



Application to Replace Permanent Resident Card

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

USCIS
Form I-90
OMB No. 1615-0082
Expires 07/31/2019

For USCIS Use Only	<input type="checkbox"/> Applicant Interviewed	Receipt	Action Block
	Date: _____		
	Class of Admission		
	Remarks		

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached to represent the applicant.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Alien Registration Number (A-Number)
A-

2. USCIS Online Account Number (if any)
▶

Your Full Name

NOTE: Your card will be issued in this name.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Has your name legally changed since the issuance of your Permanent Resident Card?

Yes (Proceed to **Item Numbers 5.a. - 5.c.**)

No (Proceed to **Item Numbers 6.a. - 6.i.**)

N/A - I never received my previous card. (Proceed to **Item Numbers 6.a. - 6.i.**)

If your name has legally changed since the issuance of your Permanent Resident Card, provide your name exactly as it is printed on your current Permanent Resident Card.

NOTE: Include all evidence of your legal name change with this application.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Mailing Address [\(USPS ZIP Code Lookup\)](#)

6.a. In Care Of Name

6.b. Street Number and Name

6.c. Apt. Ste. Flr.

6.d. City or Town

6.e. State 6.f. ZIP Code

6.g. Province

6.h. Postal Code

6.i. Country

Part 2. Application Type

Reason for Application (Select only one box)

NOTE: If your conditional permanent resident status is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of Form I-90** section of the Form I-90 Instructions for further information.)

My status is (Select only one box):

- 1.a. Lawful Permanent Resident (Proceed to **Section A.**)
- 1.b. Permanent Resident - In Commuter Status (Proceed to **Section A.**)
- 1.c. Conditional Permanent Resident (Proceed to **Section B.**)

Section A. (Complete this section **only** if you are a lawful permanent resident or a permanent resident in commuter status.)

- 2.a. My previous card has been lost, stolen, or destroyed.
- 2.b. My previous card was issued but never received.
- 2.c. My existing card has been mutilated.
- 2.d. My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Provide a detailed explanation of the error in the space provided in **Part 7. Additional Information** and return your existing card with incorrect data along with this application.)
- 2.e. My name or other biographic information has legally changed since issuance of my existing card or my card has incorrect data and the error was not caused by DHS. (Provide a detailed explanation of the biographic information that changed or the error in the space provided in **Part 7. Additional Information**, and include appropriate documentary evidence that reflects the change or new data.)
- 2.f. My existing card has already expired or will expire within six months.
- 2.g.1. I have reached my 14th birthday and am registering as required. My existing card will expire **AFTER** my 16th birthday. (See **NOTE** below for additional information.)
- 2.g.2. I have reached my 14th birthday and am registering as required. My existing card will expire **BEFORE** my 16th birthday. (See **NOTE** below for additional information.)

NOTE: If you are filing this application before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason **2.k.** However, if your card has expired, you must select reason **2.f.**

- 2.h.1. I am a permanent resident who is taking up commuter status.
- 2.h.2. I am a commuter who is taking up actual residence in the United States.
- 2.i. I have been automatically converted to lawful permanent resident status.
- 2.j. I have a prior edition of the alien registration card.
- 2.k. I am applying to replace my current Permanent Resident Card for any other reason that is not specified above. Provide a detailed explanation of the reason you are applying to replace your card in the space provided in **Part 7. Additional Information.**

Section B. Complete this section only if you are a conditional permanent resident. If your conditional permanent resident status is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of Form I-90** section of the Form I-90 Instructions for further information.)

- 3.a. My previous card has been lost, stolen, or destroyed.
- 3.b. My previous card was issued but never received.
- 3.c. My existing card has been mutilated.
- 3.d. My existing card has incorrect data because of DHS error. (Provide a detailed explanation of the error in the space provided in **Part 7. Additional Information** and return your existing card with incorrect data along with this application.)
- 3.e. My name or other biographic information has legally changed since the issuance of my existing card or my card has incorrect data and the error was not caused by DHS. (Provide a detailed explanation of the biographic information that changed or the error in the space provided in **Part 7. Additional Information**, and include appropriate documentary evidence that reflects the change or new data.)

Part 3. Processing Information

1. Location where you applied for an immigrant visa or adjustment of status:
2. Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:

Part 3. Processing Information (continued)

Complete **Item Numbers 3.a.** and **3.a.1.** if you entered the United States with an immigrant visa. (If you were granted adjustment of status, proceed to **Item Number 4.**)

3.a. Destination in the United States at time of admission:

3.a.1. Port-of-Entry where admitted to the United States:

City or Town and State

Answer **Item Numbers 4. - 11.** If you answer "Yes" to any question (or if you answer "No," but are unsure of your answer), provide a detailed explanation in the space provided in **Part 7. Additional Information.**

4. Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States?

Yes No

5. Since you were granted permanent resident status, have you ever filed or signed a Form I-407, Record of Abandonment of Lawful Permanent Resident Status, or any other document indicating you have abandoned your permanent resident status?

Yes No

6. Since you were granted permanent resident status, have you ever been determined by a judge to have abandoned your permanent resident status?

Yes No

7. Since you were granted permanent resident status, have you ever been absent from the United States for a continuous period for more than 180 days but less than one year?

Yes No

8. Since you were granted permanent resident status, have you ever been absent from the United States for a continuous period of one year or more?

Yes No

9. Since you were granted permanent resident status, have you ever had a residence outside the United States, other than while you held commuter status?

Yes No

10. Since you were granted permanent resident status, have you ever been employed outside the United States, other than while you held commuter status?

Yes No

NOTE: Only answer **Item Number 11.** if you hold or have held commuter status.

11. Were you ever out of regular employment in the U.S. for a continuous period of six months or more while you held commuter status?

Yes No

Biographic Information

12. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

13. Race (Select **all applicable** boxes)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

14. Height Feet Inches

15. Weight Pounds

16. Eye Color (Select **only one** box)

Black Blue Brown

Gray Green Hazel

Maroon Pink Unknown/Other

17. Hair Color (Select **only one** box)

Bald (No hair) Black Blond

Brown Gray Red

Sandy White Unknown/Other

Part 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-90 Instructions before completing this section.

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.**

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 6.** read to me every question and instruction on this application and my answer to every question in [Fillable field], a language in which I am **fluent, and** I understood everything.

a language in which I am fluent and I understood everything.

2. At my request, the preparer named in **Part 7.**,

prepared this application for me based only upon information I provided or authorized.

Part 4. Applicant's Statement, Contact Information, Certification, and Signature
(continued)

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)

Applicant's 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 will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I 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

- 6.a. Applicant's **Signature**
➔
- 6.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 5. 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. 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 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 provided in **Part 5, 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 Certification**, and has verified the accuracy of every answer.

Part 5. 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 6. 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 may need to 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 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 7. 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. _____

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