



Application for Replacement/Initial Nonimmigrant Arrival-Departure Document

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-102
OMB No. 1615-0079
Expires 11/30/2014

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney or Accredited Representative, if any. <input type="checkbox"/> Select this box if Form G-28 is attached to represent the applicant. Attorney State License Number _____
	New I-94 Number		
	Remarks		

▶ **START HERE.** Type or print in black ink

Part 1. Information About You

- Alien Registration Number (A-Number)
▶ A-
- USCIS ELIS Account Number (if any)
▶

Your Full Name

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

U.S. Mailing Address

- In Care Of Name
- Street Number and Name
- Apt. Ste. Flr.
- City or Town
- State 4.f. ZIP Code

5. Is your current U.S. mailing address the same as your U.S. physical address? Yes No

If you answered "No" to Item Number 5., provide your U.S. physical address in Item Numbers 6.a. - 6.f.

U.S. Physical Address

- In Care Of Name
- Street Number and Name
- Apt. Ste. Flr.
- City or Town
- State 6.f. ZIP Code

Other Information

- Date of Birth (mm/dd/yyyy) ▶
- Country of Birth
- Country of Citizenship
- U.S. Social Security Number (if any)
▶

Entry Information

- Date of Last Entry into the United States (mm/dd/yyyy) ▶
- Place of Last Entry into the United States (City and State)

Part 4. Statement, Certification, Signature, and Contact Information of the Applicant

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and have read and understand every question and instruction on this form, as well as my answer to every question.
- 1.b. The interpreter named below has read to me every question and instruction on this form, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.
- 2. I have requested the services of and consented to , who is is not an attorney or accredited representative, preparing this form for me.

Applicant Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I seek. I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

- 3.a. Applicant's Signature
- 3.b. Date of Signature (mm/dd/yyyy) ▶

Applicant's Contact Information

- 4. Applicant's Daytime Telephone Number
- 5. Applicant's Mobile Telephone Number
- 6. Applicant's E-mail Address

Part 5. Contact Information, Certification, and Signature of the Interpreter

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 (if any)

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. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's E-mail Address

Part 5. Contact Information, Certification, and Signature of the Interpreter (continued)

Interpreter Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 4., Item Number 1.b.**;

I have read to this applicant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 4., Item Number 1.b.**; and

The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) ▶

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other than the Applicant

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 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. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's E-mail Address

7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.

7.b. I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends does not extend beyond the preparation of this form.

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer provided for every question on the form and, when required, supplied additional information to respond to a question on the form.

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) ▶

NOTE: If you need extra space to provide any additional information, attach a separate sheet of paper; type or print 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 date and sign each sheet.