



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

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

### ARRIVAL RECORD Visa Waiver

#### Instructions

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

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

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

<b>1 Applicant Information</b>	
<b>Applicant Name (Please print, ALL CAPS)</b>	
Family Name	First (Given) Name
<input type="text"/>	<input type="text"/>
<b>Are you known by any other names or aliases?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Names/Aliases</b>	
Family Name	First (Given) Name
<input type="text"/>	<input type="text"/>
<b>Parents</b>	
Family Name	First (Given) Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Birth Date (DD/MM/YY)</b>	
<input type="text"/>	
<b>City of Birth</b>	
<input type="text"/>	
<b>Country of Birth</b>	
<input type="text"/>	
<b>Gender (Male or Female)</b>	
<input type="text"/>	

<b>2 Passport Information</b>	
<b>Passport Number</b>	
<input type="text"/>	
<b>Passport Issuing Country</b>	
<input type="text"/>	
<b>Issuance Date (DD/MM/YY)</b>	<b>Expiration Date (DD/MM/YY)</b>
<input type="text"/>	<input type="text"/>
<b>Country of Citizenship</b>	
<input type="text"/>	
<b>National Identification Number</b>	
<input type="text"/>	

<b>3 Citizenship Information</b>	
<b>Are you now a citizen or national of any other country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what countries?	
<input type="text"/>	
<b>How did you acquire citizenship?</b>	
<input type="text"/>	
<b>Have you ever been a citizen or national of any other country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what countries?	
<input type="text"/>	
<b>Have you ever been issued a passport or national identity card for travel by any other country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the document number?	Expiration Date
<input type="text"/>	<input type="text"/>
Additional document number	Expiration Date
<input type="text"/>	<input type="text"/>
If you need more space to answer any of the questions please add it here.	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

### Admission Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>4 Contact Information</b>	
<b>E-mail Address</b>	
<input type="text"/>	
<b>Telephone Number</b>	
Country Code/Number	
<input type="text"/>	
<b>Home Address</b>	
Address Line 1	Apartment Number
<input type="text"/>	<input type="text"/>
Address Line 2	City
<input type="text"/>	<input type="text"/>
State/Province/Region	Country
<input type="text"/>	<input type="text"/>
<b>(Optional) Please enter information associated with your online presence.</b>	
Provider	Social Media Identifier
<input type="text"/>	<input type="text"/>

<b>5 Emergency Contact Information</b>	
<b>Emergency Contact</b>	
Family Name	First (Given) Name
<input type="text"/>	<input type="text"/>
<b>Telephone Number</b>	
Country Code/Number	
<input type="text"/>	
<b>E-mail Address</b>	
<input type="text"/>	

<b>6 Travel Information</b>	
<b>Is your travel to the U.S. occurring in transit to another country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Address while in the United States</b>	
Address Line 1	Apartment Number
<input type="text"/>	<input type="text"/>
Address Line 2	City
<input type="text"/>	<input type="text"/>
State	
<input type="text"/>	
<b>Are you a member of CBP Global Entry?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide your Pass ID number.	
<input type="text"/>	

SEE OTHER SIDE

### Admission Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### DEPARTURE RECORD Visa Waiver

<b>1</b>	<b>Family Name (Please print, ALL CAPS)</b>
<input type="text"/>	
<b>2</b>	<b>First/Given Name</b>
<input type="text"/>	
<b>3</b>	<b>Birth Date (DD/MM/YY)</b>
<input type="text"/>	
<b>4</b>	<b>Country of Citizenship</b>
<input type="text"/>	

CBP Form I-94W (xx/18)

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7 U.S. Point of Contact Information

U.S. Point of Contact

Address

Address Line 1

Apartment Number

Address Line 2

City

State

Telephone Number

Country Code/Number

8 Employment Information

Do you have a current or previous employer?

☐ Yes

☐ No

Employer Name

Address

Address Line 1

Apartment Number

Address Line 2

City

State/Province/Region

Country

Telephone Number

Country Code/Number

Job Title

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

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

Departure Record

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

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

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

**WARNING:** You may not accept unauthorized employment; or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident, unless eligible under section 201(b) of the INA; or 3) an extension of stay. Violation of these terms will subject you to deportation. Any previous violation of this program, including having previously overstayed on this program without proper DHS authorization, may result in a finding of inadmissibility as outlined in Section 217 of the Immigration and Nationality Act.

Port

Date

Carrier

Flight No./Ship Name

Do any of the following apply to you? (Answer Yes or No)

1

Do you have a physical or mental disorder; or are you a drug abuser or addict; or do you currently have any of the following diseases (communicable diseases are specified pursuant to section 361(b) of the Public Health Service Act)?

☐ Yes

☐ No

☐ Cholera

☐ Yellow Fever

☐ Diphtheria

☐ Viral Hemorrhagic Fevers, including Ebola, Lassa, Marburg, Crimean-Congo

☐ Tuberculosis, infectious

☐ Severe acute respiratory illnesses capable of transmission to other persons and likely to cause mortality.

☐ Plague

☐ Smallpox

2

Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority?

☐ Yes

☐ No

3

Have you ever violated any law related to possessing, using, or distributing illegal drugs?

☐ Yes

☐ No

4

Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?

☐ Yes

☐ No

5

Have you ever committed fraud or misrepresented yourself or others to obtain or assist others to obtain a visa or entry into the United States?

☐ Yes

☐ No

6

Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government?

☐ Yes

☐ No

7

Have you ever been denied a U.S. visa you applied for with your current or a previous passport or have you ever been refused admission to the United States or withdrawn your application for admission at a U.S. port of entry? If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

☐ Yes

☐ No

8

Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government?

☐ Yes

☐ No

9

Have you traveled to, or been present in, Iran, Iraq, Libya, North Korea, Somalia, Sudan, Syria, or Yemen on or after March 1, 2011? If yes was it for

☐ Yes

☐ No

☐ Official government business

☐ Military service on behalf of a Visa Waiver Program country

If yes, when?

**IMPORTANT:** If you answered "Yes" to any of the above, please contact the American Embassy *BEFORE* you travel to the U.S. since you may be refused admission into the United States.

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

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

Signature

X

Date

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