



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 10/31/2017

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 Online 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

- 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 1. Information About You (continued)

13. Current Nonimmigrant Status
[]

14. Date Status Expires
(mm/dd/yyyy) ▶ []

15.a. Form I-94, I-94W, or I-95 Arrival-Departure Record Number
▶ []

15.b. Passport Number []

15.c. Travel Document Number []

15.d. Country of Issuance for Passport or Travel Document
[]

15.e. Expiration Date for Passport or Travel Document
(mm/dd/yyyy) ▶ []

Part 2. Reason for Application

Select the box that best describes your reason for requesting an initial or replacement document. (Select **only one** box)

1.a. I am applying to replace my lost or stolen Form I-94 or I-94W.

1.b. I am applying to replace my lost or stolen Form I-95.

1.c. I am applying to replace my Form I-94 or I-94W because it was mutilated. I have attached my original Form I-94 or I-94W.

1.d. I am applying to replace my Form I-95 because it was mutilated. I have attached my original Form I-95.

1.e. I was not issued Form I-94 when I was admitted by CBP at a port-of-entry in the United States (*whether at a land border, airport, or seaport*).

1.f. I was issued Form I-94, I-94W, or I-95 with incorrect information, and I am requesting that USCIS correct the document. I have attached my original Form I-94, I-94W, or I-95.

1.g. I was not issued Form I-94 when I entered as a nonimmigrant member of the military, and I am filing this application for an initial Form I-94.

Part 3. Processing Information

1.a. Are you filing this application with any other petition or application? Yes No

If "Yes" provide the USCIS Form Number and name of the application or petition you are filing in **Item Number 1.b.**

1.b. USCIS Form Number and Name
[]

2.a. Are you now in removal proceedings? Yes No

If "Yes" complete **Item Number 2.b.**

2.b. Provide detailed information regarding the proceedings. If you need extra space to complete any item, attach a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet of paper; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and date and sign each sheet.

If you are unable to provide the original of your Form I-94, I-94W, or I-95, provide the following information:

NOTE: Provide your name **exactly** as it appears on Form I-94, I-94W, or I-95.

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

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

3.c. Middle Name []

4. Class of Admission at Last Entry into the United States
[]

5. 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 [text box], 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

[text box]

6.b. Date of Signature (mm/dd/yyyy) ▶

[text box]

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)

[text box]

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

[text box]

2. Preparer's Business or Organization Name

[text box]

Preparer's Mailing Address

3.a. Street Number and Name

[text box]

3.b. Apt. Ste. Flr.

[text box]

3.c. City or Town

[text box]

3.d. State

[text box]

3.e. ZIP Code

[text box]

3.f. Province

[text box]

3.g. Postal Code

[text box]

3.h. Country

[text box]

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

[text box]

5. Preparer's Fax Number

[text box]

6. Preparer's E-mail Address

[text box]

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

[text box]

8.b. Date of Signature (mm/dd/yyyy) ▶

[text box]

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.