# TABLE OF CHANGES – FORM Form I-131A, Application for Carrier Documentation OMB Number: 1615-0135 12/03/2019

# **Reason for Revision:**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 02/28/2021

Edition Date 02/13/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1,	[Page 1]	[no change]
For USCIS Use Only	For USCIS Use Only	
	Receipt Document Issued Transportation Letter Boarding Foil Document Hand Delivered By: Date (mm/dd/yyyy) Action Block	
	To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 or Form G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) START HERE - Type or print in black ink.	Select this box if you attach Form G-28 or Form G-28I. [no change]
Page 1-2,	[Page1]	[no change]
Part 1. Information About You	<ul> <li>Part 1. Information About You</li> <li>1.a. Family Name (Last Name)</li> <li>1.b. Given Name (First Name)</li> <li>1.c. Middle Name</li> <li>2. Has your name changed since the issuance of your last Permanent Resident Card (Form I-551)? Y/N</li> </ul>	2. Have you changed your name since receiving your last Form I-551, Permanent Resident Card, Form I-512 or I-512L, Advanced Parole Document, or Form I-766, Employment Authorization Document (with
		travel endorsement)? Y/N

	NOTE IS 1877 " T	
	NOTE: If you answered "Yes" to <b>Item Number 2.</b> , attach evidence of your legal name	
	change with this application.	
	Mailing Address	Current Mailing Address
		-
	3.a. In Care Of Name (if any) 3.b. Street Number and Name	[no change]
	3.c. Apt. Stee Flr.	
	3.d. City or Town	
	<b>3.e.</b> State <b>3.f.</b> ZIP Code	
	3.g. Province	
	3.h. Postal Code 3.i. Country	
	4. Is your current mailing address the same as	
	your U.S. physical address? Y/N	
	If you answered "No" to Item Number 4.,	
	provide your U.S. physical address in <b>Item Numbers 5.a 5.e.</b>	
	U.S. Physical Address	
	<b>5.a.</b> Street Number and Name	
	<b>5.b.</b> Apt. Ste. Flr.	
	5.c. City or Town	
	<b>5.d.</b> State <b>5.e.</b> ZIP Code	
	Other Information	
	6. Alien Registration Number (A-Number)	6. Alien Registration Number (A-Number) (if any)
	7. USCIS Online Account Number (if any)	
	8. U.S. Social Security Number (if any)	
	9. Date of Birth (mm/dd/yyyy)	
	10. Sex Male/Female	10. Gender Male/Female
	[Page 2]	
	11. Country of Birth	[no change]
	12. Country of Citizenship or Nationality	
Page 2,	[Page 2]	
Part 2. Reason for	Part 2. Reason for Application	[no change]
Application	Select <b>only one</b> box.	
	<b>1.a.</b> My previous Permanent Resident Card has been lost, stolen, or destroyed.	
	<b>1.b.</b> My previous Permanent Resident Card was issued but never received.	

	<b>1.c.</b> My existing Permanent Resident Card has been mutilated.	<b>1.c.</b> My existing Permanent Resident Card has been damaged.
	<b>1.d.</b> My existing Permanent Resident Card has already expired.	[no change]
	[new]	<b>1.e.</b> My existing Form I-512/Form I-512L, Advance Parole Document, has been lost, stolen, or destroyed.
		<b>1.f.</b> My existing Form I-512/Form I-512L, Advance Parole Document, has been damaged.
		<b>1.g.</b> My existing Form I-766, Employment Authorization Document (with travel endorsement), has been lost, stolen, or destroyed.
		<b>1.h.</b> My existing Form I-766, Employment Authorization Document (with travel endorsement), has been damaged.
	1.e. Other (explain below).	1.i. Other (explain below):
Page 2,	[Page 2]	[Page 2]
Part 3. Processing	Part 3. Processing Information	Part 3. Processing Information
Information	1. Date Departed the United States (mm/dd/yyyy)	1. Date You Departed the United States (mm/dd/yyyy)
	2. Date of Intended Travel to the United States (mm/dd/yyyy)	2. Date of Intended Travel to the United States (mm/dd/yyyy)
		3. Date of Expiration of Existing Permanent Resident Card (mm/dd/yyyy)
		<b>4.</b> Date of Expiration of Existing Reentry Permit (if applicable) (mm/dd/yyyy)
		<b>5.</b> Date of Expiration of Existing Form I-512, I-512L, or Form I-766 (if applicable) (mm/dd/yyyy)
		<b>6.</b> Receipt Number of Form I-131, Application for Travel Document, Associated With the Lost, Stolen, or Damaged Form I-512, I-512L, or I-766 (if applicable)
	3. Are you <b>NOW</b> , or were you <b>EVER</b> , in exclusion, deportation, removal, or rescission proceedings? Yes/No	<b>7.</b> Are you <b>NOW</b> , or were you <b>EVER</b> , in exclusion, deportation, removal, or rescission proceedings? Y/N
	If you answered "Yes" to <b>Item Number 3.</b> , provide details in the space provided in <b>Part 7. Additional Information.</b>	If you answered "Yes" to <b>Item Number 7.</b> , provide details in the space provided in <b>Part 7. Additional Information</b> .

