

**TABLE OF CHANGES – FORM**  
**Form I-90, Application to Replace Permanent Residence Card**  
**OMB Number: 1615-0082**  
**07/29/2020**

**Reason for Revision: Fee Rule**

**Project Phase: Post G-1056**

- Please note – all instances of “if any” and “if applicable” have been removed from Form I-90.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 07/31/2021

Edition Date 07/23/2020

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1, For USCIS Use Only</b>	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Applicant Interviewed Date: Class of Admission Remarks Receipt Action Block</p> <p>To be completed by an attorney or BIA-accredited representative (if any). Select this box if Form G-28 is attached to represent the applicant. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p>	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Applicant Interviewed Date: Class of Admission Remarks Receipt Action Block</p> <p>To be completed by an attorney or BIA-accredited <b>representative</b>. Select this box if Form G-28 is attached to represent the applicant. Attorney State Bar <b>Number</b> Attorney or Accredited Representative USCIS Online Account <b>Number</b></p>
<b>Pages 1-2, Part 1. Information About You</b>	<p>[Page 1]</p> <p>...</p> <p>2. USCIS Online Account Number (if any)</p> <p>[Page 2]</p> <p>...</p> <p>16. U.S. Social Security Number (if any)</p>	<p>[Page 1]</p> <p>...</p> <p>2. USCIS Online Account <b>Number</b></p> <p>[Page 2]</p> <p>...</p> <p>16. U.S. Social Security <b>Number</b></p>
<b>Page 7, Part 7. Additional Information</b>	<p>[Page 7]</p> <p>...</p> <p>If you need extra space to provide any</p>	<p>[Page 7]</p> <p>...</p> <p>If you need extra space to provide any</p>

	<p>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. Include your name and A -Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p> <p>2. A-Number (if any) [Auto-populated field]</p> <p>...</p>	<p>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. Include your name and A -<b>Number</b> at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p> <p>2. A-<b>Number</b> [Auto-populated field]</p> <p>...</p>
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