

e-SAFE User Screenshots I-212

1/2/2024

USER PROFILE



Update Profile / Mailing Address

* First Name

Complete this field.

Middle Name

* Last Name

Complete this field.

* Email

Complete this field.

WARNING: Any changes to the email address above will not update the login email ID used to sign into e-SAFE. To make changes to the login email ID, users must contact the e-SAFE team here: aroattorneyinquirywaiver@cbp.dhs.gov. Once a request has been submitted the user will be notified once the modifications are complete.

* Phone

Complete this field.

Mobile Phone

* Mailing Street Address

Complete this field.

Apt./Ste./Flr

Apt./Ste./Flr number

* City

Complete this field.

State

Zip Code

OR

Province

Postal Code

* Country

Complete this field.

Cancel

Save

INFORMATION ABOUT YOU

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

- Related Content
- Form I-212 Instructions
 - Designated Ports of Entry

e-SAFE Form I-212

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

Part 1. Information About You

1. Alien Registration Number (A-Number) (If any)

Your Full Name

2. Family Name (Last Name)

Tester 124

2.b. Given Name (First Name)

Ken

2.c. Middle Name

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

Other Names Used

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.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Additional Information

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

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Removal as a Deportable Alien

Entry After Unlawful Presence

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- Reasons For Your Request to Reapply

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Family Members

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Biographic Information

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Employment History

Information About Your Parents

Information About Your Mother

Information About Your Father

Information About Your Marital History

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Marital History

Applicant, Interpreter and Preparer Info

Applicant's Statement

Intrepreter Information

Preparer Information

Finish Application

Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

MAILING ADDRESS

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

- Related Content
- Form I-212 Instructions
 - Designated Ports of Entry

e-SAFE Form I-212

Mailing Address

NOTE: If you are outside the United States, provide a U.S. mailing address, if available. If a U.S. mailing address is not available, provide your mailing address abroad.

5.a. In Care Of Name (if any)

5.b. Street Number and Name:

123 W MAIN ST

5.c. Apt. Ste. Flr.:

5.d. City or Town:

MEDFORD

5.e. State:

OREGON

5.f. ZIP Code:

97501-2726

5.g. Province:

5.h. Postal Code:

5.i. 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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- Information About Your Marital History

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- Applicant, Interpreter and Preparer Info

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ADDRESS HISTORY

Home My Profile My Forms Logout

Please enter at least 10 years of address history

Application for Permission to Reapply for Admission
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Department of Homeland Security
U.S. Citizenship and Immigration Services

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- Form I-212 Instructions
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Expires 03/31/2024

e-SAFE Form I-212

Address History

Provide physical addresses for everywhere you have lived during the last ten years, whether inside or outside the United States. Provide your current address first. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge.

6. Is your mailing address the same address where you currently live (physical address)?

YES

NO

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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- Finish Application

Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

OTHER INFORMATION

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

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Expires 03/31/2024

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- Form I-212 Instructions
 - Designated Ports of Entry

e-SAFE Form I-212

Other Information About You

8. U.S. Social Security Number (if any) ⓘ

9. U.S. Online Account Number (if any) ⓘ

* 10. Gender ⓘ

Male

10. Gender is required. Please complete the field.

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

11. Date of Birth (mm/dd/yyyy) is required. Please complete the field.

* 12. City or Town of Birth ⓘ

12. City or Town of Birth is required. Please complete the field.

13. State or Province of Birth (if applicable)

BRITISH COLUMBIA

* 14. Country of Birth

CANADA

14. Country of Birth is required. Please complete the field.

* 15. Country of Citizenship or Nationality ⓘ

CANADA

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

If you seek an immigrant visa or nonimmigrant visa and are or will file your application for consent to reapply with your immigrant or nonimmigrant visa application, provide the information requested in **Item Numbers 16. - 17.b.**

16. The Department of State (DOS) Consular Case Number (if available)

The Location of the U.S. Embassy or U.S. Consulate Where Your Application for an Immigrant Visa is Being or Will Be Made

17.a. City or Town ⓘ

17.b. Country

-- Select One --

Progress and Navigation

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Biographic Information ✓
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Information About Your Mother ✓
Information About Your Father ✓
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☒ I acknowledge I have answered all questions on this page to the best of my knowledge

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Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

REASONS FOR FILING - ARRIVING ALIEN

**Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal**
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

Related Content

- Form I-212 Instructions
- Designated Ports of Entry

e-SAFE Form I-212

Part 2. Reasons You Are Filing Form I-212

If you are inadmissible to the United States for the following reason, select "Yes" and then select the appropriate boxes. If you need additional space to complete this section, use the space provided in **Additional Information**.

