

Application for Travel Document (Carrier Documentation)

USCIS Form I-131A

OMB No. 1615-0135 Expires 02/28/2021

Department of Homeland SecurityU.S. Citizenship and Immigration Services

| | Receipt | | | | Action Block | | | | | |
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| Us | | | | | | | | | | |
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| | Document Hand Delivered | | | | | | | | | |
| | Ву: | Date: | ld/yyy | v) | | | | | | |
| | | (IIIII) C | <i>10,</i> | ,, | | | | | | |
| atto | To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 or Form G-28 is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) | | | | | | | | | |
| ▶ S | TART HERE - Type or print in black ink. | | | | | | | | | |
| Par | 1. Information About You | | 4. | Is your cu physical | | ailing addre | ss the san | _ | _ | J.S. No |
| 1.a. | Family Name (Last Name) | | | If you an | swered " | 'No" to Iten | n Numbe | _ | - | |
| 1.b. | Given Name (First Name) | | | | | lress in Item | | | | |
| 1.c. | Middle Name | | U.S | . Physica | al Addı | ress | | | | |
| 2. | Has your name changed since the issuance of you | our last | 5.a. | Street Nu and Nam | | | | | | |
| | Permanent Resident Card (Form I-551)? Ye | s No | 5.b. | Apt. | Ste. | . ∏Flr. | | | | |
| NOTE: If you answered "Yes" to Item Number 2. , attach | | | | | | | | | | |
| evidence of your legal name change with this application. | | | 5.c. | City or T | Cown | | | | | |
| Cur | rent Mailing Address (USPS ZIP Code Look | <u>up)</u> | 5.d. | State | 5 | S.e. ZIP Co | ode | | | |
| 3.a. | In Care Of Name (if any) | | Oth | er Infor | mation | ļ, | | | | |
| 3.b. | Street Number | | 6. | Alien Re | gistratio | n Number (A | A-Numbe | r) | | |
| 3.0. | and Name | | | | | ► A- | | | | |
| 3.c. | Apt. Ste. Flr. | | 7. | USCIS O | Online A | ccount Num | ber (if an | y) | | |
| 3.d. | City or Town | | | | > | | | | | |
| 3.e. | State 3.f. ZIP Code | | 8. | U.S. Soci | ial Secur | rity Number | (if any) | | | |
| 3.g. | Province | | 9. | Date of B | Birth (mr | n/dd/yyyy) | <u> </u> | | | |
| 3.h. | Postal Code | | 10. | Sex | Male | e Fem | ale | | | |
| 3.i. | Country | | 10. | SCA | iviaic | | uic | | | |
| | | | | | | | | | | |

| Par | rt 1. Information About You (continued) | 5.b. Date Issued (mm/dd/yyyy) | | | | | |
|------|---|--|--|--|--|--|--|
| 11. | Country of Birth | 5.c. Disposition (attached, lost, etc.): | | | | | |
| | | | | | | | |
| 12. | Country of Citizenship or Nationality | | | | | | |
| | | Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and | | | | | |
| Par | rt 2. Reason for Application | Signature | | | | | |
| | et only one box. | NOTE: Read the Penalties section of the Form 1-131A Instructions before completing this section. | | | | | |
| 1.a. | My previous Permanent Resident Card has been lost, stolen, or destroyed. | Applicant's Statement | | | | | |
| 1.b. | My previous Permanent Resident Card was issued but never received. | NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. | | | | | |
| 1.c. | My existing Permanent Resident Card has been mutilated. | 1.a. I can read and understand English, and I have read and understand every question and instruction on this | | | | | |
| 1.d. | My existing Permanent Resident Card has already expired. | application and my answer to every question. 1.b. The interpreter named in Part 5. read to me every | | | | | |
| 1.e. | Other (explain below). | question and instruction on this application and answer to every question in | | | | | |
| Par | rt 3. Processing Information | a language in which I am fluent, and I understood everything. | | | | | |
| 1. | Date Departed the United States (mm/dd/yyyy) | 2. At my request, the preparer named in Part 6. , | | | | | |
| | Date Departed the Cinica States (minack) yyyyy | 10 [101] | | | | | |
| 2. | Date of Intended Travel to the United States (mm/dd/yyyy) | prepared this application for me based only upon information I provided or authorized. | | | | | |
| | | Applicant's Contact Information | | | | | |
| 3. | Are you NOW , or were you EVER , in exclusion, deportation, removal, or rescission proceedings? | 3. Applicant's Daytime Telephone Number | | | | | |
| | If you answered "Yes" to Item Number 3. , provide details in the space provided in Part 7. Additional Information . | 4. Applicant's Mobile Telephone Number (if any) | | | | | |
| 4. | Since you were granted permanent residence, have you EVER filed Form I-407, Abandonment of Lawful Permanent Resident Status, or otherwise been judged to | 5. Applicant's Email Address (if any) | | | | | |
| | have abandoned your status? Yes No | Applicant's Declaration and Certification | | | | | |
| | If you answered "Yes" to Item Number 4. , provide details in the space provided in Part 7. Additional Information . | Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS | | | | | |
| 5.a. | Have you EVER been issued a Travel Document? Yes No | 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 | | | | | |
| | TC 1877 H. TA NT 1 7 | determine my eligibility for the immigration benefit that I seek. | | | | | |

