# e-SAFE User Screenshots I-212

# 1/2/2024

# USER PROFILE

<b>a</b>	
Update Profile /	Mailing Address
* First Name	
Complete this field.	
Middle Name	
* Last Name	
Complete this field.	
* Email	
	ges 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 uirywaiver@cbp.dhs.gov. Once a request has been submitted the user will be notified once the modifications are complete.
Complete this field.	
Mobile Phone	
* Mailing Street Addre	SS
Complete this field.	
Apt/Ste./Flr	Apt/Ste./Fir number
Select One 💠	
* City	
Complete this field.	
State	Zip Code
Select One	<b>‡</b>
OR	
Province	Postal Code
Select One	<b>†</b>
* Country	
Select One	<b>‡</b>
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

# **Related Content**

Finish Application

- Form I-212 Instructions
- Designated Ports of Entry

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

e-SAFE Form I-212	
NOTE: This form should be completed in English characters only.	Progress and Navigation
Part 1. Information About You	✓ Information About You ×
1. Alien Registration Number (A-Number) (if any)	Information About You ✓
	Mailing Address ✓
Your Full Name	Address History X
2. Family Name (Last Name)	Other Information About You 🗸
Tester 124	Other Information About You Cont'd 🗸
2.b. Given Name (First Name)	✓ Reasons You Are Filing ✓
Ken	Removal as an Arriving Alien 🗸
2.c. Middle Name	,
NOTE: Any changes to the above information must be made by using My Profile link above.	Removal as a Deportable Alien 🗸
Other Names Used	Entry After Unlawful Presence 🗸
Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to	Entry After Removal 🗸
complete this section, use the space provided in <b>Additional Information</b> .	<ul> <li>Reasons For Your Request to Reapply</li> </ul>
3.a. Family Name (Last Name)	Immigration Status 🗸
	Family Members 🗸
3.b. Given Name (First Name) 1	✓ Biographic Information ✓
	Biographic Information 🗸
3.c. Middle Name 1	✓ Employment History ✓
	Employment History 🗸
4.a. Family Name (Last Name)	✓ Information About Your Parents
	Information About Your Mother 🗸
4.b. Given Name (First Name)	Information About Your Father 🗸
	✓ Information About Your Marital History   X
4.c. Middle Name	Marital Status 🗸
	Marital History X
Additional Information	✓ Applicant, Interpreter and Preparer Info  X
	Applicant's Statement 🗙
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	Intrepreter Information ×
Save and Mart	Preparer Information X

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 Budger (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 Messachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form 1-212 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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

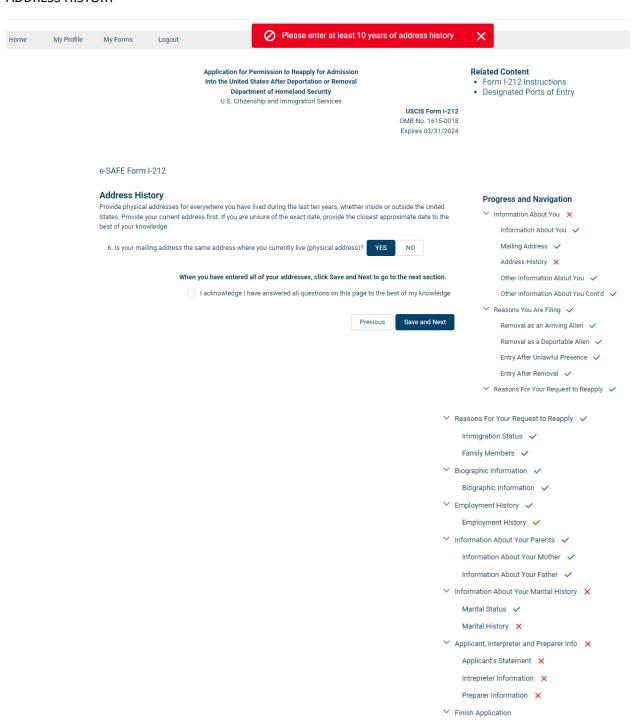
USCIS Form I-212 OMB No. 1615-0018 Expires 03/31/2024