Removal as an Arriving Alien (INA Section 212(a)(9)(A)(i))

Complete this section if you were removed from the United States as an arriving alien in expedited removal proceedings under INA section 235(b)(1) or at the end of proceedings under INA section 240. Also indicate either the number of times you have been removed from the United States or if you were convicted of an aggravated felony at any time before or after removal from the United States. Provide the dates you were removed from the United States and the location from where you were removed (city or town and state). If you were convicted, you must submit court documents, police records, or criminal records showing the disposition of your offense. You also should submit the originals or certified copies that are properly authenticated.

* 1.a. I have been removed as an arriving alien in expedited removal process under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien.

-- Select One --

1.a. I have been removed as an arriving alien in expedited removal process under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien. is required. Please complete the field.

- ☐ 1.b. I have only been removed once, and my last removal was less than five years ago.
- ☐ 1.c. I have been removed at least two or more times, and my last removal was less than 20 years ago.
- ☐ 1.d. I have been convicted of an aggravated felony in the United States or abroad, before my removal from the United States.

Provide information on your aggravated felony convictions in **Additional Information** and include the required evidence.

Additional Information

* 2. Date You Were Removed From the United States (mm/dd/yyyy)

2. Date You Were Removed From the United States (mm/dd/yyyy) is required. Please complete the field.

2. Date You Were Removed From the United States (mm/dd/yyyy) is required. Please complete the field.

Location From Where You Were Removed

* 3. City or Town

3. City or Town is required. Please complete the field.

* 4. State

-- Select One --

4. State 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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- Biographic Information ✓
- Employment History ✓
- Employment History ✓
- Information About Your Parents ✓
- Information About Your Mother ✓
- Information About Your Father ✓
- Information About Your Marital History ✗
- Marital Status ✓
- Marital History ✗
- Applicant, Interpreter and Preparer Info ✗
- Applicant's Statement ✗
- Interpreter Information ✗
- Preparer Information ✗
- Finish Application

Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

REASONS FOR FILING - DEPORTABLE ALIEN

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

Related Content

- Form I-212 Instructions
- Designated Ports of Entry

e-SAFE Form I-212

Removal as a Deportable Alien (INA 212(a)(9)(A)(ii))

Complete this section if you were removed from the United States as a deportable alien under INA section 240 or any other provision or law or if you departed while an order of removal was outstanding. Also indicate either the number of times you have been removed from the United States or if you were convicted of an aggravated felony at any time before or after removal from the United States. If you were convicted, you must submit court documents, police records, or criminal records showing the disposition of your offense. You also should submit the originals or certified copies that are properly authenticated. Also, provide the dates you were removed from the United States and the location from where you were removed (city or town and state).

* 5.a. I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding.

-- Select One --

5.a. I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding. Is required. Please complete the field.

- ☐ 5.b. I have only been removed once and my removal was less than 10 years ago.
- ☐ 5.c. I have been removed two or more times, and my last removal was less than 20 years ago.
- ☐ 5.d. I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States.

Provide information on your aggravated felony convictions in **Additional Information** and include the required evidence.

Additional Information

* 6. Date You Were Excluded, Deported or Removed From the United States (mm/dd/yyyy)

6. Date You Were Excluded, Deported or Removed From the United States (mm/dd/yyyy) is required. Please complete the field.

6. Date You Were Excluded, Deported or Removed From the United States (mm/dd/yyyy) is required. Please complete the field.

Location From Where You Were Removed

* 7.a. City or Town

7.a. City or Town is required. Please complete the field.

* 7.b. State

7.b. State is required. Please complete the field.