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I furthermore authorize release of information contained in this

records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

application, in supporting documents, and in my USCIS

If you answered "Yes" to **Item Number 5.a.**, answer **Item Numbers 5.b.** and **5.c.** for the last document issued to you

and provide additional details in the space provided in

Part 7. Additional Information.

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

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

| App | olicant's Signature |
|----------|---|
| 6.a. | Applicant's Signature |
| → | |
| 6.b. | Date of Signature (mm/dd/yyyy) |
| out t | TE TO ALL APPLICANTS: If you do not completely fill his application or fail to submit required documents listed e Instructions, USCIS may deny your application. |
| | et 5. Interpreter's Contact Information, etification, and Signature |
| Prov | ide the following information about the interpreter. |
| Inte | erpreter'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) |
| Inte | erpreter'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 |
| | |

| 4. | Interpreter's Daytime Telephone Number |
|-------|--|
| 5. | Interpreter's Mobile Telephone Number (if any) |
| 6. | Interpreter's Email Address (if any) |
| Int | terpreter's Certification |
| I cei | rtify, under penalty of perjury, that: |

which is the same language specified in **Part 4.**, **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 Declaration and Certification**, and has verified the accuracy of every answer.

| 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) | | | | |
| | | | | | |

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Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

| Pre | parer'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 | | | | | |
| D | | | | | | |
| | parer's Contact Information | | | | | |
| 4. | Preparer's Daytime Telephone Number | | | | | |
| _ | - LICONI | | | | | |
| 5. | Preparer's Mobile Telephone Number (if any) | | | | | |
| 6. | Preparer's Email Address (if any) | | | | | |
| | | | | | | |
| Pro | parer'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 complet Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, 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 Declaration and 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 | | | | | |
|----------------------|--------------------------------|--|--|--|--|
| 3.a. | Preparer's Signature | | | | |
| | | | | | |
| 8.b. | Date of Signature (mm/dd/yyyy) | | | | |

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| Par | t 7. Additional Information | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|---------------------------------------|--|----------|-------------|------|-------------|------|-------------|
| within space to consheet top or and I | In need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this application or attach a separate of paper. Type or print your name and A-Number at the feach sheet; indicate the Page Number , Part Number , tem Number to which your answer refers; and sign and each sheet. | 5.d. | | | | | |
| | Family Name (Last Name) | \ | = | | | | |
| 1.b. | Given Name (First Name) | | | | | | |
| 1.c. | Middle Name | | | | | | |
| 2. | A-Number ► A- | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 3.a. | Page Number 3.b. Part Number 3.c. Item Number | 6.d. | | 1 | | | |
| 3.d. | | LI | | | | | |
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