# e-SAFE Form I-212

Mailing Address		Progress and Navigation
NOTE: If you are outside the United States, provide a U.S. mailing address, if available available, provide your mailing address abroad.	e. If a U.S. mailing address is not	✓ Information About You ×
5.a. In Care Of Name (if any)		Information About You 🗸
		Mailing Address 🗸
5.b. Street Number and Name:		Address History 🗙
123 W MAIN ST		Other Information About You 🗸
5.c. Apt. Ste. Flr.:		Other Information About You Cont'd 🗸
5.d. City or Town:		Reasons You Are Filing
MEDFORD		Removal as an Arriving Alien 🗸
5.e. State:		Removal as a Deportable Alien 🗸
OREGON		Entry After Unlawful Presence 🗸
<b>5.f. ZIP Code:</b> 97501-2726		Entry After Removal 🗸
5.g. Province:		<ul> <li>Reasons For Your Request to Reapply</li> </ul>
5.h. Postal Code:		Immigration Status 🗸
5.i. Country:		Family Members 🗸
UNITED STATES OF AMERICA		✓ Biographic Information ✓
NOTE: Any changes to the above information must be made by using My Profile link ab	ove.	Biographic Information 🗸
✓ I acknowledge I have answered all questions on this	page to the best of my knowledge	Employment History
	Previous Save and Next	Employment History 🗸
		✓ Information About Your Parents  ✓
		Information About Your Mother 🗸
		Information About Your Father 🗸
		✓ Information About Your Marital History   X
		Marital Status 🗸
		Marital History X
		Applicant, Interpreter and Preparer Info X
		Applicant's Statement X
		Intrepreter Information X
		Preparer Information X
		➤ 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.

#### **ADDRESS HISTORY**



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 1-212 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

# Related Content

- Form I-212 Instructions
- · Designated Ports of Entry

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

#### e-SAFE Form I-212

Other Information About You	Progress and Navigation
B. U.S. Social Security Number (if any) 1	✓ Information About You 🗙
	Information About You 🗸
9. U.S. Online Account Number (if any)	Mailing Address 🗸
	Address History ×
*10. Gender 🚯	Other Information About You 🗸
Male	Other Information About You Cont'd
10. Gender is required. Please complete the field.	Reasons You Are Filing
*11. Date of Birth (mm/dd/yyyy)	Removal as an Arriving Alien 🗸
11. Date of Birth (mm/dd/yyyy) is required. Please complete the field.	Entry After Unlawful Presence 🗸
*12. City or Town of Birth 🚯	Entry After Removal 🗸
	✓ Reasons For Your Request to Reapply
12. City or Town of Birth is required. Please complete the field.	Immigration Status 🗸
13. State or Province of Birth (if applicable)	Family Members 🗸
BRITISH COLUMBIA +	✓ Biographic Information ✓
*14. Country of Birth	Biographic Information 🗸
CANADA *	Employment History
14. Country of Birth is required. Please complete the field.	Employment History 🗸
*15. Country of Citizenship or Nationality	✓ Information About Your Parents
CANADA ‡	Information About Your Mother 🗸
15. Country of Citizenship or Nationality is required. Please complete the field.	Information About Your Father 🗸
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.	✓ Information About Your Marital History X
16. The Department of State (DOS) Consular Case Number (if available)	Marital Status 🗸
	Marital History X
The Location of the U.S. Embassy or U.S. Consulate Where Your Application for an Immigrant Visa is Being or Will Be Made	✓ Applicant, Interpreter and Preparer Info ×
17.a. City or Town 1	Applicant's Statement X
	Intrepreter Information X
17.b. Country	Preparer Information X
Select One	✓ 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 - 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

# **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

**Progress and Navigation** 

✓ Information About You 

X

Information About Vou

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

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**.