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

Save and Next

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- Finish Application

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REASONS FOR FILING - ENTRY AFTER UNLAWFUL

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

Related Content

- Form I-212 Instructions
- Designated Ports of Entry

e-SAFE Form I-212

Entry After Unlawful Presence in the Aggregate of 1 Year (INA Section 212(a)(9)(C)(i)(I))

Complete this section if you entered or attempted to enter the United States without being admitted or paroled after having been unlawfully present in the United States on or after April 1, 1997, for a period of more than one year, in the aggregate. (See INA section 212(a) (9)(C)(i)(I).) List all periods when you were unlawfully present in the United States, beginning with the most recent period. Provide the dates and locations (city or town and state) for your departures and entries or attempted reentries. Attach evidence to establish that you have remained outside of the United States for 10 years since your last departure.

* 8. I entered or attempted to enter the United States without being admitted or paroled, after having been unlawfully present in the United States on or after April 1, 1997, for a period of more than one year, in the aggregate.

-- Select One --

8. I entered or attempted to enter the United States without being admitted or paroled, after having been unlawfully present in the United States on or after April 1, 1997, for a period of more than one year, in the aggregate. is required. Please complete the field.

NOTE: If you answered "Yes" to **Item Number 8.**, list all of the time periods which you were unlawfully present in the United States (including any periods in which you overstayed your unlawful status). Begin with your most recent period of unlawful presence. Also attach evidence demonstrating that you have **remained outside the United States for 10 years** since your last departure.

Additional Information ⓘ

Periods of Unlawful Presence

* 9.a. From (mm/dd/yyyy)

9.a. From (mm/dd/yyyy) is required. Please complete the field.

9.a. From (mm/dd/yyyy) is required. Please complete the field.

* 9.b. To (mm/dd/yyyy)

9.b. To (mm/dd/yyyy) is required. Please complete the field.

* 10. Date You Departed The United States After Your Period of Unlawful Presence (mm/dd/yyyy)

10. Date You Departed The United States After Your Period of Unlawful Presence (mm/dd/yyyy) is required. Please complete the field.

Location Where You Departed the United States After Your Period of Unlawful Presence

* 11.a. City or Town

11.a. City or Town is required. Please complete the field.

* 11.b. State

-- Select One --

11.b. State is required. Please complete the field.

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Location Where You Reentered or Attempted to Reenter the United States

* 12.a. City or Town

12.a. City or Town is required. Please complete the field.

* 12.b. State

-- Select One --

12.b. State is required. Please complete the field.

* 13. Date You Attempted to Unlawfully Enter or Reenter the United States After Period of Unlawful Presence (mm/dd/yyyy)

13. Date You Attempted to Unlawfully Enter or Reenter the United States After Period of Unlawful Presence (mm/dd/yyyy) is required. Please complete the field.

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

Save and Next

Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

REASONS FOR FILING - ENTRY AFTER REMOVAL

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
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Expires 03/31/2024

Related Content

- [Form I-212 Instructions](#)
- [Designated Ports of Entry](#)

e-SAFE Form I-212

Entry After Removal (INA Section 212(a)(9)(C)(i)(II))

Complete this section if you entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed from the United States. List all the dates you were excluded, deported, or removed and when you entered or attempted to reenter into the United States. (See INA section 212(a)(9)(C)(i)(II).) Provide the dates and locations (city or town and state) for each exclusion, removal, and entry or attempted reentry. Attach evidence that you have remained outside of the United States for 10 years since your last departure.

* 14. I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed.

-- Select One --

14. I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed. is required. Please complete the field.

NOTE: If you answered "Yes" to **Item Number 14.**, include all the dates when you were excluded, deported, or removed from the United States. If you need extra space, use the space in **Additional Information**.

15. Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)

15. Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy) is required. Please complete the field.

Location Where You Reentered or Attempted to Reenter the United States after Your Exclusion, Deportation or Removal

16.a. City or Town

16.a. City or Town is required. Please complete the field.

16.b. State

-- Select One --

16.b. State is required. Please complete the field.

17. Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy)

17. Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy) is required. Please complete the field.

