

TABLE OF CHANGES – FORM
Form I-90, Application to Replace Permanent Residence Card
OMB Number: 1615-0082
07/29/2020

Reason for Revision: Fee Rule
Project Phase: Post G-1056

- Please note – all instances of “if any” and “if applicable” have been removed from Form I-90.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 07/31/2021

Edition Date 07/23/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1, For USCIS Use Only	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Applicant Interviewed Date: Class of Admission Remarks Receipt Action Block</p> <p>To be completed by an attorney or BIA-accredited representative (if any). Select this box if Form G-28 is attached to represent the applicant. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p>	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Applicant Interviewed Date: Class of Admission Remarks Receipt Action Block</p> <p>To be completed by an attorney or BIA-accredited representative. Select this box if Form G-28 is attached to represent the applicant. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number</p>
Pages 1-2, Part 1. Information About You	<p>[Page 1]</p> <p>...</p> <p>2. USCIS Online Account Number (if any)</p> <p>[Page 2]</p> <p>...</p> <p>16. U.S. Social Security Number (if any)</p>	<p>[Page 1]</p> <p>...</p> <p>2. USCIS Online Account Number</p> <p>[Page 2]</p> <p>...</p> <p>16. U.S. Social Security Number</p>
Page 7, Part 7. Additional Information	<p>[Page 7]</p> <p>...</p>	<p>[Page 7]</p> <p>...</p>

	<p>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.</p> <p>...</p> <p>2. A-Number (if any) [Auto-populated field]</p> <p>...</p>	<p>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 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.</p> <p>...</p> <p>2. A-Number [Auto-populated field]</p> <p>...</p>
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