TABLE OF CHANGES – FORM Form I-90, Application to Replace Permanent Resident Card OMB Number: 1615-0082 07/16/2019

Reason for Revision:

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 7/31/2019 Edition Date 2/27/2017

Current Page Number and Section	Current Text	Proposed Text
Pages 1-2,	[page 1]	[page 1]
Part 1. Information About You	Part 1. Information About You	[no change]
	1. Alien Registration Number (A-Number)	
	2. USCIS Online Account Number (if any)	
	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.)	
	Provide your name exactly as it is printed on your current Permanent Resident Card.	If your name has legally changed since the issuance of your Permanent Resident Card, 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.	NOTE: Include 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	[no change]
	Mailing Address (USPS ZIP Code Lookup)	

6.a. In Care Of Name

6.b. Street Number and Name

6.c. Apt./Ste./Flr. [Number]

6.d. City or Town

6.e. State

6.f. ZIP Code

6.g. Province

6.h. Postal Code

6.i. Country

[new]

Port-of-Entry for Commuters

All commuters (those who currently have commuter status and those who are taking up commuter status) who provided a foreign mailing address in **Item Numbers 6.a. - 6.i.**, need to provide the U.S. port-of-entry (POE) where you will pick up your card:

7. City or Town and State

NOTE: If the city or town has more than one POE, include additional information (such as an airport, bridge, or tunnel name) to assist U.S. Citizenship and Immigration Services (USCIS) in identifying which POE to mail your card.

Alternate or Safe Mailing Address

If you filed an adjustment of status application based on the Violence Against Women Act (VAWA) or as a human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide a safe mailing address. If you are applying as a special immigrant juvenile, you may provide an alternate mailing address.

8.a. In Care Of Name

8.b. Street Number and Name

8.c. Apt./Ste./Flr. [Number]

8.d. City or Town

8.e. State

8.f. ZIP Code

8.g. Province

8.h. Postal Code

8.i. Country

Physical Address

Provide this information only if different than mailing address.

9.a. Street Number and Name

9.b. Apt./Ste./Flr. [Number]

Physical Address

Provide this information only if different than mailing address.

7.a. Street Number and Name

	T	T
	7.b. Apt./Ste./Flr. [Number]	9.c. City or Town
	7.c. City or Town	9.d. State
	7.d. State	9.e. ZIP Code
	7.e. ZIP Code	9.f. Province
	7.f. Province	9.g. Postal Code
	7.g. Postal Code	9.h. Country
	7.h. Country	
		[Page 2]
	[Page 2]	Additional Information
	Additional Information	10. Gender
	9 C 1	Male
	8. Gender	Female
	Male	
	Female	11. Date of Birth (mm/dd/yyyy)
	9. Date of Birth (mm/dd/yyyy)	12. City/Town/Village of Birth
	10. City/Town/Village of Birth	13. Country of Birth
	11. Country of Birth	14. Class of Admission
		15. Date of Admission (mm/dd/yyyy)
		16. U.S. Social Security Number (if any)
		Parent 1 Legal Name
	Mother's Name	17.a. Family Name (Last Name)17.b. Given Name (First Name)17.c. Middle Name
	12. Given Name (First Name)	Parent 2 Legal Name
	Father's Name	18.a. Family Name (Last Name) 18.b. Given Name (First Name) 18.c. Middle Name
	13. Given Name (First Name)	[moved up]
	14. Class of Admission	
	15. Date of Admission (mm/dd/yyyy)	
	16. U.S. Social Security Number (if any)	
Pages 2-3,	[Page 2]	[Page 2]
Part 2. Application Type	Part 2. Application Type	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.)	NOTE: If your conditional permanent resident status is expiring within the next 90 days, then do not file this application. (See the What is the Purpose of Form I-90 section of the Form I-90 Instructions for further information.)
	My status is (Select only one box):	[no change]
į .	I .	1

- **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.g.1.** 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.g.2.** 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.**
- **2.h.1.** I am a permanent resident who is taking up commuter status.

Section A. (Complete this section **only** if you are a lawful permanent resident or a permanent resident in commuter status.)

[no change]

- **2.d.** My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Provide a detailed explanation of the error in the space provided in **Part 7**. **Additional Information** and return your existing card with incorrect data along with this application.)
- 2.e. My name or other biographic information has legally changed since issuance of my existing card or my card has incorrect data and the error was not caused by DHS. Provide a detailed explanation of the biographic information that changed or the error in the space provided in Part 7. Additional Information, and include appropriate documentary evidence that reflects the change or new data.

