



U.S. Citizenship and Immigration Services

Burden Disclosure Notice

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 .167 hour or 5 minutes per response, including the time for reviewing instructions and completing and submitting the authorization. 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 and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave, NW, Washington, DC 20529-2140; OMB No. 1615-0131. Do not mail your completed form to this address.

USCIS Privacy Act Statement

AUTHORITIES: 8 U.S.C. §§ 1103, 1356 and 8 CFR 103.7(b)(1)(i)(D) authorize the collection of this information.

PURPOSE: The primary purpose for providing the requested information is to authorize an electronic credit card or Automated Clearing House (ACH) payment in Pay.gov, which is owned and operated by the Department of Treasury for **payment of USCIS fees**.

DISCLOSURE: The information you provide is voluntary. However, failure to **pay the required filing or biometric services fees associated with your application, petition, or request may delay acceptance or processing of your case. Failure to pay the USCIS fee may also delay production of any identity cards or other documents associated with your application, petition, or request.**

ROUTINE USES: This information may be used by and disclosed to USCIS personnel and contractors or others agents who need the information to assist in activities related to processing **required fees for applications, petitions, or requests, and proof of benefits**. Additionally, USCIS may disclose the information to other federal, state, and local authorized organizations, in accordance with approved routine used as described in the associated published system of records notice [TREASURY/FMS.017 – Collections Records – Treasury/Financial Management Service, which can be found at <http://www.treasury.gov/privacy>, and DHS-USCIS-007 – Benefits Information System, available at www.dhs.gov/privacy]. This information may also be made available as appropriate for law enforcement purposes or in the interest of national security.





*Indicates Required Field

FEES:	
Filing:	\$0
Total:	\$0
Exit	

USCIS I-131A Application for Travel Document (Carrier Documentation) Fee

Provide the following information as it appeared on your Lawful Permanent Resident Card.

A-Number*

Last Name*

First Name*

Date of Birth*

[Add Applicant >](#)

Travel Document (Carrier Documentation) Payee Table

A-Number	Last Name	First Name	Date of Birth	I-131A Fee Amount	Remove Applicant
No data available in table					



*Indicates Required Field

SUCCESS: You have added a Travel Document (Carrier Documentation) applicant to your Payee Table.

FEES:

Filing: \$360
Total: \$360

Exit

USCIS I-131A Application for Travel Document (Carrier Documentation) Fee

Provide the following information as it appeared on your Lawful Permanent Resident Card.

A-Number*

A- Enter the A-Number without the "A"

Last Name*

First Name*

Date of Birth*

Add Applicant >

Travel Document (Carrier Documentation) Payee Table

A-Number	Last Name	First Name	Date of Birth	I-131A Fee Amount	Remove Applicant
A000094314	PENROD	HARLOW	02/05/1948	\$565	Remove

Continue >





FEES:
Filing: \$360
Total: \$360
[Exit](#)

Review Travel Document (Carrier Documentation) Fee Payment Information *Indicates Required Field

A-Number	Last Name	First Name	Date of Birth	I-131A Fee Amount	Remove Applicant
A000094314	PENROD	HARLOW	02/05/1948	\$565	Remove

[Back](#) [Pay](#)



U.S. Citizenship and Immigration Services



TOPICS

- Adoption
- Appeals
- Avoid Scams

VERIFICATION

- E-Verify
- I-9 Central
- mvF-Verify

POLICIES

- USCIS Freedom of Information Act and Privacy Act
- No FEAR Act

GOVERNMENT

- Passports
- Visa Bulletin
- U.S. Department of Homeland Security

FEES:	
Filing:	\$360
Total:	\$360
Exit	

*Indicates Required Field

Payer Email Address

Please provide an email address where USCIS can contact you about your payment transaction, if needed. A payment confirmation notice will be sent to the email address you provide.

Email Address*

Confirm Email Address*

I do not have an email address.

Payer Contact Information

Last Name*

City or Town*

First Name*

Country*

Address Line 1*

Province / State*

Postal Code*

Address Line 2

I do not want to provide a mailing address.



