
Do you have a current or previous employer?  Employer Name	Yes	es
Employer Name		5 Ha
Address		or
Address Line 1	Apartment Number	
		6 Ar
Address Line 2	City	U.
State/Province/Region	Country	7 Ha
		St
Telephone Number Country Code/Number		wl
		8 H
Job Title		gr
		g H

**5 U.S.C.** § **552a(e)(3) PRIVACY ACT NOTICE**: Information collected on this form is required by Title 8 of the U.S. Code, including the INA (8 U.S.C. 1103, 1187), and 8 CFR 235.1, 264, and 1235.1. The purposes for this collection are to give the terms of admission and document the arrival and departure of nonimmigrant aliens to the U.S. The information solicited on this form may be made available to other government agencies for law enforcement purposes or to assist DHS in determining your admissibility. All nonimmigrant aliens seeking admission to the U.S., unless otherwise exempted, must provide this information. Failure to provide this information may deny you entry to the United States and result in your removal.

PAPERWORK REDUCTION ACT STATEMENT: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number. The control number for this collection is 1651-0111. The estimated average time to complete this application is 15 minutes. If you have any comments regarding this burden estimate you can write to U.S. Gustoms and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, 10th Floor, Washington, DC 20229.

### **Departure Record**

**IMPORTANT:** Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law. Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

**WARNING:** You may not accept unauthorized employment; or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident, unless eligible under section 201(b) of the INA; or 3) an extension of stay. Violation of these terms will subject you to deportation. Any previous violation of this program, including having previously overstayed on this program without a proper DHS authorization, will result in a finding of inadmissibility as outlined in Section 217 of the Immigration and Nationality Act

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Port			
Date			
Carrier			
Flight No./Ship Name			

	tal disorder; or are you a drug abuser or addict;	Yes	- 1
	the following diseases (communicable diseases ion 361(b) of the Public Health Service Act)?		
Cholera	Yellow Fever		
Diphtheria	Viral Hemorrhagic Fevers, including Ebola,		
Tuberculosis, infectious	Lassa, Marburg, Crimean-Congo		
Plague	Severe acute respiratory illnesses capable		
Smallpox	of transmission to other persons and		
Silialipox	likely to cause mortality.		
	or convicted for a crime that resulted in serious	Yes	N
lamage to property, or serious h	narm to another person or government authority?		
Have you ever violated any la	w related to possessing, using, or distributing		
llegal drugs?	related to possessing, doing, or distributing	Yes	
	have you ever engaged in terrorist activities,	Yes	-
espionage, sabotage, or geno	cide?		
Have you ever committed frauc	d or misrepresented yourself or others to obtain	Yes	
	sa or entry into the United States?	165	
	nployment in the United States or were you nited States without prior permission from the	Yes	-
U.S. government?	inted States without prior permission from the		
	U.S. visa you applied for with your current or ou ever been refused admission to the United	Yes	
	ation for admission at a U.S. port of entry? If yes,		
when?	where?		
	nited States longer than the admission period	Yes	- 1
granted to you by the U.S. gov	eniment?		
Have you traveled to, or been	present in, Iran, Iraq, Libya, Somalia, Sudan,	Yes	
Syria, or Yemen on or after Ma	arch 1, 2011?	103	
If yes was it for			
Official government business			
Military service on behalf of	a Visa Waiver Program country		

**IMPORTANT:** If you answered "Yes" to any of the above, please contact the American Embassy *BEFORE* you travel to the U.S. since you may be refused admission into the United States.

**WAIVER OF RIGHTS:** I hereby waive any rights to review or appeal of a U.S. Customs and Border Protection officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any action in deportation.

**CERTIFICATION:** I certify that I have read and understand all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief.

Signature	Date
X	

This will change to "16 minutes".

If yes, when?

