



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 11/30/2014

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/Representative, if any. <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. Attorney State License Number: _____
	New I-94 Number		
	Remarks		

► **Start Here.** Type or Print in Black Ink

NOTE: Review instructions for detailed information on completing this form.

Part 1. Information About You

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Mailing Address

2.a. In Care of Name

2.b. Street Number and Name

2.c. Apt. Ste. Flr.

2.d. City or Town

2.e. State 2.f. Zip Code

2.g. Postal Code

2.h. Province

2.i. Country

3. Alien Registration Number (A-Number)
 ► A-

4. Date of Birth (mm/dd/yyyy) ►

5. Country of Birth

6. Country of Citizenship

7. U.S. Social Security Number, if any
 ►

8. Date of last admission to the United States
 (mm/dd/yyyy) ►

9. Place of last admission to the United States

10. What is your current Nonimmigrant Status?

11. Status expires (mm/dd/yyyy) ►

12. Provide your Form I-94, I-94W, or I-95 Arrival-Departure Record Number
 ►

Part 2. Reason for Application

Check the box that best describes your reason for requesting an initial or replacement document. (*Check only one*)

- 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 Form I-94 or I-94W because it has been mutilated. I have attached my original Form I-94 or I-94W.
- 1.d. I am applying to replace Form I-95 because it has been mutilated. I have attached my original Form I-95.

- 1.e. I was not issued Form I-94 at admission, or I am filing this application together with Form I-539, Application to Extend/Change Nonimmigrant Status for an extension of stay/change of status.
- 1.f. I was issued Form I-94, I-94W, or I-95 with incorrect information, and I am requesting USCIS to correct the document. I have attached my original Form I-94, I-94W, or I-95.
- 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.

Part 3. Processing Information

- 1.a. Are you filing this application with any other petition or application? (If "Yes" provide the USCIS Form Number and Name of the application or petition you are filing concurrently in **number 1.b.**) Yes No

- 1.b. USCIS Form Number and Name

- 2.a. Are you now in removal proceeding? (If "Yes" complete **number 2.b.**) Yes No

- 2.b. Provide detailed information regarding the proceedings. If you need more space, use a separate sheet of paper. You must include your name and Alien Registration Number at the top of each sheet.

If you are unable to provide the original of your Form I-94, I-94W, or I-95, provide the following information:

NOTE: Provide your name **exactly** as it appears on Form I-94, I-94W, or I-95.

3.a. Family Name (*Last Name*)

3.b. Given Name (*First Name*)

3.c. Middle Name

4. Class of Admission

5. Place of Admission

Part 4. Signature of Applicant

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

1.a. Signature of Applicant

1.b. Date of Signature (*mm/dd/yyyy*)

2. Daytime Phone Number () -

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

Part 5. Signature of Person Preparing Form, If Other Than Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

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

Preparer'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. Postal Code
- 3.g. Province
- 3.h. Country

- 4. Preparer's Daytime Phone Number Extension
() -

- 5. Preparer's E-mail Address (*if any*)

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

- 6.a. Signature of Preparer

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

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your name and Alien Registration Number at the top of each sheet.