

Application to Replace Permanent Resident Card

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-90 OMB No. 1615-0082 Expires 10/31/2017

	□ Applicant Interviewed	Receipt	Action Block
	Date:		
For	Class of Admission		
USCIS			
Use Only	Remarks		

► START HERE - Type or print in black ink.

Par	rt 1. Information About You		nanent Resident Card
1.	Alien Registration Number (A-Number) A-	NOT	FE: Attach all evidence application.
2.	USCIS ELIS Account Number (if any)	5.a. 5.b.	Family Name(Last Name)Given Name(First Name)
You	ır Full Name	5.c.	Middle Name
NOT	TE: Your card will be issued in this name.		
3.a.	Family Name (Last Name)	Ma	iling Address
3.b.	Given Name (First Name)	6.a.	In Care Of Name
3.c.	Middle Name	6.b.	Street Number
4.	Has your name legally changed since the issuance of your Permanent Resident Card?	6.c.	Apt. Ste.
	Yes (Proceed to Item Numbers 5.a 5.c.)	6.d.	City or Town
	No (Proceed to Item Numbers 6.a 6.i.)	6.e.	State 6.f.
	 N/A - I never received my previous card. (Proceed to Item Numbers 6.a 6.i.) 	6.g.	Province
		6.h.	Postal Code
		6.i.	Country

Provide your name exactly as it is printed on your current Permanent Resident Card.

NOTE: Attach all evidence of your legal name change with this application.

5.a.	Family Name (Last Name)	
5.b.	Given Name (First Name)	
5.c.	Middle Name	

6.a.	In Care Of Name
6.b.	Street Number and Name
6.c.	Apt. Ste. Flr.
6.d.	City or Town
6.e.	State 6.f. ZIP Code
6.g.	Province
6.h.	Postal Code
6.i.	Country

Part 1. Information About You (continued	Part 1.	Information	About	You	(continued	.)
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Physical Address

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Prov	ride this information only if different than mailing address.		do not file this application. (See the What is the
7.a.	Street Number and Name	-	of This Application section of the Form I-90 ns for further information.)
7.b.	Apt. Ste. Flr.	My statu	s is (Select only one box):
7.0	City or Town	1.a.	Lawful Permanent Resident (Proceed to Section A.)
	State 7.e. ZIP Code	1.b.	Permanent Resident - In Commuter Status (Proceed to Section A.)
7.f.	Province	1.c.	Conditional Permanent Resident (Proceed to Section B.)
7.g.	Postal Code	Reason	for Application (Select only one box)
7.h.	Country		•. (To be used only by a lawful permanent resident or ent resident in commuter status.)
LA	lition of Information	2.a.	My previous card has been lost, stolen, or destroyed.
Aad	ditional Information	2.b.	My previous card was issued but never received.
8.	Gender Male Female	2.c.	My existing card has been mutilated.
9.	Date of Birth (mm/dd/yyyy) ►	2.d.	My existing card has incorrect data because of Department of Homeland Security (DHS) error.
10.	City/Town/Village of Birth		(Attach your existing card with incorrect data along with this application.)
11.	Country of Birth	2.e.	My name or other biographic information has been legally changed since issuance of my existing card.
Mot	her's Name	2.f.	My existing card has already expired or will expire within six months.
12.	Given Name (First Name)	2.g1.	I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my
Fath	ner's Name		16th birthday. (See NOTE below for additional information.)
13.	Given Name (First Name)	a .a 🗖	,
14.	Class of Admission	2.g2.	I have reached my 14th birthday and am registering as required. My existing card will expire BEFORE my 16th birthday. (See NOTE below for additional
15.	Date of Admission		information.)
	(mm/dd/yyyy) ►		NOTE : If you are filing this application before your 14th birthday, or more than 30 days after your 14th
16.	U.S. Social Security Number (if any)		birthday, you must select reason 2.j. However, if your card has expired, you must select reason 2.f.

