

# **Welcome to the United States**

# I-94W Nonimmigrant Visa Waiver Arrival/Departure Record

**OMB NO. 1651-0111**CBP Form I-94W (xx/18)

STAPLE HERE

### **ARRIVAL RECORD** Visa Waiver

#### Instructions

This form must be completed by every nonimmigrant visitor not in possession of a visitor's visa who is a national of one of the countries enumerated in 8 CFR 217. The airline can provide you with the current list of eligible countries.

Type or print legibly with pen in ALL CAPITAL LETTERS. **USE ENGLISH.** 

This form is in two parts. Please complete both the **Arrival Record** (Items 1 through 8) and the **Departure Record** (Items 1 through 4). The reverse side of this form must be signed and dated. Children under the age of fourteen must have their form signed by a parent or guardian.

1	Applicant Information				
	Applicant Name (Please print, ALL CAPS)				
	Family Name	First (Given) Name			
	Are you known by any other names or aliases?	Yes No			
	Other Names/Aliases				
	Family Name	First (Given) Name			
	Parents				
	Family Name	First (Given) Name			
	Birth Date (DD/MM/YY)				
	Bitti Bate (BB) illini 11)				
	City of Birth				
	0.0, 0. 2				
	Country of Birth				
	Country of Birth				
	Gender (Male or Female)				
	delider (male or remale)				
2	Passport Information				
	Passport Number				
	Passport Issuing Country				
	Issuance Date (DD/MM/YY)	Expiration Date (DD/MM/YY)			
	Country of Citizenship				
	National Identification Number				
3	Citizenship Information				
	Are you now a citizen or national of any other co	ountry? Yes No			
	If yes, what countries?	Junity: 100			
	How did you acquire citizenship?				
	non dia yaa adquiro diazononip:				
	Have you ever been a citizen or national of any other country?  Yes  No				
	If yes, what countries?	other country:			
	n jos, mac soundios.				
	Have you ever been issued a passport or national identity card for travel by any other country?				
	If yes, what is the document number?	Expiration Date			
	Additional document number	Expiration Date			
	Expiration Date				
	If you need more space to answer any of the questions please add it here.				

Admission Number	This Space For Official Use Only				
	DRAFT				
4 Contact Information E-mail Address					
E-mail Address					
Telephone Number Country Code/Number					
Home Address					
Address Line 1	Apartment Number				
Address Line 2	City				
State/Province/Region	Country				
State) Howinee/Region	Country				
(Optional) Please enter information associated Provider	d with your online presence. Social Media Identifier				
5 Emergency Contact Information					
Emergency Contact Family Name	First (Given) Name				
Telephone Number Country Code/Number					
E-mail Address					
E main Address					
6 Travel Information					
6 Travel Information					
6 Travel Information  Is your travel to the U.S. occurring in transit to Address while in the United States  Address Line 1					
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1	Apartment Number				
Is your travel to the U.S. occurring in transit to Address while in the United States					
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1	Apartment Number				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State	Apartment Number City				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State	Apartment Number City				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry?	Apartment Number  City  No				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry?	Apartment Number City				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry?	Apartment Number  City  No  SEE OTHER SIDE				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry? Please provide your Pass ID number.	Apartment Number  City  No  SEE OTHER SIDE  OMB NO. 1651-0111				
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Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry? Please provide your Pass ID number.  Admission Number	Apartment Number  City  No  SEE OTHER SIDE  OMB NO. 1651-0111				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry? Please provide your Pass ID number.  Admission Number  DEPARTURE RECORD Visa Waiver	Apartment Number  City  No  SEE OTHER SIDE  OMB NO. 1651-0111				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry? Please provide your Pass ID number.  Admission Number  DEPARTURE RECORD Visa Waiver  1 Family Name (Please print, ALL CAPS)	Apartment Number  City  No  SEE OTHER SIDE  OMB NO. 1651-0111				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry? Please provide your Pass ID number.  Admission Number  DEPARTURE RECORD Visa Waiver  1 Family Name (Please print, ALL CAPS)	Apartment Number  City  No  SEE OTHER SIDE  OMB NO. 1651-0111				
Is your travel to the U.S. occurring in transit to Address while in the United States Address Line 1  Address Line 2  State  Are you a member of CBP Global Entry? Please provide your Pass ID number.  Admission Number  DEPARTURE RECORD Visa Waiver  1 Family Name (Please print, ALL CAPS)	Apartment Number  City  No  SEE OTHER SIDE  OMB NO. 1651-0111				

