

E-SAFE SCREENSHOTS

08/23/2023

APPLICATION TYPE:

Application for Advance Permission to Enter as a Nonimmigrant
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-192
OMB No. 1615-0017
Expires 10/31/2023

Related Content

- Form I-192 Instructions
- Designated Ports of Entry

e-SAFE Form I-192



NOTE: This form should be completed in English characters only.

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one**):

*Application Type

-- Select One --

Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

d2 Any changes to the email address above

Given Name (First Name)

Sow

Middle Name (if applicable)

Any changes to the email address above

NOTE: Any changes to the above information must be made by using **My Profile** link above.

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Additional Information**.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Additional Information

I acknowledge I have answered all questions on this page to the best of my knowledge

Save and Next

Paperwork Reduction Act. USCIS may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 56 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 1 hour and 10 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0017. **Do not mail your completed Form I-192 to this address.**

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INFORMATION ABOUT YOU:

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Other Information

3. Alien Registration Number (A-Number) (if any) ⓘ

4. USCIS Online Account Number (if any) ⓘ

* 5. Date of Birth (mm/dd/yyyy)

6. Place of Birth

* City or Town ⓘ

* City or Town ⓘ

City or Town is required. Please complete the field.

State or Province

* Country

Country is required. Please complete the field.

* 7. Country of Citizenship or Nationality ⓘ

Country of Citizenship or Nationality is required. Please complete the field.

* 8. Gender ⓘ

Gender is required. Please complete the field.

I acknowledge I have answered all questions on this page to the best of my knowledge

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- Travel Information
- Employment Information
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- Applicant, Interpreter and Preparer Info
- Applicant's Statement
- Interpreter's Statement
- Preparer's Statement
- Finish Application

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6. Place of Birth

* City or Town ⓘ

State or Province

-- Select One --

* Country

-- Select One --

* 7. Country of Citizenship or Nationality ⓘ

-- Select One --

* 8. Gender ⓘ

-- Select One --

-- Select One --

Male
Female
Another Gender Identity

Address History X

Marital Information X

Marital Status X

Marital History X

Immigration and Travel X

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Other Information

3. Alien Registration Number (A-Number) (if any) ⓘ

4. USCIS Online Account Number (if any) ⓘ

* 5. Date of Birth (mm/dd/yyyy)

6. Place of Birth

* City or Town ⓘ

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ADDRESS and ADDRESS HISTORY:

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9. Mailing Address (safe address, if applicable)

Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Street Number and Name

12112 GARDEN GROVE CIR

Apt. Ste. Flr. Number

City or Town

FAIRFAX

State

VIRGINIA

ZIP Code

22030-9011

Province

Postal Code

Country

UNITED STATES OF AMERICA

NOTE: Any changes to the above information must be made by using [My Profile](#) link above.

I acknowledge I have answered all questions on this page to the best of my knowledge

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MAILING ADDRESS

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Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Also provide the dates of residence, indicating when you lived at the location listed. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge. Provide your current address first.

Is your current Physical Address the same as your Mailing Address?

When you have entered all of your addresses, click **Save and Next** to go to the next section.

I acknowledge I have answered all questions on this page to the best of my knowledge

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Add an Address

10. Physical Address 1

Current

* Street Number and Name
2000 main street

Apt./Ste./Flr. Apt./Ste./Flr. Number
-- Select One --

* City or Town
alexandria

State ZIP Code
KENTUCKY

OR

Province Postal Code
-- Select One --

* Country
UNITED STATES OF AMERICA

Dates of Residence

* From (mm/dd/yyyy)
6/14/2017

Date Entered: **June 14, 2017**

To (mm/dd/yyyy)
8/1/2023

Date Entered: **August 01, 2023**

Cancel Save Address

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Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Also provide the dates of residence, indicating when you lived at the location listed. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge. Provide your current address first.

| ADDRESS | ADDRESS TYPE | FROM | TO | | |
|------------------------------------|------------------|------------|---------|---|---|
| 2000 main street alexandria KY, | Current Physical | 06/14/2017 | Current |  |  |

Add an Address

When you have entered all of your addresses, click Save and Next to go to the next section.

