



# 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

<b>For USCIS Use Only</b>	<input type="checkbox"/> Applicant Interviewed	<b>Receipt</b>	<b>Action Block</b>
	Date: _____		
	Class of Admission	<b>Remarks</b>	

► **START HERE - Type or print in black ink.**

## Part 1. Information About You

1. Alien Registration Number (A-Number)

A-

2. USCIS ELIS Account Number (if any)

►

**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

**Your Full Name**

**NOTE:** Your card will be issued in this name.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Has your name legally changed since the issuance of your Permanent Resident Card?

☐ Yes (Proceed to **Item Numbers 5.a. - 5.c.**)

☐ No (Proceed to **Item Numbers 6.a. - 6.i.**)

☐ N/A - I never received my previous card.  
(Proceed to **Item Numbers 6.a. - 6.i.**)

## Mailing Address

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)****Physical Address**

Provide this information only if different than mailing address.

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State  7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

**Additional Information**

8. Gender ☐ Male ☐ Female

9. Date of Birth (mm/dd/yyyy) ▶

10. City/Town/Village of Birth

11. Country of Birth

**Mother's Name**

12. Given Name (First Name)

**Father's Name**

13. Given Name (First Name)

14. Class of Admission

15. Date of Admission (mm/dd/yyyy) ▶

16. U.S. Social Security Number (if any) ▶

**Part 2. Application Type**

**NOTE:** If your conditional permanent resident status (for example: CR1, CR2, CF1, CF2) is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of This Application** section of the Form I-90 Instructions for further information.)

**My status is** (Select **only one** box):

- 1.a. ☐ Lawful Permanent Resident (Proceed to **Section A.**)
- 1.b. ☐ Permanent Resident - In Commuter Status (Proceed to **Section A.**)
- 1.c. ☐ Conditional Permanent Resident (Proceed to **Section B.**)

**Reason for Application (Select only one box)**

**Section A.** (To be used **only** by a lawful permanent resident or a permanent resident in commuter status.)

- 2.a. ☐ My previous card has been lost, stolen, or destroyed.
- 2.b. ☐ My previous card was issued but never received.
- 2.c. ☐ My existing card has been mutilated.
- 2.d. ☐ My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Attach your existing card with incorrect data along with this application.)
- 2.e. ☐ My name or other biographic information has been legally changed since issuance of my existing card.
- 2.f. ☐ My existing card has already expired or will expire within six months.
- 2.g1. ☐ I have reached my 14th birthday and am registering as required. My existing card will expire **AFTER** my 16th birthday. (See **NOTE** below for additional information.)
- 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 information.)

**NOTE:** If you are filing this application before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason **2.j.** However, if your card has expired, you must select reason **2.f.**

## Part 2. Application Type (continued)

- 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:  
City or Town and State
- 2.h2. ☐ I am a commuter who is taking up actual residence in the United States.
- 2.i. ☐ I have been automatically converted to lawful permanent resident status.
- 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.

### Section B. (To be used only by a conditional permanent resident.)

- 3.a. ☐ My previous card has been lost, stolen, or destroyed.
- 3.b. ☐ My previous card was issued but never received.
- 3.c. ☐ My existing card has been mutilated.
- 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.)
- 3.e. ☐ My name or other biographic information has legally changed since the issuance of my existing card.

## Part 3. Processing Information

1. Location where you applied for an immigrant visa or adjustment of status:
2. Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:

Complete **Item Numbers 3.a.** and **3.a1.** if you entered the United States with an immigrant visa. (If you were granted adjustment of status, proceed to **Item Number 4.**)

- 3.a. Destination in the United States at time of admission

### 3.a1. Port-of-Entry where admitted to the United States:

City or Town and State

4. Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States?  
☐ Yes ☐ No
5. Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been determined to have abandoned your status?  
☐ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Numbers 4.** or **5.** above, provide a detailed explanation in the space provided in **Part 8. Additional Information.**

## Biographic Information

6. Ethnicity (Select **only one** box)  
☐ Hispanic or Latino  
☐ Not Hispanic or Latino
7. Race (Select **all applicable** boxes)  
☐ White  
☐ Asian  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander
8. Height                      Feet  Inches
9. Weight                      Pounds
10. Eye Color (Select **only one** box)  
☐ Black    ☐ Blue    ☐ Brown  
☐ Gray    ☐ Green    ☐ Hazel  
☐ Maroon    ☐ Pink    ☐ Unknown/Other
11. Hair 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.)

**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)):

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- 1.b. ☐ I am blind or have low vision and request the following accommodation:

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- 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):

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

**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.

***Applicant's Statement***

**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. ☐ 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 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.

2. ☐ 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**

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

**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

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.

### Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

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