

Application for Carrier Documentation

Department of Homeland Security

USCIS Form I-131A OMB No. 1615-0135 Expires 02/28/2021

U.S. Citizenship and Immigration Services

For USCIS Use Only		Receipt		Action Block
		Document Issued Transportation Letter Document Hand Delivered		RT
		By: Date:	n/dd/yyyy	y)
To be completed by an attorney or accredited representative (if any). Select this box if you attach Form G-28 or Form G-28I. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)				
► S	START HERE - Type or print in black ink.			
Par	Part 1. Information About You Current Mailing Address USPS ZIP Code Lookup			
1.a.		ily Name t Name)	3.a.	In Care Of Name (if any)
1.b.	Give	en Name		
1.0		st Name)	3.b.	Street Number and Name
1.c. 2.		e you changed your name since receiving your last	3.c.	Apt. Ste. Flr.
2.	Form I-551, Permanent Resident Card, Form I-512 or		3.d.	City or Town
	I-512L, Advanced Parole Document, or Form I-766, Employment Authorization Document (with travel endorsement)?	3.e.	State 3.f. ZIP Code	
		3.g.	Province	
		ΓE: If you answered "Yes" to Item Number 2. , attach ence of your legal name change with this application.	3.h.	Postal Code
			3.i.	Country

4. Is your current mailing address the same as your U.S. physical address?

If you answered "No" to **Item Number 4.**, provide your U.S. physical address in **Item Numbers 5.a. - 5.e.**

Par	Part 1. Information About You (continued) 1.h. My existing Form I-766, Employment Authorization Document (with travel endorsement), has been damaged				
U.S. Physical Address			Other (explain below).		
5.a.	Street Number and Name				
5.b.	Apt. Ste. Flr.	Par	t 3. Processing Information		
5.c.	City or Town	1.	Date You Departed the United States (mm/dd/yyyy)		
5.d.	State 5.e. ZIP Code	2.	Date of Intended Travel to the United States		
Oth	er Information		(mm/dd/yyyy)		
6.	Alien Registration Number (A-Number) (if any) A-	3.	Date of Expiration of Existing Permanent Resident Card (mm/dd/yyyy)		
7.	USCIS Online Account Number (if any)	4.	Date of Expiration of Existing Reentry Permit (if applicable) (mm/dd/yyyy)		
8.	U.S. Social Security Number (if any)	-5.	Date of Expiration of Existing Form I-512, I-512L, or Form I-766 (if applicable) (mm/dd/yyyy)		
9.	Date of Birth (mm/dd/yyyy)	6.	Receipt Number of Form I-131, Application for Travel		
10.	Gender Male Female	C	Document, Associated With the Lost, Stolen, or Damaged Form I-512, I-512L, or I-766 (if applicable)		
11.	Country of Birth				
12.	Country of Citizenship or Nationality		Are you NOW , or were you EVER , in exclusion, deportation, removal, or rescission proceedings?		
		7	☐ Yes ☐ No If you answered "Yes" to Item Number 7. , provide		
Part 2. Reason for Application			details in the space provided in Part 7. Additional Information .		
Selec	et only one box.	8.	If you are a lawful permanent resident, have you EVER		
1.a.	My previous Permanent Resident Card has been lost, stolen, or destroyed.		filed Form I-407, Record of Abandonment of Lawful Permanent Resident Status, or otherwise been judged to		
1.b.	My previous Permanent Resident Card was issued but never received.		have abandoned your status? Yes No If you answered "Yes" to Item Number 8. , provide details		
1.c.	My existing Permanent Resident Card has been damaged.	0.5	in the space provided in Part 7. Additional Information .		
1.d.	My existing Permanent Resident Card has already expired.	9.a.	If you are a lawful permanent resident, have you EVER been issued a Carrier Document? Yes No		
1.e.	My existing Form I-512/Form I-512L, Advance Parole Document, has been lost, stolen, or destroyed.		If you answered "Yes" to Item Number 9.a. , answer Item Numbers 9.b. and 9.c. for the last document issue to you and provide additional details in the space		
1.f.	My existing Form I-512/Form I-512L, Advance Parole Document, has been damaged.	<u>.</u>	provided in Part 7. Additional Information.		
1.g.	My existing Form I-766, Employment Authorization		Date Issued (mm/dd/yyyy)		
	Document (with travel endorsement), has been lost, stolen, or destroyed.	9.c.	Disposition (attached, lost, etc.):		

Part 3. Processing Information (continued)

10.a. If you received a Form I-512/I-512L, Advanced Parole Document, or Form I-766, Employment Authorization Document (with travel endorsement), was it ever revoked?

If you answered "Yes" to **Item Number 10.a.,** answer **Item Numbers 10.b.**, and **10.c.**, for the last document issued to you and provide additional details in the space provided in **Part 7. Additional Information**.

10.b. Date of Revocation (mm/dd/yyyy)

10.c. Reason for Revocation

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

NOTE: Read the **Penalties** section of the Form 1-131A Instructions before completing this section.

Applicant's Statement

2.

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 5.** read to me every question and instruction on this application and my answer to every question in

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

At my request, the preparer named in **Part 6.**,

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

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 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 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 properly complete this application or fail to submit required documents listed in the Instructions, we 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)

Part 5.	Interpreter's Contact Information ,
Certific	cation, and Signature (continued)

Interpreter's Mailing Address

3.a.	Street Number and Name			
3.b.	Apt. S	te. 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)

	3.g.	Postal Code
Interpreter's Certification	3.h.	Country
I certify, under penalty of perjury, that:	\mathbf{U}	
I am fluent in English and	, Pre	parer's Con
which is the same language specified in Part 4. , Item	4.	Preparer's Da
Number 1.b., and I have read to this applicant in the identified language every question and instruction on the	is	
application and his or her answer to every question. The	-	Preparer's Mo
applicant informed me that he or she understands every		
instruction, question, and answer on the application, inc the Applicant's Certification , and has verified the accu	<u> </u>	Preparer's Em
of every answer.	indey of	
Interpreter's Signature		
7.a. Interpreter's Signature		

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)		
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		
	UZU		

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)

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** (continued)

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, 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

tinn 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 2020 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)

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Part 7. Additional Information] 5.a.	Page Number 5.b. Part Numb	er 5.c. Item Number
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.	5.d.		
1.a. Family Name (Last Name)]		
1.b. Given Name (First Name)			
1.c. Middle Name]		
2. A-Number ► A- 3.a. Page Number 3.b. Part Number 3.a. Page Number 3.b. Part Number	6.a.	Page Number 6.b. Part Numb	er 6.c. Item Number
3.d.	_		
Produ 04/06	1C /2 7.a.	Page Number 7.b. Part Numb	er 7.c. Item Number
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.	7.d.		
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