

TABLE OF CHANGES – INSTRUCTIONS
Form I-212, Application for Permission to Re-apply for Admission Into the United States
After Deportation or Removal
OMB Number: 1615-0018
07/12/2023

Reason for Revision: Limited REV
Project Phase: 30 Day

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 03/31/2024
Edition Date 03/21/2022

Current Page Number and Section	Current Text	Proposed Text
<p>Page 9-13,</p> <p>Specific Instructions</p>	<p>[Page 12]</p> <p>...</p> <p>Part 6. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature</p> <p>Item Numbers 1.a. - 6.b. Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application MUST contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p>[new]</p>	<p>[Page 12]</p> <p>...</p> <p>Part 6. Applicant’s Contact Information, Certification, and Signature</p> <p>[deleted]</p> <p>You must sign and date your application and, if applicable, provide your daytime telephone number, mobile telephone number, and email address. The signature of a parent or legal guardian, if applicable, is acceptable. A stamped or typewritten name in place of a signature is not acceptable.</p>

	<p>Part 7. Interpreter’s Contact Information, Certification, and Signature</p> <p>Item Numbers 1.a. - 7.b. If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application.</p> <p>[new]</p> <p>Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>Item Numbers 1.a. - 8.b. This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both Part 7. and Part 8. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application MUST sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also 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, along with your application.</p>	<p>Part 7. Interpreter’s Contact Information, Certification, and Signature</p> <p>[deleted]</p> <p>If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section and sign and date the application.</p> <p>Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>[deleted]</p>
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	<p>[new]</p> <p>Part 9. Additional Information</p> <p>Item Numbers 1.a. - 7.d. If you need extra space to provide any additional information within this application, use the space provided in Part 9. Additional Information. If you need more space than what is provided in Part 9., you may make copies of Part 9. to complete and file with your 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.</p> <p>...</p>	<p>The person who completed your application, if other than the applicant, must sign this section. If the same individual acted as your interpreter and your preparer, then that person should complete both Part 7. and Part 8. A stamped or typewritten name in place of a signature is not acceptable.</p> <p>Part 9. Additional Information</p> <p>[no change]</p> <p>...</p>
<p>Page 18, USCIS Privacy Act Statement</p>	<p>[Page 18]</p> <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this application, and the associated evidence, is collected under INA section 212(a)(9)(A) or (C).</p> <p>PURPOSE: The primary purpose for providing the requested information on this application is to obtain consent from the Secretary to reapply for admission to the United States before you can lawfully return to the United States. DHS and DOJ will use the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision in your case or result in a rejection or denial of your</p>	<p>[Page 18]</p> <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this application, and the associated evidence, is collected under Immigration and Nationality Act section 212(a)(9)(A) or (C).</p> <p>PURPOSE: The primary purpose for providing the requested information on this application is to obtain consent from the Secretary to reapply for admission to the United States before you can lawfully return to the United States. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.</p>

	<p>application.</p> <p>ROUTINE USES: DHS and DOJ may share the information you provide on this application with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records] which you can find at www.dhs.gov/privacy. DHS and DOJ may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.</p>	<p>ROUTINE USES: DHS may share the information you provide on this application, and any additional requested evidence with other federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS/ICE/CBP- 001 Alien File, Index, and National File Tracking System, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessment [DHS/USCIS/PIA 016(a) Computer Linked Application Information Management System (CLAIMS 3) and Associated Systems], which can be found at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.</p>
<p>Page 18, Paperwork Reduction Act</p>	<p>[Page 18]</p> <p>Paperwork Reduction Act</p> <p>An agency 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 2 hours 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, if required, 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009. Do not mail your completed</p>	<p>[Page 18]</p> <p>Paperwork Reduction Act</p> <p>An agency 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 1.87 hours 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, if required, 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009. Do not mail your completed</p>

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