	IIIIOIIIIatioii About You 🗸	
Removal as an Arriving Alien (INA Section 212(a)(9)(A)(i))	Mailing Address 🗸	
Complete this section if you were removed from the United States as an arriving alien in expedited removal proceedin	Address History X	
under  INA  section  235(b)(1)  or  at  the  end  of  proceedings  under  INA  section  240.  Also  indicate  either  the  number  of  times  and  and	mes Other Information About You 🗸	
you have been removed from the United States or if you were convicted of an aggravated felony at any time before or removal from the United States. Provide the dates you were removed from the United States and the location from wh	041	,
you were removed (city or town and state). If you were convicted, you must submit court documents, police records,	or ✓ Reasons You Are Filing ✓	
criminal records showing the disposition of your offense. You also should submit the originals or certified copies that properly authenticated.	rare  Removal as an Arriving Alien	
	Removal as a Deportable Alien 🗸	
*1.a. I have been removed as an arriving alien in expedited removal process under INA section 235(b)(1) or I was rem at the end of proceedings under INA section 240 as an arriving alien.		
- Select One -	Entry After Removal ✓	
	X Danaga Fas Vaus Barriant to Barria	
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 of proceedings under INA section 240 as an arriving alien, is required. Please complete the field.		`
	Immigration Status 🗸	
1.b. I have only been removed once, and my last removal was less than five years ago.	Reasons For Your Request to Reapply	
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.	Immigration Status 🗸	
ates.	Family Members 🗸	
rovide information on your aggravated felony convictions in Additional Information and include the required evidence.	✓ Biographic Information ✓	
dditional Information	Biographic Information 🗸	
	✓ Employment History ✓	
	Employment History 🗸	
2. Date You Were Removed From the United States (mm/dd/yyyy)	✓ Information About Your Parents	
<u> </u>	Information About Your Mother 🗸	
Date You Were Removed From the United States (mm/dd/yyyy) is required. Please complete the field.	Information About Your Father 🗸	
Date You Were Removed From the United States (mm/dd/yyyy) is required. Please complete the field.		
ocation From Where You Were Removed	✓ Information About Your Marital History 🗶	
3. City or Town	Marital Status 🗸	
	Marital History X	
City or Town is required. Please complete the field.	Applicant, Interpreter and Preparer Info X	
4. State	Applicant's Statement 🗙	
Select One	Intrepreter Information X	
State is required. Please complete the field.	Preparer Information X	
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	➤ Finish Application	
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 - DEPORTABLE ALIEN

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

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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

**Progress and Navigation** 

✓ Information About You 

X

USCIS Form I-212 OMB No. 1615-0018

Expires 03/31/2024

# e-SAFE Form I-212

# 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	re Information About You 🗸
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 a	Mailing Address 🗸
properly authenticated. Also, provide the dates you were removed from the United States and the location from where y	A dalance of the Arms - No.
were removed (city or town and state).	Other Information About You 🗸
*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	Other Information About You Cont'd 🗸
United States while an order of removal was outstanding.	Reasons You Are Filing
- Select One -	Removal as an Arriving Alien 🗸
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.	Removal as a Deportable Alien 🗸
5.b. I have only been removed once and my removal was less than 10 years ago.	Entry After Unlawful Presence 🗸
5.c. I have been removed two or more times, and my last removal was less than 20 years ago.	Entry After Removal 🗸
5.d. I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from t United States.	the   Reasons For Your Request to Reapply
Provide information on your aggravated felony convictions in <b>Additional Information</b> and include the required evidence.	Immigration Status 🗸
Additional Information	Family Members 🗸
	✓ Biographic Information ✓
	Biographic Information 🗸
	V. Diamorbiolofomodia
* 6. Date You Were Excluded, Deported or Removed From the United States (mm/dd/yyyy)	➤ Biographic Information ✓
	Biographic Information 🗸
6. Date You Were Excluded, Deported or Removed From the United States (mm/dd/yyyy) is required. Please complete the field.	Employment History
6. Date You Were Excluded, Deported or Removed From the United States (mm/dd/yyyy) is required. Please complete the field.	Employment History 🗸
Location From Where You Were Removed	✓ Information About Your Parents
*7.a. City or Town	Information About Your Mother 🗸
	Information About Your Father 🗸
7.a. City or Town is required. Please complete the field.	✓ Information About Your Marital History   X
*7.b. State	Marital Status 🗸
Select One	Marital History ×
7.b. State is required. Please complete the field.	✓ Applicant, Interpreter and Preparer Info  X
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	Applicant's Statement X
Save and Next	Intrepreter Information X
	Preparer Information X
	✓ 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 - 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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

**Progress and Navigation** 

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

# 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  $aggregate. \ (See \ INA\ section\ 212(a)\ (9)(C)(i)(I).)\ List\ all\ periods\ when\ you\ were\ unlawfully\ present\ in\ the\ United\ States,$ with the most recent period. Provide the dates and locations (city or town and state) for your departures and

entries or attempted rentries. 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   1
Periods of Unlawful Presence
9.a. From (mm/dd/yyyy)
ä
a. From (mm/dd/yyyy) is required. Please complete the field.
a.a. From (mm/dd/yyyy) is required. Please complete the field.
9.b. To (mm/dd/yyyy)
iii
D.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)
<b>=</b>
<ol> <li>Date You Departed The United States After Your Period of Unlawful Presence (mm/dd/yyyy) is required. Please complete the leld.</li> </ol>
ocation Where You Departed the United States After Your Period of Unlawful Presence
* 11.a. City or Town
1.a. City or Town is required. Please complete the field.
11.b. State
- Select One -
1.b. State is required. Please complete the field.