I acknowledge I have answered all questions on this page to the best of my knowledge

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MARITAL INFORMATION:

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Information About Your Marital History

*12. What is your current marital status? ⓘ

Single, Never Married

*13. How many times have you been married (including annulled marriages and marriages to the same person)?

1

I acknowledge I have answered all questions on this page to the best of my knowledge

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Preparer's Statement ✗

Finish Application

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Marital History for Current and Prior Marriages

No Marital History Added.

 **Add Marriage Details**

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your **current spouse**.

Marriage Status

Current

14. Current Spouse's Legal Name (provide family name before marriage)

* Family Name (Last Name)

Lewis

* Given Name (First Name)

Joe

Middle Name (if applicable)

15. Spouse's Alien Registration Number (A-Number) (if any)

* 16. Date of Birth (mm/dd/yyyy)

8/2/1994

Date Entered: **August 02, 1994**

* 17. Date of Marriage (mm/dd/yyyy)

8/8/2023

Date Entered: **August 08, 2023**

18. Place of Birth

City or Town

State or Province

-- Select One --

Country

-- Select One --

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Applicant, Interpreter and Preparer Info ✗

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Interpreter's Statement ✗

Preparer's Statement ✗

Finish Application

19. Place of Marriage

* City or Town

Alexandria

State or Province

KENTUCKY

* Country

UNITED STATES OF AMERICA

Cancel Save Marital Record

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Marital History for Current and Prior Marriages

| SPOUSE NAME | DATE MARRIAGE BEGAN | DATE MARRIAGE ENDED | | |
|-------------|---------------------|---------------------|--|--|
| Lewis, Joe | 08/08/2023 | Current | | |

Add Marital Record

When you have finished adding your marital history , click Save and Next to go to the next section.

I acknowledge I have answered all questions on this page to the best of my knowledge

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IMMIGRATION and TRAVEL:

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Immigration and Criminal History

26. Explain the grounds of inadmissibility that may apply in your case

* 27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?

If you answered "Yes" to **Item Number 27.**, provide the details in **Items 28. - 29.** If you need extra space to complete this section, use the space provided in **Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry)

USCIS Office or U.S. Port of Entry

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USCIS Office or U.S. Port of Entry

City or Town

State or Province

-- Select One --

Country

-- Select One --

Receipt Number (if available)

Additional Information ⓘ

I acknowledge I have answered all questions on this page to the best of my knowledge

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IMMIGRATION AND CRIMINAL HISTORY

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*30. Have you EVER been in the United States for a period of six months or more?

No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Additional Information.**

Additional Information

*31. Have you EVER filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?

No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

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26. Explain the grounds of inadmissibility that may apply in your case

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28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry)

USCIS Office or U.S. Port of Entry

USCIS Office or U.S. Port of Entry

City or Town

State or Province

Country

Receipt Number (if available)

Additional Information ⓘ

I acknowledge I have answered all questions on this page to the best of my knowledge

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IMMIGRATION and CRIMINAL HISTORY CONTINUED

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*30. Have you EVER been in the United States for a period of six months or more?

No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Additional Information.**

Additional Information

*31. Have you EVER filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?

No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

34. Outcome of the application or petition (for example, approved, denied, or pending).

Additional Information ⓘ

*35. Have you EVER been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?

No

If you answered "Yes" to **Item Number 35.**, provide an explanation of the information in the space provided in **Additional Information.**

Additional Information ⓘ

*36. Have you EVER, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?

No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Additional Information.**

Additional Information ⓘ

I acknowledge I have answered all questions on this page to the best of my knowledge

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Paperwork Reduction Act. USCIS may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 56 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 1 hour and 10 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0017. **Do not mail your completed Form I-192 to this address.**

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TRAVEL INFORMATION:

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Travel Information

Location at Which you Plan to Enter the United States (desired Port of Entry)

*37. City

alexandria

*38. State

VIRGINIA

*39. Name of Port of Entry ⓘ

Alexandria Bay

*40. How do you plan to travel to the United States? (For example, by plane, ship, car)

plane

*41. When do you plan to enter the United States? (mm/dd/yyyy)

8/23/2023

*41. When do you plan to enter the United States? (mm/dd/yyyy)

8/23/2023

Date Entered: **August 23, 2023**

*42. Approximate Length of Stay in the United States ⓘ

2 weeks

*43. What is the purpose of your stay in the United States? Explain fully below. ⓘ

travel

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EMPLOYMENT INFORMATION

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Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you do not know the address, please leave blank.