	4. Since you were granted permanent residence, have you EVER filed Form I-407, Abandonment of Lawful Permanent Resident Status, or otherwise been judged to have abandoned your status? Y/N  5.a. Have you EVER been issued a Travel Document? Y/N  If you answered "Yes" to Item Number 5.a., answer Item Numbers 5.b. and 5.c. for the last document issued to you and provide additional details in the space provided in Part 7. Additional Information.  5.b. Date Issued (mm/dd/yyyy)  5.c. Disposition (attached, lost, etc.)	8. If you are a lawful permanent resident, have you EVER filed Form I-407, Record of Abandonment of Lawful Permanent Resident Status, or otherwise been judged to have abandoned your status? Y/N  If you answered "Yes" to Item Number 8., provide details in the space provided in Part 7. Additional Information.  9.a. If you are a lawful permanent resident, have you EVER been issued a Carrier Document? Y/N  If you answered "Yes" to Item Number 9.a., answer Item Numbers 9.b. and 9.c. for the last document issued to you and provide additional details in the space provided in Part 7. Additional Information.  9.b. Date Issued (mm/dd/yyyy)  9.c. Disposition (attached, lost, etc.):  10.a. If you received a Form I-512/I-512L, Advanced Parole Document, or Form I-766, Employment Authorization Document (with travel endorsement), was it ever revoked? Y/N  If you answered "Yes" to Item Number 10.a., answer Item Numbers 10.b., and 10.c., for the last document issued to you and provide additional details in the space provided in Part 7. Additional Information.  10.b. Date of Revocation (mm/dd/yyyy)
Page 2-3,	[Page 2]	[Page 2]
Part 4. Applicant's Statement, Contact Information,	Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature	Part 4. Applicant's Statement, Contact Information, Certification, and Signature
Declaration, Certification, and Signature	<b>NOTE:</b> Read the <b>Penalties</b> section of the Form 1-131A Instructions before completing this section.	[no change]
-	Applicant's Statement	
	<b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b>	
	<b>1.a.</b> I can read and understand English, and I	

- **1.b.** The interpreter named in **Part 5.** 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 name in **Part 6.**, **[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 Declaration and 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.

[Page 3]

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and 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
- **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.

#### 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 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.

[no change]

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.

[no change]

**NOTE TO ALL APPLICANTS:** If you do not properly complete this application or fail to submit required documents listed in the Instructions, we may deny your application.

Page 3,	[Page 3]	[no change]
Part 5. Interpreter's Contact Information,	Part 5. Interpreter's Contact Information, Certification, and Signature	
Certification, and Signature	Provide the following information about the interpreter.	
	Interpreter's Full Name	
	1.a. Interpreter's Family Name (Last Name)	
	<b>1.b.</b> Interpreter's Given Name (First Name)	
	<b>2.</b> Interpreter's Business or Organization Name (if any)	
	Interpreter's Mailing Address	
	<ul> <li>3.a. Street Number and Name</li> <li>3.b. Apt. Ste. Flr.</li> <li>3.c. City or Town</li> <li>3.d. State 3.e. ZIP Code</li> <li>3.f. Province</li> <li>3.g. Postal Code</li> </ul>	
	<ul><li>3.h. Postal Code</li><li>3.i. Country</li></ul>	3.h. Country [delete]
	Interpreter's Contact Information	[no change]
	4. Interpreter's Daytime Telephone Number	
	<b>5.</b> 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 specified in Part 4., 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 Declaration and Certification, and has verified the accuracy of every answer.	I am fluent in English and [fillable field], which is the same language specified in Part 4., 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	[no change]
	7.a. Interpreter's Signature	
	<b>7.b.</b> Date of Signature (mm/dd/yyyy)	
Page 3-4,	[Page 3]	[no change]

# Part 6. Contact Information, Declaration, and Signature of the person Preparing this Application, if Other Than the Applicant

# Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

#### Preparer's Full Name

- **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)

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# 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)

### 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, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.

Preparer's Certification

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	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 <b>Applicant's Declaration and Certification</b> , 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. <b>Preparer's Signature</b> 8.a. Preparer's Signature  8.b. Date of Signature (mm/dd/yyyy)	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 <b>Applicant's Certification</b> , 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.  [no change]
Daga 5	[Page 5]	[no change]
Page 5, Part 7. Additional Information	Part 7. Additional information  If you need extra space to provide any	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. Type or print your name and A-Number at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet.  1.a. Family Name (Last Name)	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. 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 your answer refers; and sign and date each sheet.  [no change]
	1.b. Given Name (East Name) 1.c. Middle Name 2. A-Number (if any)	[no change]
	<ul><li>3.a. Page Number</li><li>3.b. Part Number</li><li>3.c. Item Number</li><li>3.d. [Fillable field]</li></ul>	
	<ul><li>4.a. Page Number</li><li>4.b. Part Number</li><li>4.c. Item Number</li><li>4.d. [Fillable field]</li></ul>	
	<ul><li>5.a. Page Number</li><li>5.b. Part Number</li><li>5.c. Item Number</li><li>5.d. [Fillable field]</li></ul>	
	<ul><li>6.a. Page Number</li><li>6.b. Part Number</li><li>6.c. Item Number</li><li>6.d. [Fillable field]</li></ul>	

7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field	
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