✓ Information About You   X
Information About You 🗸
Mailing Address 🗸
Address History X
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 ✓
Biographic Information ✓
➤ Employment History ✓
Employment History ✓
✓ Information About Your Parents ✓
Information About Your Mother   Information About Your Fathers  About Your Fathers  About Your Fathers
Information About Your Father
✓ Information About Your Marital History X  Marital Status ✓
Marital History X
✓ Applicant, Interpreter and Preparer Info X  Applicant's Statement X
Intrepreter Information X
Preparer Information X
reparer information 🔨

Finish Application

Location Where You Reentered or Attempted to Reenter the United States



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 Budger (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

OMB No. 1615-0018 Expires 03/31/2024

# **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

**Progress and Navigation** 

#### 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.		✓ Information About You 🗙
		Information About You 🗸
		Mailing Address 🗸
		Address History 🗙
*14. I entered or attempted to enter the United States without being admitted or paroled after having been excludeported, or removed.	uded,	Other Information About You 🗸
- Select One -		Other Information About You Cont'd
	•	Reasons You Are Filing
14. I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deporemoved, is required. Please complete the field.	rted, or	Removal as an Arriving Alien 🗸
NOTE: If you answered "Yes" to Item Number 14., include all the dates when you were excluded, deported, or real	moved	Removal as a Deportable Alien 🗸
from the United States. If you need extra space, use the space in <b>Additional Information</b> .		Entry After Unlawful Presence 🗸
15. Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)		Entry After Removal 🗸
	苗	✓ Reasons For Your Request to Reapply
15. Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy) is required. Please complete the field.		Immigration Status 🗸
Location Where You Reentered or Attempted to Reenter the United States after Your Exclusion, Deportation or Removal		Family Members 🗸
16.a. City or Town	~	Biographic Information ✓
		Biographic Information ✓
16.a. City or Town is required. Please complete the field.	~	Employment History 🗸
16.b. State		Employment History 🗸
Select One	~	Information About Your Parents 🗸
16.b. State is required. Please complete the field.		Information About Your Mother 🗸
17. Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy)		Information About Your Father 🗸
	~	Information About Your Marital History X
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.		Marital Status 🗸
Additional Information		Marital History X
	~	Applicant, Interpreter and Preparer Info X
li di		Applicant's Statement 🗶
✓ I acknowledge I have answered all questions on this page to the best of my knowledge		Intrepreter Information X
Save and Next		Preparer Information X
	~	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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

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

#### e-SAFE Form I-212

Part 3. Reasons For Your Request For Permission to Reapply	Progress and Navigation
If the Department of Homeland Security (DHS) permits you to reenter the United States, what immigration status will you	✓ Information About You 🗙
seek?	Information About You 🗸
1.a 1.d. Immigration Status 🚯	Mailing Address 🗸
Visitor *	Address History X
1.d. Other Status (Explain)	Other Information About You 🗸
	Other Information About You Cont'd 🗸
* 2. Explain Why You Would Like to Reenter the United States	✓ Reasons You Are Filing ✓
I	Removal as an Arriving Alien 🗸
2. Explain Why You Would Like to Reenter the United States is required. Please complete the field.	Removal as a Deportable Alien 🗸
NOTE: If you need extra space to complete this section, use the space provided in Additional Information.	Entry After Unlawful Presence 🗸
Additional Information	Entry After Removal 🗸
	✓ Reasons For Your Request to Reapply ✓
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	Immigration Status 🗸
	Family Members 🗸
Save and Next	✓ 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 X
	➤ Applicant, Interpreter and Preparer Info ×
	Applicant's Statement 🗙
	Intrepreter Information X
	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 1-212 to this address.