No Employers Have been entered.

[Add an Employer](#)

When you have entered all of your Employers, click **Save and Next** to go to the next section.

I acknowledge I have answered all questions on this page to the best of my knowledge

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Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you do not know the address, please leave blank.

No Employers Have been entered.

 Add an Employer

44. Employer 1

Current

* Name of Employer or Company

Aldi

Address of Employer or Company (If you do not know the address, please leave blank.)

Street Number and Name

Apt. Ste. Flr. Apt., Ste. or Flr. Number/Letter

City or Town

State ZIP Code

OR

Province Postal Code

Country

* Your Occupation
Cashier

Dates of Employment

* From (mm/dd/yyyy)
5/6/2013

Date Entered: May 06, 2013

To (mm/dd/yyyy)
8/1/2023

Date Entered: August 01, 2023

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Cancel

Save Employer

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Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you do not know the address, please leave blank.

| EMPLOYER NAME | OCCUPATION | FROM | TO | | |
|---------------|------------|------------|---------|--|--|
| Aldi | Cashier | 05/06/2013 | Current | | |

Add an Employer

When you have entered all of your Employers, click Save and Next to go to the next section.

I acknowledge I have answered all questions on this page to the best of my knowledge

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APPLICANT STATEMENT:

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Part 3. Applicant's Statement, Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2345678901

2. Applicant's Mobile Telephone Number (if any)

Any changes to the

3. Applicant's Email Address (if any)

sskap80+appd2@gmail.com

NOTE: Any changes to the above information must be made by using **My Profile** link above.

I acknowledge I have answered all questions on this page to the best of my knowledge

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Applicant's Statement ✗

Interpreter's Statement ✗

Preparer's Statement ✗

Finish Application

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INTERPRETER'S STATEMENT

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Part 4. Interpreter's Contact Information, Certification, and Signature

Applicants who are not using an Interpreter, please review and acknowledge the statement at the bottom of the page to continue the application process. If you are an Interpreter please complete the sections below.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number

5. Interpreter's Email Address

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

I acknowledge I have answered all questions on this page to the best of my knowledge

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PREPARER'S STATEMENT

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Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Applicants who are not using a Preparer, please review and acknowledge the statement at the bottom of the page to continue the application process. If you are a Preparer please complete the sections below.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

I acknowledge I have answered all questions on this page to the best of my knowledge

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RESUME APPLICATION

CERTIFY APPLICATION

GENERATE PDF

Applicant
Sow Any changes to the email address above d2 Any changes to the email address above

Application Number
192-034502

Application Status
Initial

Required documentation should include:

- Personal Statement
- Proof of Citizenship
- Official Court Records
- RCMP Certificate Form C216C¹
- Character Reference Letters
- Prior Waiver²
- Form G-28³

Recommended documentation could include but not limited to:

- Evidence of Rehabilitation/Reformation of Character
- Evidence of Current Foreign Employment
- Previous U.S. Employment
- Evidence of Ties to Your Present Foreign Country/Residence
- Additional evidence which may support your application

NOTE: Remember to upload all required and supporting documents before submitting your application.

¹RCMP Certificate Form C216C is only required if the applicant is a Canadian citizen

DOCUMENTS
Upload Documents

Document Type

The system will store all documents, including photographs uploaded in the system. Documents uploaded in the system will be owned and protected by CBP according to all applicable laws, rules and regulations.

NOTE: Please make sure you upload all documents you want CBP to consider with your application. Maximum file upload size is 2 GB per document.

Personal Statement

APPLICANT CONSENT:

Verify and Consent

Consent

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4., understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Click to Consent

Reminder: after consenting, you still need to pay to submit your application