[← Back](#)

[Proceed to Payment →](#)



USCIS I-131A Fee

Please select a payment method:

- I want to pay with a withdrawal from a checking or savings account (ACH) 
- I want to pay with a debit or credit card 

[Cancel](#)

Continue

Credit card payment



USCIS I-131A Fee

Please provide the Credit or Debit Card Information below.

* indicates required fields

Agency Tracking ID: xikCKgHz9yFalf

Payment Amount: \$395.00

Country: --Select Country--

* Billing Address:

Billing Address 2:

* City:

State/Province:

ZIP/Postal Code:

* Account Holder Name:

* Card Type: --Select Card Type--



* Card Expiration Date: --Select Month-- --Select Year--

* Account Number:

[Previous](#)

[Cancel](#)

[Continue](#)

Credit card payment



USCIS I-131A Fee

Please provide the Credit or Debit Card Information below.

* indicates required fields

Agency Tracking ID: xikCKgHz9yFalF

Payment Amount: \$395.00

Country: United States

* Billing Address: 20 Massachusetts Ave

Billing Address 2:

* City: Washington

* State/Province: District of Columbia

* ZIP/Postal Code: 20001

* Account Holder Name: MIB Test

* Card Type: Visa



* Card Expiration Date: 09 2018

* Account Number: 4111111111111111

[Previous](#)

[Cancel](#)

[Continue](#)

Credit card payment



USCIS I-131A Fee

Review and submit payment

* indicates required fields

Agency Tracking ID: xikCKgHz9yFalf
Payment Amount: \$395.00
Payment Method: Plastic Card
Account Holder Name: MIB Test
Card Type: Visa
Account Number: *****1111
Billing Address: 20 Massachusetts Ave
Billing Address 2:
City: Washington
Country: United States
State/Province: DC
ZIP/Postal Code: 20001

* I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

[Previous](#)

[Cancel](#)

Submit

ACH payment

USCIS I-131A Fee

Please enter checking or savings account information below.

* Indicates required fields

Agency Tracking ID: mOdm2Ea9WEhpUY

Payment Amount: \$395.00

* Account Holder Name:

* Account Type:

Routing Number	Account Number	Check Number
<input type="text" value="026946783"/>	<input type="text" value="9243767390"/>	<input type="text" value="1234"/>

* Routing Number:

* Account Number:

* Confirm Account Number:

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[Cancel](#)

[Continue](#)

ACH payment

USCIS I-131A Fee

Review and submit payment

* indicates required fields

Agency Tracking ID: mOdm2Ea9WEhpUY

Payment Amount: \$395.00


Payment Method: ACH Debit

Account Holder Name: Kirsten Applicant

Account Type: Business Checking

Routing Number: 302075128

Account Number: *****4567

Authorization and Disclosure Statement: 

Authorization and Disclosure--Consumers and Businesses
The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Financial Management Service. As used in this document, "we" or "us" refers to the Financial Management Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.
I. Consumers

* I agree to the Pay.gov authorization and disclosure statement.

Previous

Cancel

Submit



FEES:

Filing:	\$360
Total:	\$360

[Exit](#)

Confirmation



Congratulations. You successfully submitted payment(s) for **Form I-131A, Application for Travel Document (Carrier Documentation)** on Tuesday, June 14, 2016.

- We recommend that you **print this page** and keep it for your records.
- You will receive a separate confirmation of your payment(s) at the email address you provided. If you paid for more than one person, you will receive a separate receipt for each applicant at the email address you provided.
- **Please file Form I-131A in person at the nearest U.S. Embassy or U.S. Consulate to you or that has jurisdiction over the applicant's overseas location.** For information about making an appointment at the U.S. Embassy or U.S. Consulate, follow the Department of State's online instructions at [LINK GOES HERE](#).
- **Please bring the completed Form I-131A and proof of payment to the scheduled appointment at the U.S. Embassy or U.S. Consulate.**
- Form I-131A, Application for Travel Document (Carrier Documentation) is available online at www.uscis.gov/I-131A.

A-Number	USCIS Receipt Number	Last Name	I-131A Fee Amount
A*****1119	IOE*****1725	TOTINO	\$565

Please use the online help form to contact our Customer Contact Center if you need assistance.

[Print](#)

[USCIS Customer Homepage](#)