[no change]

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.k**. However, if your card has expired, you must select reason **2.f**.

[no change]

2.h.1.a. My Port-of-Entry (POE) into the United States will be:

City or Town and State

- **2.h.2.** 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.

[new]

[Page 3]

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.

[deleted]

[no change]

- **2.j.** I have a prior edition of the alien registration card.
- **2.k.** I am applying to replace my current Permanent Resident Card for any other reason that is not specified above. Provide a detailed explanation of the reason you are applying to replace your card in the space provided in **Part 7. Additional Information**.

[Page 3]

Section B. Complete this section only if you are a conditional permanent resident. If your conditional permanent resident status is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of Form I-90** section of the Form I-90 Instructions for further information.)

[no change]

- **3.d.** My existing card has incorrect data because of DHS error. (Provide a detailed explanation of the error in the space provided in **Part 7**. **Additional Information** and return your existing 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 or my card has incorrect data and the error was not caused by DHS. (Provide a detailed explanation of the biographic information that changed or the error in the space provided in **Part 7. Additional Information**, and include appropriate documentary evidence that reflects the change or new data.)

Page 3,	[Page 3]	[Page 3]
Part 3. Processing information	Part 3. Processing Information	[no change]
	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.a.1. 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.a.1. Port-of-Entry where admitted to the United States:	
	City or Town and State	
	[new]	Answer Item Numbers 4 11. If you answer "Yes" to any question (or if you answer "No," but are unsure of your answer), provide a detailed explanation in the space provided in Part 8. Additional Information .
	4. Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States? Y/N	[no change]
	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? Y/N	5. Since you were granted permanent residen status, have you ever filed or signed a Form I 407, Record of Abandonment of Lawful Permanent Resident Status, or any other document indicating you have abandoned you permanent resident status? Y/N
	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.	[deleted]
	[new]	6. Since you were granted permanent residen status, have you ever been determined by a judge to have abandoned your permanent resident status? Y/N
		7. Since you were granted permanent residen

8. Since you were granted permanent resident status, have you ever been absent from the United States for a continuous period of one year or more? Y/N

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	9. Since you were granted permanent resident status, have you ever had a residence outside the United States, other than while you held commuter status? Y/N
	10. Since you were granted permanent resident status, have you ever been employed outside the United States, other than while you held commuter status? Y/N
	NOTE: Only answer Item Number 11. if you hold or have held commuter status.
	11. Were you ever out of regular employment in the U.S. for a continuous period of six months or more while you held commuter status? Y/N.
Biographic Information	Biographic Information
6. Ethnicity (Select only one box)	12. Ethnicity (Select only one box)
Hispanic or Latino Not Hispanic or Latino	Hispanic or Latino Not Hispanic or Latino
7. Race (Select all applicable boxes)	13. Race (Select all applicable boxes)
White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
8. Height	14. Height
Feet Inches	Feet Inches
9. Weight Pounds	15. Weight Pounds
10. Eye Color (Select only one box)	16. Eye Color (Select only one box)
Black Blue	Black Blue
Brown Gray	Brown Gray
Green	Green
Hazel Maroon	Hazel Maroon
Pink	Pink
Unknown/Other	Unknown/Other
11. Hair Color (Select only one box)	17. Hair Color (Select only one box)
Bald (No hair)	Bald (No hair)
Black Blond	Black Blond
Brown	Brown
Gray	Gray
Red Sandy	Red Sandy
White	White

	Unknown/Other	Unknown/Other
Pages 3-4,	[Page 3]	[Page 3]
Part 4. Accommodations for Individuals with Disabilities and/or Impairments	Part 4. Accommodations for Individuals with Disabilities and/or Impairments (Read the information in the Form I-90 Instructions before completing this part.)	[deleted]
	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? Y/N	
	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)):	
	[Page 4]	
	1.b. I am blind or have low vision and request the following accommodation:	
	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):	
Page 4,	[Page 4]	[Page 4]
Part 5. Applicant's Statement, Contact Information,	Part 5. Applicant's Statement, Contact Information, Certification, and Signature	Part 4. Applicant's Statement, Contact Information, Certification, and Signature
Certification, and Signature	NOTE: Read the Penalties section of the Form I-90 Instructions before completing this part.	NOTE: Read the Penalties section of the Form I-90 Instructions before completing this section.
	Applicant's Statement	[no change]
	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 I have read and understand every question and instruction on this application and my answer to every question.	
	1.b. The interpreter named in Part 6. read to me every question and instruction on this application and my answer to every question in	1.b. The interpreter named in Part 6. read to me every question and instruction on this application and my answer to every question in

[Fillable field], a language in which I am fluent and I understood everything.

