

**TABLE OF CHANGES – INSTRUCTIONS**  
**Form I-102, Instructions for Application for Replacement/Initial Nonimmigrant Arrival-  
Departure Document**  
**OMB Number: 1615-0079**  
**7/24/2017**

Reason for Revision: Extension with minor edits.

Current Page Number and Section	Current Text	Proposed Text
<p>Pages 3-5,  Specific Instructions</p>	<p>[Page 2]</p> <p>Specific Instructions</p> <p>...</p> <p><b>Item Number 2. USCIS Account Number (if any).</b> If you previously filed any USCIS form using USCIS, provide the USCIS Account Number you were issued. The USCIS Account Number is <b>not</b> the same as an A-Number. If you were issued a USCIS Account Number, enter it in the space provided.</p> <p>...</p> <p>[Page 4]</p> <p><b>4.</b> Receive an initial Form I-94 if you were not issued one when you were originally admitted into the United States due to your military membership as described below:</p> <p><b>A.</b> Nonimmigrant member of the U.S. Armed Forces;  <b>B.</b> Nonimmigrant member of the North Atlantic Treaty Organization (NATO) armed forces or civilian component; or  <b>C.</b> Nonimmigrant member of the Partnership for Peace military program under the Status of Forces Agreement (SOFA).</p> <p>Select box “<b>1.g.</b>” in <b>Part 2.</b></p> <p>...</p>	<p>[Page 2]</p> <p>Specific Instructions</p> <p>...</p> <p><b>Item Number 2. USCIS <i>Online</i> Account Number (if any).</b> If you previously filed any USCIS form using USCIS, provide the USCIS Account Number you were issued. The USCIS Account Number is <b>not</b> the same as an A-Number. If you were issued a USCIS Account Number, enter it in the space provided.</p> <p>...</p> <p>[Page 4]</p> <p><b>4.</b> Receive an initial Form I-94 if you were not issued one when you were originally admitted into the United States due to your military membership as described below (<b>Select box “1.g.” in Part 2.</b>):</p> <p><b>A.</b> Nonimmigrant member of the U.S. Armed Forces;  <b>B.</b> Nonimmigrant member of the North Atlantic Treaty Organization (NATO) armed forces or civilian component; or  <b>C.</b> Nonimmigrant member of the Partnership for Peace military program under the Status of Forces Agreement (SOFA).</p> <p>[delete]</p> <p>...</p>
<p>Page 7,  USCIS Privacy Act</p>	<p>[Page 7]</p> <p>USCIS Privacy Act Statement</p>	<p>[Page 7]</p> <p>USCIS Privacy Act Statement</p>

<p><b>Statement</b></p>	<p><b>AUTHORITIES:</b> The information requested on this form, and the associated evidence, is collected pursuant to section 212(d)(5) of the Immigration and Nationality Act and 8 CFR section 235.1.</p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this form is to request for a new or replacement Form I-94 or I-95 Nonimmigrant Arrival-Departure Document. USCIS will use the information you provide to issue or deny the benefit sought.</p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.</p> <p><b>ROUTINE USES:</b> USCIS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS/USCIS-015 - Electronic Immigration System-2 Account and Case Management System of Records, which you can find at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a>]. USCIS may also make the information available, as appropriate, for law enforcement purposes or in the interest of national security.</p>	<p><b>AUTHORITIES:</b> The information requested on this form, and the associated evidence, is collected <b>under the Immigration and Nationality Act section 264 and 8 CFR 264.6.</b></p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this form is to request for a new or replacement Form I-94 or I-95 Nonimmigrant Arrival-Departure Document. <b>DHS</b> will use the information you provide to <b>grant</b> or deny the <b>immigration benefit you are seeking.</b></p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision <b>in your case</b> or result in denial of your form.</p> <p><b>ROUTINE USES:</b> <b>DHS</b> may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized <b>organizations.</b> <b>DHS follows</b> approved routine <b>uses described</b> in the associated published system of records notices [<b>DHS/USCIS-007 - Benefits Information System and DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records</b> <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a>]. <b>DHS may also share the information,</b> as appropriate, for law enforcement purposes or in the interest of national security.</p>
<p><b>Page 7,</b></p> <p><b>Paperwork Reduction Act</b></p>	<p><b>[Page 7]</b></p> <p><b>Paperwork Reduction Act</b></p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes per response (paper-format), including the time for reviewing instructions and completing and submitting the form; and 35 minutes for the electronic submission of this type of request. Send comments regarding this burden estimate or any other aspect of this</p>	<p><b>[Page 7]</b></p> <p><b>Paperwork Reduction Act</b></p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes per <b>response, including</b> the time for reviewing instructions <b>and submitting the form.</b> Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship</p>

	<p>collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0079. <b>Do not mail your completed Form I-102 application to this address.</b></p>	<p>and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0079. <b>Do not mail your completed Form I-102 application to this address.</b></p>
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