Part 2. Application Type

NOTE: If your conditional permanent resident status (for

example: CR1, CR2, CF1, CF2) is expiring within the next 90

Par	t 2.	Application Type (continued)	3. a1.	Port-of-Entry City or Town
2.h1.		I am a permanent resident who is taking up commuter status.		
2.h1.	1.	My Port-of-Entry (POE) into the United States will be:	4.	Have you ever
		City or Town and State		proceedings o
			-	0.
2.h2.		I am a commuter who is taking up actual residence in the United States.	5.	Since you wer ever filed Forn Lawful Perma
2.i.		I have been automatically converted to lawful permanent resident status.		to have aband
2.j.		I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.	above	E: If you answe, provide a det 8. Additional
Section	on B	• (To be used only by a conditional permanent resident.)	Bio	graphic Info
3.a.		My previous card has been lost, stolen, or destroyed.	6.	Ethnicity (Sel
3.b.		My previous card was issued but never received.		Hispanic
3.c.		My existing card has been mutilated.		Not Hispa
3.d.		My existing card has incorrect data because of DHS error. (Attach your existing permanent resident card with incorrect data along with this application.)	7.	Race (Select a
3.e.		My name or other biographic information has legally changed since the issuance of my existing card.		Black or American Native Hamiltonian
Par	t 3.	Processing Information	8.	Height
1.		ation where you applied for an immigrant visa or ustment of status:	9.	Weight
			10.	Eye Color (Se
2.		eation where your immigrant visa was issued or USCIS ce where you were granted adjustment of status:		BlackGrayMaroon
		Item Numbers 3.a. and 3.a1. if you entered the	11.	Hair Color (Se
		ates with an immigrant visa. (If you were granted nt of status, proceed to Item Number 4.)		Bald (No
3.a.		stination in the United States at time of admission		Brown Sandy

3.a1.	Port-of-Entry where admitted to the United States:
	City or Town and State

r been in exclusion, deportation, or removal r ordered removed from the United States?

> Yes No

re granted permanent residence, have you m I-407, Abandonment by Alien of Status as nent Resident, or otherwise been determined oned your status? Yes No

wered "Yes" to Item Numbers 4. or 5. tailed explanation in the space provided in Information.

ormation

- ect only one box)
 - or Latino
 - anic or Latino
- all applicable boxes)
 - African American
 - Indian or Alaska Native
 - awaiian or Other Pacific Islander

8.	Height	Feet		Inches	
9.	Weight		Pour	nds	

10.	Eye Color (Select only one box)	
T 0.		

Black	Blue	Brown
Gray	Green	Hazel

	Maroon	Pink	Unknown/Other
1.	Hair Color (Se	lect only one	hox)

1.	Than Color (Select only one box)				
	Bald (No hair)	Black	Blond		
	Brown	Gray	Red		
	Sandy	White	Unknown/Other		

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (Read the information in the Form I-90 Instructions before completing this part.)	Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature				
 NOTE: If you need extra space to complete this section, use the space provided in Part 8. Additional Information. 1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No If you answered "Yes," select any applicable boxes: 1.a. I am deaf or hard of hearing and request the following accommodation (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language)): 	 NOTE: Read the information on penalties in the Form I-90 Instructions before completing this part. You must file Form I-90 while in the United States. <i>Applicant's Statement</i> 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 have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center. 				
1.b. I am blind or have low vision and request the following accommodation:	1.b. The interpreter named in Part 6. has read to me every question and instruction on this application, as well as my answer to every question, in, a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named Part 6. has also read the Acknowledgement of Appointment at				
1.c. I have another type of disability and/or impairment (Describe the nature of your disability and/or impairment and the accommodation you are requesting):	 USCIS Application Support Center to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter. I have requested the services of and consented to, who is is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the ASC Acknowledgement. 				

Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I,

understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature

6.b. Date of Signature: (mm/dd/yyyy) ►

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

Provide the following information concerning the interpreter.

- **1.a.** Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3.a.	Street Number and Name
3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that: I am fluent in English and which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 5.**, in **Item Number 1.b.**; and

I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language provided in Part 5., in Item Number 1.b. The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature

- 6.a. Interpreter's Signature
- **6.b.** Date of Signature (mm/dd/yyyy) ►



Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant

Preparer's Full Name

Provide the following information concerning the preparer.

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant (continued)

Preparer's Mailing Address

39	Street Number
J.a.	and Name
3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country

Preparer's Contact Information

4.	Preparer's Daytime Telephone Number
5.	Preparer's Fax 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 applicant in this case
 extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) ►

NOTE: If you do not completely fill out this application or fail to submit required documents listed in the instructions, your application may be denied.

Part 8. Additional Information	4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.	4.d.					
Your Full Name						
1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name						
 A-Number (if any) 	5.a.	Page Number	5 h	Part Number	5.c.	Item Number
A-	- ui		2.0.		5.0.	
3.a. Page Number 3.b. Part Number 3.c. Item Number	5.d.					
3.d.						