OMB No. 1651-0107 Expires 09/30/2024

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DEPARTMENT OF HOMELAND SECU	RITY			
A DDI IOA TION FOR WAIVER				
APPLICATION FOR WAIVER OF PASSPORT AND/OR VIS				
OI FASSFORT AND/OR VIS		UMBER		
1. MY NAME IS: (LAST)	(FIRST)		(MIDDLE)	
2. MY UNITED STATES DESTINATION IS: (NUMBE	ER AND STREET, A	PT. NO., CITY, STATE,	ZIP CODE)	
3. MY PERMANENT ADDRESS ABROAD IS:				
4. THE COUNTRY OF WHICH I AM A CITIZEN, SUE	BJECT OR NATIONA	AL IS:		
5. PLACE OF BIRTH			DATE OF BIRTH (MM/DD/YYYY):	
6. DATE OF ARRIVAL:	PORT OF ARRIVAL:			
7. MANNER OF ARRIVAL (NAME OF VESSEL, AIRLINE, ETC.)				
8. PLACE VISA PREVIOUSLY ISSUED: DATE: NUMBER: CLASSIFICATION: VALID TO:				
9. PLACE PASSPORT ISSUED:	DATE: N	UMBER:	VALID TO:	
10. THE REASON I AM NOT IN POSSESSION OF PASSPORT VISA IS AS FOLLOWS: (CONTINUE ON REVERSE, IF NECESSARY)				
DATE OF THIS APPLICATION:		I CERTIFY THAT TH	CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.	
CITY AND STATE:				
			SIGNATURE OF APPLICANT	
SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT.				
I DECLARE THAT THIS DOCUMENT WAS PREPARED BY ME AT THE REQUEST OF THE APPLICANT AND IS BASED ON ALL INFORMATION OF WHICH I HAVE ANY KNOWLEDGE.				
SIGNATURE ADDRESS		ADDRESS	DATE	
APPLICANT - DO NOT WRITE BELOW THIS LINE				
APPLICATION APPROVED. WAIVER GRANTED)		APPLICATION DISAPPROVED.	
UNDER SECTION 211(b)			DATE	
BY AUTHORITY OF		(DHS)	OF	
UNDER SECTION 212(d)(4)			ACTION	
BY AUTHORITY OF		(DHS)		
		· ,	DFO	
ADMITTED AS	UNTIL		OR PD	
NONIMMIGRANT			OFFICE	

INSTRUCTIONS

Fee:

A fee of \$695.00 must be paid for filing this application. It cannot be refunded regardless of the action taken on the application. **Do not mail cash. All fees must be submitted in the exact amount.**

If the application is being made in Guam, a check or money order must be payable to the "Treasurer, Guam." If the application is being made in the U.S. Virgin Islands, a check or money order must be payable to the "Commissioner of Finance of the Virgin Islands."

Some filing locations have the capability to accept credit cards. Please inquire with the individual filing location as to their ability to accept credit cards.

All other applicants must make a check or money order payable to **U.S. Customs and Border Protection** or **Department of Homeland Security.** When a check is drawn on the account of a person other than the applicant, the name of the applicant must be entered on the face of the check. If the application is submitted from outside the United States, remittance may be made by a bank international money order or foreign draft which is payable in United States currency, drawn on a financial institution located in the United States and made payable to **U.S. Customs and Border Protection or Department of Homeland Security**.

All personal checks and money orders must be drawn on a bank or other institution located in the United States and be payable in United States currency. Personal checks are accepted subject to collection. An uncollected check will render the application and any document issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the financial institution on which it is drawn.

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0107. The estimated average time to complete this application is 10 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.