



Application for Travel Document

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 12/31/2018

For USCIS Use Only	Receipt	Action Block	
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____		
	Document Issued	<input type="checkbox"/> Address in Part 1 <input type="checkbox"/> U.S. Consulate at: _____ <input type="checkbox"/> Intl DHS Ofc at: _____	
	<input type="checkbox"/> Re-entry Permit (Update "Mail To" Section) <input type="checkbox"/> Single Advance Parole	<input type="checkbox"/> Refugee Travel Document (Update "Mail To" Section) <input type="checkbox"/> Multiple Advance Parole Valid Until: ____/____/____	Mail To (Re-entry & Refugee Only)

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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► **Start Here.** Type or Print in Black Ink

Part 1. Information About You

1.a. Family Name (Last Name) _____

1.b. Given Name (First Name) _____

1.c. Middle Name _____

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space in **Part 12. Additional Information.**

2.a. Family Name (Last Name) _____

2.b. Given Name (First Name) _____

2.c. Middle Name _____

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 _____

4. Is your current mailing address the same as your physical address?
 Yes No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.i.**

Part 1. Information About You (continued)

Physical Address

5.a. In Care of Name
[]

5.b. Street Number and Name []

5.c. Apt. Ste. Flr. []

5.d. City or Town []

5.e. State [] 5.f. ZIP Code []

5.g. Province []

5.h. Postal Code []

5.i. Country []

Other Information

6. Alien Registration Number (A-Number) (if any)
▶ A- []

7. USCIS Online Account Number (if any)
▶ []

8. Country of Birth
[]

9. Country of Citizenship or Nationality
[]

10. Gender Male Female

11. Class of Admission
[]

12. Date of Birth (mm/dd/yyyy) []

13. U.S. Social Security Number (if any)
▶ []

Part 2. Application Type

NOTE: Select **only one** box for **Item Numbers 1.a. - 1.g.**

1.a. I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.

1.b. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.

1.c. I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

1.d. I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.

1.e. I am outside the United States, and I am applying for an Advance Parole Document.

1.f. I am applying for an Advance Parole Document for a person who is outside the United States.

1.g. I am the spouse or a child of an individual who is an Applicant for Entrepreneur Parole or is already in the United States as an Entrepreneur Parolee and I am applying for an Advance Parole Document.

If you selected **Item Number 1.f.**, provide the following information about that person in **Item Number 2.a. - 5.i.** If you selected **Item Number 1.g.**, provide the following information about the Principal Entrepreneur in **Item Number 2.a. - 2.h.**

2.a. Family Name (Last Name) []

2.b. Given Name (First Name) []

2.c. Middle Name []

2.d. Date of Birth (mm/dd/yyyy) []

2.e. Country of Birth []

2.f. USCIS Online Account Number (if any)
▶ []

2.g. Country of Citizenship or Nationality []

2.h. Daytime Telephone Number []

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 []

Part 2. Application Type (continued)

4. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 4.**, or if you selected **Item Number 1.f.** in **Part 2.**, provide your physical address in **Item Numbers 5.a. - 5.i.**

Physical Address

- 5.a. In Care of Name
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
- 5.g. Province
- 5.h. Postal Code
- 5.i. Country

Part 3. Biographic Information

1. Ethnicity (Select **only one** box)
 Hispanic or Latino
 Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 White
 Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
3. Height Feet Inches
4. Weight Pounds
5. Eye Color (Select **only one** box)
 Black Blue Brown
 Gray Green Hazel
 Maroon Pink
 Unknown/Other

6. Hair Color (Select **only one** box)
 Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White
 Unknown/Other

Part 4. Processing Information

1. Date of Intended Departure (mm/dd/yyyy)
2. Expected Length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? Yes No
- 3.b. If you answered "Yes" to **Item Number 3.a.**, provide the name of the DHS office
- 4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? Yes No

If you answered "Yes" to **Item Number 4.a.**, provide the following information for the last document issued to you.
- 4.b. Date Issued (mm/dd/yyyy)
- 4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.

