

Application for Replacement/Initial Nonimmigrant Arrival-Departure Document

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-102

OMB No. 1615-0079 Expires 10/31/2017

For USC Use Onl	New I-94 Number	Action Block To Be Completed by an Attorney or Accredited Representative, if any. Select this box if Form G-28 is attached to represent the applicant. Attorney State License Number
	Remarks	
► ST	TART HERE. Type or print in black ink	
Part	t 1. Information About You	U.S. Physical Address
1.	Alien Registration Number (A-Number) ► A-	6.a. In Care Of Name
2.	USCIS ELIS Account Number (if any)	6.b. Street Number and Name
		6.c. Apt. Ste. Flr.
	r Full Name	6.d. City or Town
	Family Name (Last Name) Given Name	6.e. State 6.f. ZIP Code
J.D.	(First Name)	Other Information
3.c.	Middle Name	7. Date of Birth (mm/dd/yyyy) ▶
U.S.	Mailing Address	8. Country of Birth
4.a.	In Care Of Name	9. Country of Citizenship
4.b.	Street Number and Name	
4.c.	Apt. Ste. Flr.	10. U.S. Social Security Number (if any)
4.d.	City or Town	Entry Information
4.e.	State 4.f. ZIP Code	
5.	Is your current U.S. mailing address the same as your U.S. physical address? Yes No	☐ 11. Date of Last Entry into the United States (mm/dd/yyyy) ►
	If you answered "No" to Item Number 5. , provide your U.S. physical address in Item Numbers 6.a 6.f.	12. Place of Last Entry into the United States (City and State)

Par	t 1. Information About You (continued)	Par	t 3. Processing Information
13.	Current Nonimmigrant Status	1.a.	Are you filing this application with any other petition or application? Yes No
14.	Date Status Expires (mm/dd/yyyy) ▶		If "Yes" provide the USCIS Form Number and name of the application or petition you are filing in Item Number 1.b.
	Form I-94, I-94W, or I-95 Arrival-Departure Record Number		USCIS Form Number and Name Are you now in removal proceedings? Yes No
15.c.	Passport Number Travel Document Number Country of Issuance for Passport or Travel Document		If "Yes" complete Item Number 2.b. Provide detailed information regarding the proceedings. If you need extra space to complete any item, attach a separate sheet of paper; type or print your name and
15.e.	Expiration Date for Passport or Travel Document (mm/dd/yyyy) ▶		A-Number (if any) at the top of each sheet of paper; indicate the Page Number , Part Number , and Item Number to which your answer refers; and date and sign each sheet.
Par	t 2. Reason for Application		-
	t the box that best describes your reason for requesting an l or replacement document. (Select only one box)		
1.a.	☐ I am applying to replace my lost or stolen Form I-94 or I-94W.		
1.b.	I am applying to replace my lost or stolen Form I-95.		
1.c.	I am applying to replace my Form I-94 or I-94W because it was mutilated. I have attached my original Form I-94 or I-94W.		
1.d.	☐ I am applying to replace my Form I-95 because it was mutilated. I have attached my original Form I-95.		u are unable to provide the original of your Form I-94, W, or I-95, provide the following information:
1.e.	I was not issued Form I-94 when I was admitted by CBP at a port-of-entry in the United States (whether at a land border, airport, or seaport).	I-94	CE: Provide your name exactly as it appears on Form I-94, W, or I-95.
1.f.	☐ I was issued Form I-94, I-94W, or I-95 with incorrect information, and I am requesting that USCIS correct the document. I have attached my original Form I-94, I-94W, or I-95.	3.a. 3.b. 3.c.	Family Name (Last Name) Given Name (First Name) Middle Name
1.g.	I was not issued Form I-94 when I entered as a nonimmigrant member of the military, and I am filing this application for an initial Form I-94.	4.	Class of Admission at Last Entry into the United States
	••	5.	Place of Last Entry into the United States (City and State)

Form I-102 10/15/14 N Page 2 of 4

Part 4. Statement, Certification, Signature, and Contact Information of the Applicant

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. I can read and understand English, and have read and understand every question and instruction on this form, as well as my answer to every question. The interpreter named below has read to me every 1.b. question and instruction on this form, as well as my answer to every question, in a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above. 2. I have requested the services of and consented to who is \square is not \square an attorney or accredited representative, preparing this form for me. **Applicant Certification** I certify, under penalty of perjury, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I seek. I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws. 3.a. Applicant's Signature **3.b.** Date of Signature (mm/dd/yyyy) ▶ Applicant's Contact Information 4. Applicant's Daytime Telephone Number 5. Applicant's Mobile Telephone Number Applicant's E-mail Address 6.

Part 5. Contact Information, Certification, and Signature of the Interpreter

Interpreter's Full Name

	•				
Provi	ide 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)				
7					
Inte	erpreter'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				
Inte	erpreter's Contact Information				
4.	Interpreter's Daytime Telephone Number				
5.	Interpreter's E-mail Address				

Form I-102 10/15/14 N Page 3 of 4

Part 5. Contact Information, Certification, and Preparer's Contact Information **Signature of the Interpreter** (continued) 4. Preparer's Daytime Telephone Number **Interpreter Certification** I certify that: 5. Preparer's Fax Number I am fluent in English and .which is the same language provided in **Part 4., Item Number 1.b.**; 6. Preparer's E-mail Address I have read to this applicant every question and instruction on this form, as well as the answer to every question, in the **7.a.** \(\sum \) I am not an attorney or accredited representative but language provided in Part 4., Item Number 1.b.; and have prepared this form on behalf of the applicant The applicant has informed me that he or she understands every and with the applicant's consent. instruction and question on the form, as well as the answer to I am an attorney or accredited representative and my every question. 7.b. representation of the applicant in this case 6.a. Interpreter's Signature (choose one) extends does not extend beyond the preparation of this form. **6.b.** Date of Signature (mm/dd/yyyy) ▶ Preparer's Declaration By my signature, I certify, swear, or affirm, under penalty of Part 6. Contact Information, Declaration, and perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the **Signature of the Person Preparing this** form based only on responses the applicant provided to me. Application, If Other than the Applicant After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every Preparer's Full Name answer provided for every question on the form and, when required, supplied additional information to respond to a Provide the following information concerning the preparer: question on the form. **1.a.** Preparer's Family Name (Last Name) 8.a. Preparer's Signature **1.b.** Preparer's Given Name (First Name) **8.b.** Date of Signature (mm/dd/yyyy) ▶ 2. Preparer's Business or Organization Name **NOTE:** If you need extra space to provide any additional information, attach a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which Preparer's Mailing Address your answer refers; and date and sign each sheet. **3.a.** Street Number and Name **3.b.** Apt. Ste. Flr. City or Town **3.e.** ZIP Code 3.d. State Province Postal Code 3.g.

Form I-102 10/15/14 N Page 4 of 4

3.h. Country