

# **Application for Carrier Documentation**

**Department of Homeland Security** U.S. Citizenship and Immigration Services USCIS Form I-131A OMB No. 1615-0135 Expires 11/30/2024

	Receipt	Action Block			
Fo US( Us On	CIS Document Issued Transportation Letter				
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)					
	TART HERE - Type or print in black ink. t 1. Information About You	Cumont Mailing Address (USPS 710 Code Lookur)			
1.a.	Family Name (Last Name)	Current Mailing Address       (USPS ZIP Code Lookup)         3.a. In Care Of Name (if any)			
1.b.	Given Name (First Name)	<b>3.b.</b> Street Number			
1.c. 2.	Middle Name Have you changed your name since receiving your last	and Name           3.c.         Apt.         Ste.         Flr.			
	Form I-551, Permanent Resident Card, Form I-512 or I-512L, Advanced Parole Document, or Form I-766,	3.d. City or Town			
	Employment Authorization Document (with travel endorsement)?	3.e. State 3.f. ZIP Code			
	<b>NOTE:</b> If you answered "Yes" to <b>Item Number 2.</b> , attach	3.g. Province			
	evidence 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.** 

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

# 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**

**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.

2. 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. <u>Applicant's Mobile Telephone Number (if any)</u>
- 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

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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.	<b>Interpreter's Contact Information</b> ,		
Certification, 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) *Interpreter's Certification*I certify, under penalty of perjury, that:

I am fluent in English and

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 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)

### **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)

**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**

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)

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Part 7. Additional Information	] 5.a.	Page Number <b>5.b.</b> Part Number <b>5.c.</b> 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 <b>Page Number</b> , <b>Part</b> <b>Number</b> , and <b>Item Number</b> to which your answer refers; and		
sign and date each sheet.  1.a. Family Name (Last Name)		FT
1.b. Given Name (First Name)	]	
1.c. Middle Name	]	
<ol> <li>A-Number ► A-</li> <li>Bage Number 3.b. Part Number 3.c. Item Number</li> </ol>	<b>6.a.</b>	Page Number 6.b. Part Number 6.c. Item Number
3.d.	6.d.	
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11/10	- 7.a.	Page Number 7.b. Part Number 7.c. Item Number
<b>4.a.</b> Page Number <b>4.b.</b> Part Number <b>4.c.</b> Item Number	7.d.	
4.d.	-	
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