# U.S. CITIZEN OR FAMILY MEMBERS

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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

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

#### e-SAFE Form I-212

U.S. Citizen or Lawful Permanent Resident Family Members (if any)	Progress and Navigation
NOTE: If you need extra space to complete this section, use the space provided in Additional Information.	✓ Information About You   X
3.a. Family Name (Last Name) 1	Information About You 🗸
	Mailing Address 🗸
3.b. Given Name (First Name)	Address History X
3.c. Middle Name	Other Information About You 🗸
S.C. Milutie Name	Other Information About You Cont'd 🗸
3.d. Relationship	✓ Reasons You Are Filing ✓
	Removal as an Arriving Alien 🗸
3.e. My Relative is	Removal as a Deportable Alien 🗸
- Select One -	Entry After Unlawful Presence 🗸
Additional Information	Entry After Removal 🗸
■ I acknowledge I have answered all questions on this page to the best of my knowledge  Save and Next	Immigration Status  Family Members  Siographic Information  Biographic Information  Employment History  Employment History  Information About Your Parents  Information About Your Mother  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**

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

#### Related Content

- Form I-212 Instructions
- · Designated Ports of Entry

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

# e-SAFE Form I-212

Part 4. Biographic Information	Progress and Navigation
*1. Ethnicity (Select One)	✓ Information About You ×
Select One	Information About You 🗸
Ethnicity (Select One) is required. Please complete the field.	Mailing Address ✓
* 2. Race (select all applicable)	Address History ×
American Indian and Alaska Native	•
Asian Black or African American	Other Information About You X
Native Hawaiian or other Pacific Islander White	Other Information About You Cont'd 🗶
	Reasons You Are Filing X
	Removal as an Arriving Alien 🗙
*3. Height - Feet    The second is a second in the second	Removal as a Deportable Alien 🗶
	Entry After Unlawful Presence X
Height - Feet is required. Please complete the field.	
	Entry After Removal 🗙
*Height - Inches	Reasons For Your Request to Reapply
	Immigration Status 🗙
Height - Inches is required. Please complete the field.	Family Members 🗙
*4. Weight - Pounds 🐧	✓ Biographic Information   X
	Biographic Information X
4. Weight - Pounds is required. Please complete the field.	✓ Employment History ×
*5. Eye Color (Select only one)	Employment History X
- Select One -	
5. Eye Color (Select only one) is required. Please complete the field.	➤ Information About Your Parents ×
*6. Hair Color (Select only one)	Information About Your Mother 🗙
Select One	Information About Your Father 🗶
Hair Color (Select only one) is required. Please complete the field.	✓ Information About Your Marital History   X
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	Marital Status X
Save and Next	Marital History X
	➤ Applicant, Interpreter and Preparer Info 🗶
	Applicant's Statement X
	Intrepreter Information X
	Preparer Information X
	✓ Finish Application

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#### **EMPLOYMENT HISTORY**

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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

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

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**

- ✓ Information About You

  X Information About You 🗸 Mailing Address 🗸 Address History X Other Information About You X Other Information About You Cont'd X ✓ Reasons You Are Filing 

   X Removal as an Arriving Alien X Removal as a Deportable Alien X Entry After Unlawful Presence X Entry After Removal X Reasons For Your Request to Reapply Immigration Status X Family Members X ✓ Biographic Information 

  X Biographic Information X ✓ Employment History 

  X Employment History X ✓ Information About Your Parents 

  X Information About Your Mother X Information About Your Father X ✓ Information About Your Marital History 

  X Marital Status X
- Applicant's Statement X

Marital History X

✓ Applicant, Interpreter and Preparer Info 

X

- Intrepreter Information X
- Preparer Information X
- 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 NVI, Washington, DC 20529-2140; OMB No. 1615-0018. Do not mail your completed Form I-212 to this 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

# **Related Content**

Finish Application

- Form I-212 Instructions
- Designated Ports of Entry

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

#### e-SAFE Form I-212

#### **Employment History Progress and Navigation** Provide your employment history for the last five years, whether inside or outside the United States. Provide the most ✓ Information About You X recent employment first. If you are unsure of the exact employment date, provide the closest approximate date to the best of your knowledge. Information About You 🗸 No Employers Have been entered. Mailing Address 🗸 Address History X Add an Employer Other Information About You X **Employment Status** ‡ Other Information About You Cont'd X \* 5. Name of Employer or Company Reasons You Are Filing X Removal as an Arriving Alien X 5. Name of Employer or Company is required. Please complete the field. Removal as a Deportable Alien X Address of Employer or Company (If you do not know the address, please leave blank.) 6 a Street Number and Name Entry After Unlawful Presence X Entry After Removal X 6.b. Apt. Ste. Fir. 6.b. Apt., Ste. or Fir. Number/Letter Reasons For Your Request to Reapply Immigration Status X 6.c. City or Town Family Members X ✓ Biographic Information X 6.d. State 6.e. ZIP Code Biographic Information X -- Select One --✓ Employment History X OR Employment History X 6.f. Province 6.g. Postal Code ✓ Information About Your Parents X -- Select One --**‡** Information About Your Mother X 6.h. Country Information About Your Father X - Select One -\* 7. Your Occupation ✓ Information About Your Marital History X Marital Status X 7. Your Occupation is required. Please complete the field. Marital History X Dates of Employment \*8.a. From (mm/dd/yyyy) Applicant, Interpreter and Preparer Info 苗 Applicant's Statement 🗙 Intrepreter Information X Cancel Save Employer Preparer Information X