Additional Information ⓘ

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

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Biographic Information ✓

Biographic Information ✓

Employment History ✓

Employment History ✓

Information About Your Parents ✓

Information About Your Mother ✓

Information About Your Father ✓

Information About Your Marital History ✕

Marital Status ✓

Marital History ✕

Applicant, Interpreter and Preparer Info ✕

Applicant's Statement ✕

Interpreter Information ✕

Preparer Information ✕

Finish Application

Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

REASONS FOR REQUEST

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

- Related Content
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 - Designated Ports of Entry

e-SAFE Form I-212

Part 3. Reasons For Your Request For Permission to Reapply

If the Department of Homeland Security (DHS) permits you to reenter the United States, what immigration status will you seek?

1.a. - 1.d. Immigration Status ⓘ

Visitor

1.d. Other Status (Explain)

* 2. Explain Why You Would Like to Reenter the United States

|

2. Explain Why You Would Like to Reenter the United States is required. Please complete the field.

NOTE: If you need extra space to complete this section, use the space provided in Additional Information.

Additional Information

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

Save and Next

Progress and Navigation

- Information About You ✗
 - Information About You ✓
 - Mailing Address ✓
 - Address History ✗
 - Other Information About You ✓
 - Other Information About You Cont'd ✓
- Reasons You Are Filing ✓
 - Removal as an Arriving Alien ✓
 - Removal as a Deportable Alien ✓
 - Entry After Unlawful Presence ✓
 - Entry After Removal ✓
- Reasons For Your Request to Reapply ✓
 - Immigration Status ✓
 - Family Members ✓
- Biographic Information ✓
 - Biographic Information ✓
- Employment History ✓
 - Employment History ✓
- Information About Your Parents ✓
 - Information About Your Mother ✓
 - Information About Your Father ✓
- Information About Your Marital History ✗
 - Marital Status ✓
 - Marital History ✗
- Applicant, Interpreter and Preparer Info ✗
 - Applicant's Statement ✗
 - Intrepreter Information ✗
 - Preparer Information ✗
- Finish Application

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U.S. CITIZEN OR FAMILY MEMBERS

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
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USCIS Form I-212
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Expires 03/31/2024

Related Content

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- Designated Ports of Entry

e-SAFE Form I-212

U.S. Citizen or Lawful Permanent Resident Family Members (if any)

NOTE: If you need extra space to complete this section, use the space provided in **Additional Information**.

3.a. Family Name (Last Name) ⓘ

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. My Relative is

-- Select One --

Additional Information

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

Save and Next

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 - Family Members ✓
- Biographic Information ✓
 - Biographic Information ✓
- Employment History ✓
 - Employment History ✓
- Information About Your Parents ✓
 - Information About Your Mother ✓
 - Information About Your Father ✓
- Information About Your Marital History ✕
 - Marital Status ✓
 - Marital History ✕
- Applicant, Interpreter and Preparer Info ✕
 - Applicant's Statement ✕
 - Interpreter Information ✕
 - Preparer Information ✕
- Finish Application

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BIOGRAPHIC INFORMATION

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Part 4. Biographic Information

* 1. Ethnicity (Select One) ⓘ

-- Select One --

1. Ethnicity (Select One) is required. Please complete the field.

* 2. Race (select all applicable) ⓘ

American Indian and Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

* 3. Height - Feet ⓘ

3. Height - Feet is required. Please complete the field.

* Height - Inches

Height - Inches is required. Please complete the field.

* 4. Weight - Pounds ⓘ

4. Weight - Pounds is required. Please complete the field.

* 5. Eye Color (Select only one)

-- Select One --

5. Eye Color (Select only one) is required. Please complete the field.

* 6. Hair Color (Select only one)

-- Select One --

6. Hair Color (Select only one) is required. Please complete the field.

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

Save and Next

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Information About Your Mother

Information About Your Father
- Information About Your Marital History

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Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

EMPLOYMENT HISTORY

Application for Permission to Reapply for Admission
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U.S. Citizenship and Immigration Services

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e-SAFE Form I-212

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 are unsure of the exact employment date, provide the closest approximate date to the best of your knowledge.