2. At my request, the preparer named in **Part 7.**, [Fillable field], prepared this application for me based only upon information I provided or authorized.

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)

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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further 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 and enforcement of U.S. immigration laws.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- **3**) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature (sign in ink)

[Fillable field], a language in which I am fluent, and I understood everything.

[no change]

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 that 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 and enforcement of U.S. immigration law.

[no change]

Applicant's Signature

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

	6.b. Date of Signature (mm/dd/yyyy)	[]
	NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.	[no change]
Page 5,	[Page 5]	[Page 5]
Part 6. Interpreter's Contact Information, Certification, and	Part 6. Interpreter's Contact Information, Certification, and Signature	Part 5. Interpreter's Contact Information, Certification, and Signature
Signature	Provide the following information about the interpreter.	[no change]
	Interpreter's Full Name	
	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)	
	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 Mobile Telephone Number (if any)	
	6. Interpreter's Email Address (if any)	
	Interpreter's Certification	
	I certify, under penalty of perjury, that:	
	I am fluent in English and [Fillable field], which is the same language provided in Part 5. , Item Number 1.b. , and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.	
	Interpreter's Signature	Interpreter's Signature

	7.a. Interpreter's Signature (sign in ink)	7.a. Interpreter's Signature
	7.b. Date of Signature (mm/dd/yyyy)	7.b. Date of Signature (mm/dd/yyyy)
	7.55 Bate of Signature (IIIII adi yyyy)	7.6. Date of Signature (IIIII day yyyy)
Pages 5-6,	[Page 5]	[Page 5]
Part 7. Contact		
Information,	Part 7. Contact Information, Declaration,	Part 6. Contact Information, Declaration,
Declaration, and	and Signature of the Person Preparing this Application, if Other Than the Applicant	and Signature of the Person Preparing this Application, if Other Than the Applicant
Signature of the Person	Application, if Other Than the Applicant	Application, if Other Than the Applicant
Preparing this	Provide the following information about the	
Application, if Other	preparer.	
Than the Applicant		
Than the Applicant	Preparer's Full Name	[no change]
	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)	
	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 Mobile Telephone Number (if any)	
	6. Preparer's Email Address (if any)	
	[Page 6]	
	<i>Preparer's Statement</i>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 may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.	NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
	Preparer's Certification	[no change]

	By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use. *Preparer's Signature* 8.a. Preparer's Signature (sign in ink) 8.b. Date of Signature (mm/dd/yyyy)	8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)
D 5		
Page 5, Part 8. Additional Information	[Page 7] Part 8. Additional Information	[Page 7] Part 7. 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.	If you need extra space to provide any additional information within this appli use the space below. If you need more than what is provided, you may make of this page to complete and file with this application or attach a separate sheet of Type or print your name and A -Number any) at the top of each sheet; indicate the Number, Part Number, and Item Number, your answer refers; and sign and each sheet.

Your Full Name

- 1.a. Family Name (Last Name) [Autopopulated field]
- **1.b.** Given Name (First Name) [Autopopulated field]
- **1.c.** Middle Name [Auto-populated field]
- **2.** A-Number (if any) [Auto-populated field]
- 3.a. Page Number
- **3.b.** Part Number
- **3.c.** Item Number
- **3.d.** [Fillable field]
- **4.a.** Page Number
- **4.b.** Part Number
- **4.c.** Item Number
- **4.d.** [Fillable field]
- **5.a.** Page Number
- **5.b.** Part Number
- **5.c.** Item Number
- **5.d.** [Fillable field]
- **6.a.** Page Number

formation

to provide any within this application, you need more space you may make copies of nd file with this separate sheet of paper. e and A -Number (if sheet; indicate the **Page** er, and Item Number to ers; and sign and date

[deleted]

1.a. Family Name (Last Name) [Autopopulated field] [no change]

6.b. Part Number6.c. Item Number6.d. [Fillable field]	
7.a. Page Number7.b. Part Number7.c. Item Number7.d. [Fillable field]	