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# **INFORMATION ABOUT PARENTS**

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

# Related Content

- Form I-212 Instructions
- Designated Ports of Entry

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

#### e-SAFE Form I-212

Information About Your Parents	<b>Progress and Navigation</b>
Information About Your Mother	✓ Information About You   X
Mother's Legal Name	Information About You 🗸
*13.a. Family Name (Last Name)	Mailing Address ✓
	Address History X
13.a. Family Name (Last Name) is required. Please complete the field.	Other Information About You X
*13.b. Given Name (First Name)	Other Information About You Cont'd 🗙
	✓ Reasons You Are Filing X
13.b. Given Name (First Name) is required. Please complete the field.	Removal as an Arriving Alien 🗙
13.c. Middle Name	Removal as a Deportable Alien 🗙
	Entry After Unlawful Presence X
Mother's Name at Birth (If different than above)	Entry After Removal X
14.a. Family Name (Last Name)	✓ Reasons For Your Request to Reapply   X
	Immigration Status 🗙
14.b. Given Name (First Name)	Family Members 🗙
14.c. Middle Name	✓ Biographic Information   X
14.6. Middle Name	Biographic Information X
ALE Data (EDIT) (contitution)	Employment History X
*15. Date of Birth (mm/dd/yyyy)	Employment History X
	✓ Information About Your Parents 🗶
15. Date of Birth (mm/dd/yyyy) is required. Please complete the field.	Information About Your Mother 🗙
*16. City or Town of Birth	Information About Your Father X
	✓ Information About Your Marital History 🗙
16. City or Town of Birth is required. Please complete the field.	Marital Status X
*17. Country of Birth  Select One	▲ Marital History ×
	▼ Applicant, Interpreter and Preparer Info ×
17. Country of Rirth is required. Please complete the field	



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.

> 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

#### Related Content

- Form I-212 Instructions
- · Designated Ports of Entry

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

#### e-SAFE Form I-212

Information About Your Father	Progress and Navigation
Father's Legal Name	✓ Information About You   X
*20.a. Family Name (Last Name)	Information About You 🗸
	Mailing Address 🗸
20.a. Family Name (Last Name) is required. Please complete the field.	Address History X
*20.b. Given Name (First Name)	Other Information About You X
	Other Information About You Cont'd X
20.b. Given Name (First Name) is required. Please complete the field.	✓ Reasons You Are Filing ×
20.c. Middle Name	Removal as an Arriving Alien X
	Removal as a Deportable Alien X
	Removal as a Deportable Allen
Father's Name at Birth (if different than above)	Entry After Unlawful Presence X
21.a. Family Name (Last Name)	Entry After Removal 🗙
	✓ Reasons For Your Request to Reapply X
21.b. Given Name (First Name)	Immigration Status X
	Family Members ×
21.c. Middle Name	➤ Biographic Information ×
	Biographic Information ×
*22. Date of Birth (mm/dd/yyyy)	✓ Employment History ×
ä	Employment History X
22. Date of Birth (mm/dd/yyyy) is required. Please complete the field.	✓ Information About Your Parents ×
*23. City or Town of Birth	••
	Information About Your Mother X
23. City or Town of Birth is required. Please complete the field.	Information About Your Father X
*24. Country of Birth	✓ Information About Your Marital History   X
- Select One -	Marital Status 🗙
24. Country of Birth is required. Please complete the field.	Marital History X

25. Current City or Town of Residence (if living)	✓ Applicant, Interpreter and Preparer Info   X
	Applicant's Statement 🗙
26. Current Country of Residence (if living)	Intrepreter Information X
- Select One -	Preparer Information X
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	✓ Finish Application
Save and Next	