Where do you want this travel document sent? (Select one)

5. To the U.S. address shown in **Part 1. (Item Number 3.a. - 3.h.)** of this form.
- 6.a. To a U.S. Embassy or consulate at:
- 6.b. City or Town
- 6.c. Country
- 7.a. To a DHS office overseas at:
- 7.b. City or Town
- 7.c. Country

Part 4. Processing Information (continued)

If you selected **Item Number 6.a. or 7.a.** above, where should the notice to pick up the travel document be sent?

- 8.a. To the address show in **Part 2 (Item Number 3.a. - 3.h.)** of this form
- 8.b. To the address shown in below (**Part 4., Item Number 9.a. - 9.i.**)

9.a. In Care of Name

9.b. Street Number and Name

9.c. Apt. Ste. Flr.

9.d. City or Town

9.e. State 9.f. ZIP Code

9.g. Province

9.h. Postal Code

9.i. Country

10. Daytime Telephone Number

Part 5. Information About Your Proposed Travel

1.a. **Purpose of Trip** (If you need more space, use the space provided in **Part 12. Additional Information.**)

1.b. **List the countries you intend to visit.** (If you need more space, use the space provided in **Part 12. Additional Information.**)

Part 6. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

- 1.a. less than 6 months
- 1.b. 6 months to 1 year
- 1.c. 1 to 2 years
- 1.d. 2 to 3 years
- 1.e. 3 to 4 years
- 1.f. more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident?

Yes No

If you answered "Yes" to **Item Number 2.**, provide the details in **Part 12. Additional Information.**

Part 7. Complete Only If Applying for a Refugee Travel Document

1. Country From Which You Are a Refugee or Asylee

If you answer "Yes" to any of the following questions, you must explain in **Part 12. Additional Information.** Include your name and A-Number on the top of the page.

2. Do you plan to travel to the country named above?

Yes No

Since you were accorded refugee/asylee status, have you ever:

3.a. Returned to the country named above?

Yes No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?

Yes No

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

Yes No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above?

Yes No

4.b. Acquired a new nationality?

Yes No

4.c. Been granted refugee or asylee status in any other country?

Yes No

Part 8. Complete Only If Applying for Advance Parole

On a separate sheet of paper or in **Part 12. Additional Information**, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See Instructions.)

1. For how many trips do you intend to use this document?
 One Trip More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or U.S. Consulate or the DHS overseas office that you want us to notify.

2.a. City or Town

2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. To the address shown in **Part 2 (Item Number 3.a. - 3.h.)**
4. To the address shown below (**Part 8., Item Number 5.a. - 5.i.**)

5.a. In Care of Name

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code

5.g. Province

5.h. Postal Code

5.i. Country

5.j. Daytime Telephone Number

Part 9. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-131 Instructions before completing this part. If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file Form I-131.

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.** If filing as the spouse or child of an individual who is an Applicant for Entrepreneur Parole or is already in the United States as an Entrepreneur Parolee, select the box for **Item Number 3.**

- 1.a. 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. The interpreter named in **Part 10.** 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. At my request, the preparer named in **Part 11.**, , prepared this application for me based only upon information I provided or authorized.
3. I am the spouse/child of a principal Entrepreneur Parolee or principal applicant for Entrepreneur Parole and I understand that the approval of this application is contingent upon the approval of an application for Entrepreneur Parole for the principal.

Applicant's Contact Information

4. Applicant's Daytime Telephone Number

5. Applicant's Mobile Telephone Number (if any)

6. Applicant's Email Address (if any)

Part 9. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

Applicant's Declaration and Certification

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 of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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 law.

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.

Applicant's Signature

7.a. Applicant's Signature

➡

7.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.

Part 10. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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. Fl.

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 Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 9, 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 Declaration and Certification**, and has verified the accuracy of every answer.

Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 11. 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

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

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 Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

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.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this 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.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

Part 12. Additional Information

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 (if any) 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