7 U.S. Point of Contact Information				
U.S. Point of Contact				
Address Address Line 1	Apartment Number			
Address Line 1	Apartment Number			
Address Line 2	City			
Address Line L				
State				
Telephone Number				
Country Code/Number				
Employment Information				
Do you have a current or previous employ	ver? Yes No			
Employer Name				
Address				
Address Line 1	Apartment Number			
Address Line 2	City.			
Address Line 2	City			
State/Province/Region	Country			
State/Province/Region	Country			
Telephone Number				
Country Code/Number				

5 U.S.C. § 552a(e)(3) PRIVACY ACT NOTICE: Information collected on this form is required by Title 8 of the U.S. Code, including the INA (8 U.S.C. 1103, 1187), and 8 CFR 235.1, 264, and 1235.1. The purposes for this collection are to give the terms of admission and document the arrival and departure of nonimmigrant aliens to the U.S. The information solicited on this form may be made available to other government agencies for law enforcement purposes or to assist DHS in determining your admissibility. All nonimmigrant aliens seeking admission to the U.S., unless otherwise exempted, must provide this information. Failure to provide this information may deny you entry to the United States and result in

PAPERWORK REDUCTION ACT STATEMENT: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number. The control number for this collection is 1651-0111. The estimated average time to complete this application is 16 minutes. If you have any comments regarding this burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, 10th Floor, Washington, DC 20229.

### **Departure Record**

IMPORTANT: Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date without permission from Department of Homeland Security authorities, is a violation of the law. Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

WARNING: You may not accept unauthorized employment; or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident, unless eligible under section 201(b) of the INA; or 3) an extension of stay. Violation of these terms will subject you to deportation. Any previous violation of this program, including having previously overstayed on this program without proper DHS authorization, may result

in a infuling of infaulthissibility as outlined in Section 217 of the infiningration and Nationality Act.						
Port						
Date						
Carrier						
Flight No./Ship Name						

Do you have a physical or men	tal disorder; or are you a drug abuser or addict;	Yes	N	
	the following diseases (communicable diseases ion 361(b) of the Public Health Service Act)?			
Cholera	Yellow Fever			
Diphtheria Tuberculosis, infectious	Viral Hemorrhagic Fevers, including Ebola, Lassa, Marburg, Crimean-Congo			
Plague Smallpox	Severe acute respiratory illnesses capable of transmission to other persons and likely to cause mortality.			
Have you ever been arrested of damage to property, or serious h	Yes	N		
Have you ever violated any law related to possessing, using, or distributing illegal drugs?				
Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?				
Have you ever committed fraud or misrepresented yourself or others to obtain or assist others to obtain a visa or entry into the United States?				
Are you currently seeking en previously employed in the Ur U.S. government?	Yes	N		
a previous passport or have y States or withdrawn your applica	U.S. visa you applied for with your current or ou ever been refused admission to the United ation for admission at a U.S. port of entry? If yes, where?	Yes	N	
Have you ever stayed in the U granted to you by the U.S. gove	nited States longer than the admission period ernment?	Yes	N	
	en present in, Iran, Iraq, Libya, North Korea, den on or after March 1, 2011?	Yes	N	
Official government business				
Military service on behalf of a Visa Waiver Program country				
If yes, when?				

WAIVER OF RIGHTS: I hereby waive any rights to review or appeal of a U.S. Customs and Border Protection officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any action in deportation.

CERTIFICATION: I certify that I have read and understand all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief.

	Signature	Date
•	X	