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# MARITAL HISTORY

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

# **Related Content**

- Form I-212 InstructionsDesignated Ports of Entry

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

e-SAFE Form I-212

Information About Your Marital History	Progress and Navigation
*27. What is your current marital status?	✓ Information About You ×
- Select One -	Information About You 🗸
27. What is your current marital status? is required. Please complete the field.	Mailing Address ✓
* 28. How many times have you been married (including annulled marriages and marriages to the same person)?	Address History X
	•
28. How many times have you been married (including annulled marriages and marriages to the same person)? is required. Please	Other Information About You X
complete the field.	Other Information About You Cont'd
✓ I acknowledge I have answered all questions on this page to the best of my knowledge	Reasons You Are Filing X
Save and Next	Removal as an Arriving Alien 🗙
	Removal as a Deportable Alien 🗙
	Entry After Unlawful Presence X
	Entry After Removal 🗶
	➤ Reasons For Your Request to Reapply X
	Immigration Status 🗙
	Family Members 🗙
	✓ Biographic Information   X
	Biographic Information X
	✓ Employment History   X
	Employment History X
	✓ Information About Your Parents 🗙
	Information About Your Mother 🗙
	Information About Your Father X
	✓ Information About Your Marital History   X
	Marital Status 🗶
	Marital History X
	✓ Applicant, Interpreter and Preparer Info   X
	Applicant's Statement X
	Intrepreter Information X
	Preparer Information X

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✓ Finish Application

# APPLICANT STATEMENT

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

#### Related Content

- Form I-212 Instructions
- · Designated Ports of Entry

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

e-SAFE Form I-212	•
Part 6. Applicant's Statement, Contact Information, Declaration, Certification Signature	riogress and Havigation
NOTE: Read the Penalties section of the Form I-212 Instructions before completing this part.	✓ Information About You 🗙
Applicant's Statement	Information About You 🗸
NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.	Mailing Address 🗸
* 1.a. I can read and understand English, and I have read and understand every question and instruction	Address History X
cation and my answer to every question.	Other Information About You 🗙
Complete this field.	Other Information About You Cont'd 🗶
* 1.b. The interpreter named in Part 7. read to me every question and instruction on this application an every question in	d my answer to Reasons You Are Filing X
	Removal as an Arriving Alien 🗶
a language which I am fluent, and I understood everything.	Removal as a Deportable Alien 🗶
Please select either checkbox 1.a or 1.b as shown above	Entry After Unlawful Presence X
2. At my request the preparer named in Part 8.,	Entry After Removal X
	➤ Reasons For Your Request to Reapply ×
prepared this application for me based only upon information I provided or authorized.	Immigration Status 🗙
Applicant's Contact Information	Family Members X
3. Applicant's Daytime Telephone Number	✓ Biographic Information   X
1231231234	Biographic Information X
4. Applicant's Mobile Telephone Number (if any)	Employment History X
5. Applicant's Email Address (if any)	Employment History X
kenseaney+test124@gmail.com	✓ Information About Your Parents  X
NOTE: Any changes to the above information must be made by using My Profile link above.	Information About Your Mother 🗙
✓ I acknowledge I have answered all questions on this page to the best of	f my knowledge Information About Your Father 🗙
	Save and Next   Information About Your Marital History
	Marital Status 🗶
	Marital History X
	Applicant, Interpreter and Preparer Info
	Applicant's Statement 🗙
	Intrepreter Information 🗶
	Preparer Information X
	✓ Finish Application

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# INTERPRETER 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

# **Related Content**

- Form I-212 Instructions
   Designated Ports of Entry

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

e-SAFE Form I-212	•
Part 7. Interpreter's Contact Information, Certification, and Signature	Progress and Navigation
Provide the following information about the interpreter.	✓ Information About You  X
Interpreter's Full Name	Information About You 🗸
*1.a. Interpreter's Family Name (Last Name)	Mailing Address ✓
	Address History 🗙
1.a. Interpreter's Family Name (Last Name) is required. Please complete the field.	Other Information About You 🗙
*1.b. Interpreter's Given Name (First Name)	Other Information About You Cont'd 🗙
	✓ Reasons You Are Filing X
1.b. Interpreter's Given Name (First Name) is required. Please complete the field.	Removal as an Arriving Alien 🗙
2. Interpreter's Business or Organization Name (if any)	Removal as a Deportable Alien 🗙
	Entry After Unlawful Presence X
Interpretario Mailing Address	
Interpreter's Mailing Address	Entry After Removal 🗙
*3.a. Street Number and Name	➤ Reasons For Your Request to Reapply ×
	Immigration Status 🗙
3.a. Street Number and Name is required. Please complete the field.	Family Members X
	➤ Biographic Information ×
	Biographic Information X
3.b. Apt., Ste. or Fir. Number/Letter	Employment History X
	Employment History X
3.c. City or Town	✓ Information About Your Parents 🗙
	Information About Your Mother 🗙
3.d. State Select One	Information About Your Father X
	▼ Information About Your Marital History ×
3.e. ZIP Code	Marital Status 🗶
	Marital History X
3.f. Province  - Select One -	➤ Applicant, Interpreter and Preparer Info ×
- Select Offe -	▼ Applicant's Statement ✓
3.g. Postal Code	Intrepreter Information ×
	Preparer Information X
*3.h. Country	✓ Finish Application
Select One	<b>†</b>

#### 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)	
	繭
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 knowledg	е

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 Budger (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. 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 1-212 to this address.