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

Save and Next

Progress and Navigation

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- Reasons You Are Filing ✗
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 - Removal as a Deportable Alien ✗
 - Entry After Unlawful Presence ✗
 - Entry After Removal ✗
- Reasons For Your Request to Reapply ✗
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 - Biographic Information ✗
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 - Employment History ✗
- Information About Your Parents ✗
 - Information About Your Mother ✗
 - Information About Your Father ✗
- Information About Your Marital History ✗
 - Marital Status ✗
 - Marital History ✗
- Applicant, Interpreter and Preparer Info ✗
 - Applicant's Statement ✗
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 - Preparer Information ✗
- Finish Application

Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

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Related Content

- Form I-212 Instructions
- Designated Ports of Entry

e-SAFE Form I-212

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 are unsure of the exact employment date, provide the closest approximate date to the best of your knowledge.

No Employers Have been entered.



Add an Employer

Employment Status

Current

* 5. Name of Employer or Company

5. Name of Employer or Company is required. Please complete the field.

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

6.a. Street Number and Name

6.b. Apt. Ste. Flr. 6.b. Apt., Ste. or Flr. Number/Letter

6.c. City or Town

6.d. State

-- Select One --

6.e. ZIP Code

OR

6.f. Province

-- Select One --

6.g. Postal Code

6.h. Country

-- Select One --

* 7. Your Occupation

7. Your Occupation is required. Please complete the field.

Dates of Employment

* 8.a. From (mm/dd/yyyy)

Cancel

Save Employer

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 - Information About Your Father ✗
- Information About Your Marital History ✗
 - Marital Status ✗
 - Marital History ✗
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 - Applicant's Statement ✗
 - Interpreter Information ✗
 - Preparer Information ✗
- Finish Application

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INFORMATION ABOUT PARENTS

Application for Permission to Reapply for Admission
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- Related Content
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Information About Your Parents

Information About Your Mother

Mother's Legal Name

* 13.a. Family Name (Last Name)

13.a. Family Name (Last Name) is required. Please complete the field.

* 13.b. Given Name (First Name)

13.b. Given Name (First Name) is required. Please complete the field.

13.c. Middle Name

Mother's Name at Birth (If different than above)

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

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

15. Date of Birth (mm/dd/yyyy) is required. Please complete the field.

* 16. City or Town of Birth

16. City or Town of Birth is required. Please complete the field.

* 17. Country of Birth

-- Select One --

17. Country of Birth is required. Please complete the field.

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- Information About Your Marital History

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- Applicant, Interpreter and Preparer Info

18. Current City or Town of Residence (if living)

19. Current Country of Residence (if living)

-- Select One --

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

Save and Next

Applicant's Statement ✕

Interpreter Information ✕

Preparer Information ✕

Finish Application

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Related Content

- Form I-212 Instructions
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Expires 03/31/2024

e-SAFE Form I-212

Information About Your Father

Father's Legal Name

*20.a. Family Name (Last Name)

20.a. Family Name (Last Name) is required. Please complete the field.

*20.b. Given Name (First Name)

20.b. Given Name (First Name) is required. Please complete the field.

20.c. Middle Name

Father's Name at Birth (if different than above)

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

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

22. Date of Birth (mm/dd/yyyy) is required. Please complete the field.

*23. City or Town of Birth

23. City or Town of Birth is required. Please complete the field.

*24. Country of Birth

-- Select One --

24. Country of Birth is required. Please complete the field.

Progress and Navigation

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Employment History ✕

Information About Your Parents ✕

Information About Your Mother ✕

Information About Your Father ✕

Information About Your Marital History ✕

Marital Status ✕

Marital History ✕

25. Current City or Town of Residence (if living)

26. Current Country of Residence (if living)

-- Select One --

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

Save and Next

Applicant, Interpreter and Preparer Info

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Finish Application

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MARITAL HISTORY

Application for Permission to Reapply for Admission
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- Related Content
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Information About Your Marital History

* 27. What is your current marital status?

-- Select One --

27. What is your current marital status? is required. Please complete the field.

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

28. How many times have you been married (including annulled marriages and marriages to the same person)? is required. Please complete the field.

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

Save and Next

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APPLICANT STATEMENT

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e-SAFE Form I-212



Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-212 Instructions before completing this part.

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.

Complete this field.

* ☐ 1.b. The interpreter named in Part 7. read to me every question and instruction on this application and my answer to every question in

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

Please select either checkbox 1.a or 1.b as shown above

☐ 2. At my request the preparer named in Part 8.,

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

1231231234

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

5. Applicant's Email Address (if any)

kenseaney+test124@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

Save and Next

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Finish Application

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INTERPRETER INFORMATION

Application for Permission to Reapply for Admission
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U.S. Citizenship and Immigration Services

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Part 7. 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.a. Interpreter's Family Name (Last Name) is required. Please complete the field.

*1.b. Interpreter's Given Name (First Name)

1.b. Interpreter's Given Name (First Name) is required. Please complete the field.

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

*3.a. Street Number and Name

3.a. Street Number and Name is required. Please complete the field.

3.b. Apt., Ste. or Flr.

-- Select One --

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

3.c. City or Town

3.d. State

-- Select One --

3.e. ZIP Code

3.f. Province

-- Select One --

3.g. Postal Code

*3.h. Country

-- Select One --

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Information About Your Father
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3.h. Country is required. Please complete the field.

Interpreter's Contact Information

* 4. Interpreter's Daytime Telephone Number

4. Interpreter's Daytime Telephone Number is required. Please complete the field.

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 6., 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 Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

* 7.a. Interpreter's Signature

7.a. Interpreter's Signature is required. Please complete the field.

* 7.b. Date of Signature (mm/dd/yyyy)

7.b. Date of Signature (mm/dd/yyyy) 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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Paperwork Reduction Act. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this address.

PREPARER INFORMATION

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

- Related Content
- Form I-212 Instructions
 - Designated Ports of Entry

e-SAFE Form I-212



Part 8. 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.a. Preparer's Family Name (Last Name) is required. Please complete the field.

* 1.b. Preparer's Given Name (First Name)

1.b. Preparer's Given Name (First Name) is required. Please complete the field.

2. Preparer's Business or Organization (if any)

Preparer's Mailing Address

* 3.a. Street Number and Name

3.a. Street Number and Name is required. Please complete the field.

3.b. Apt., Ste. or Flr.

-- Select One --

3.b. Apt. Ste. Flr. Letter/Number

3.c. City or Town

3.d. State

-- Select One --

3.e. ZIP Code

3.f. Province

-- Select One --

3.g. Postal Code

* 3.h. Country

-- Select One --

3.h. Country is required. Please complete the field.

Progress and Navigation

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

Preparer's Contact Information

* 4. Preparer's Daytime Telephone Number

4. Preparer's Daytime Telephone Number is required. Please complete the field.

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

6. Preparer's Email Address (if any)

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 application in this case

-- Select One --

beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside of 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 including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on the information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

* 8.a. Preparer's Signature

8.a. Preparer's Signature is required. Please complete the field.

* 8.b. Date of Signature (mm/dd/yyyy)

8.b. Date of Signature (mm/dd/yyyy) 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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FINISH APPLICATION

Application for Permission to Reapply for Admission
Into the United States After Deportation or Removal
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-212
OMB No. 1615-0018
Expires 03/31/2024

- Related Content
- Form I-212 Instructions
 - Designated Ports of Entry

e-SAFE Form I-212

Click the Finish Application button to be redirected to a page where you can review your application, generate a PDF, upload documents, certify, sign, pay and submit your application.

To review your application, click on the 'Generate PDF' button. If you have not checked the 'I acknowledge I have answered all questions on this page to the best of my knowledge' section at the bottom of every page, you will not be able to view the generated PDF. All information entered on the application will display on the PDF in the field entered or in the Additional Information sections. To update your application, click on the 'Resume Application' button. If you have finished the application, you will be redirected to the beginning of the application. If you exited the application before finishing it, you will be returned to the last point you visited before exiting.

To upload documents, refer to the Upload Documents section. Select and **upload all documents you would like to submit in support of your application.**

Once certified and signed your application will be locked.

To certify your application, click on the 'Certify Application' button. This screen will display and allow you to validate all required documents. This screen will also allow you to upload additional supporting documents.

Once your application has been certified and signed, you must pay the appropriate non-refundable fee before you can submit your application. Use the Pay & Submit button in the top left to pay for the application. Once your payment is submitted, you have 45 days to report to a designated e-SAFE port of entry to complete the biometrics portion of the application.

Finish Application

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