Previous Save and Next

# PREPARER INFORMATION

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

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

# **Related Content**

- Form I-212 Instructions
   Designated Ports of Entry

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

e-SAFE Form I-212	•
Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant	Progress and Navigation  ✓ Information About You ×
Provide the following information about the preparer.	Information About You 🗸
Preparer's Full Name	Mailing Address ✓
*1.a. Preparer's Family Name (Last Name)	Address History ×
	Other Information About You X
1.a. Preparer's Family Name (Last Name) is required. Please complete the field.	Other Information About You Cont'd X
*1.b. Preparer's Given Name (First Name)	
	➤ Reasons You Are Filing ×
1.b. Preparer's Given Name (First Name) is required. Please complete the field.	Removal as an Arriving Alien 🗙
Preparer's Business or Organization (if any)	Removal as a Deportable Alien 🗙
2. repair o publico o organization (il diff)	Entry After Unlawful Presence X
Preparer's Mailing Address	Entry After Removal 🗶
Freparer 5 Walling Address	Reasons For Your Request to Reapply X
*3.a. Street Number and Name	
S.a. Substitutible did Name	Immigration Status 🗶
2 a Chroat Number and Name is required. Disease complete the field	Family Members X
3.a. Street Number and Name is required. Please complete the field. 3.b. Apt., Ste. or Fir.	Biographic Information
- Select One -	Biographic Information X
3.b. Apt. Ste. Fir. Letter/Number	Employment History X
S.D. Apr. Ste. Fil. Letter/Notificer	Employment History X
On Others Trum	✓ Information About Your Parents 🗙
3.c. City or Town	Information About Your Mother X
	Information About Your Father X
3.d. State  - Select One	✓ Information About Your Marital History   X
	Marital Status 🗙
3.e. ZIP Code	Marital History X
	✓ Applicant, Interpreter and Preparer Info   X
3.f. Province	Applicant's Statement 🗸
- Select One -	Intrepreter Information X
3.g. Postal Code	Preparer Information X
	<ul> <li>Finish Application</li> </ul>
*3.h. Country	
Select One	

# **Preparer's Contact Information**

*4. Preparer's Daytime Telephone Number			
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 a with the applicant's consent.	pplication on	behalf of the applicant and	
7.b. I am an attorney or accredited representative and my representation of the	e application	in this case	
- Select One -		<b>‡</b>	
beyond the preparation of this application.			
NOTE: If you are an attorney or accredited representative, you may be obliged to si Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Noti Matters Outside of the Geographical Confines of the United States, with this applic	ce of Entry o		
Preparer's Certification			
By my signature, I certify under penalty of perjury, that I prepared this application a applicant then reviewed this completed application and informed me that he or sh including the <b>Applicant's Declaration and Certification</b> , and that all of this informat completed this application based only on the information that the applicant providuse.	e understand tion is compl	s all of the information ete, true, and correct. I	
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)			
			苗
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 b	est of my knowledge	
	Previous	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.

#### 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

#### **Related Content**

- Form I-212 Instructions
- · Designated Ports of Entry

Progress and Navigation

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

#### 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

1 Togress and Havigation
✓ Information About You ×
Information About You 🗸
Mailing Address 🗸
Address History X
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 X
Entry After Removal X
✓ Reasons For Your Request to Reapply   X
Immigration Status 🗙
Family Members 🗙
✓ Biographic Information   X
Biographic Information X
✓ Employment History   X
Employment History ×
✓ Information About Your Parents 🗶
Information About Your Mother 🗶
Information About Your Father X
✓ Information About Your Marital History 🗶
pplicant, Interpreter and Preparer Info 🗙
Applicant's Statement 🗸
Intrepreter Information X
Preparer Information X

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. 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 Strateay. 20 Massachusetts & NW. Washington, D.C. 20559-2140: OMB No. 1615-0018. Do not mail your completed Form 1-212 to this address.