OMB No. 1615-0079; Expires 09/30/10

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-102, Application for Replacement/Initial Nonimmigrant Arrival - Departure Document

START HERE - Please type or print in black ink.

Part 1. Information About You

Family Name | Given Name | Middle Name

Address - In care of -

Street Number and Name | Apt./Suite #

In care of -

City | State

Zip/Postal Code | Country | Date of Birth *(mm/dd/yyyy)*

Country of Birth | Country of Citizenship/Nationality

A-Number *(If any)* | U.S. Social Security # *(If any)*

Date *(mm/dd/yyyy)* and Place of Last Admission | Current Nonimmigrant Status

Status Expires on *(mm/dd/yyyy)* | I-94, I-94W, or I-95 Arrival/Departure Document #

Part 2. Reason for Application

Check the box that best describes your reason for requesting a replacement document *(Check one box)*.

a. ☐ I am applying to replace my lost or stolen Form I-94 (or I-94W).

b. ☐ I am applying to replace my lost or stolen Form I-95.

c. ☐ I am applying to replace Form I-94 (or I-94W) because it is mutilated. I have attached my original I-94 (or I-94W).

d. ☐ I am applying to replace Form I-95 because it is mutilated. I have attached my original Form I-95.

e. ☐ I was not issued Form I-94 when I entered as a nonimmigrant, and I am filing this application together with an application for an extension of stay/change of status.

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.

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.

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
☐ Applicant Interviewed on _____	

New I-94 #

Remarks

Action Block

To Be Completed by
Attorney or Representative, if any.

☐ Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

Part 3. Processing Information

1. Are you filing this application with any other petition or application?

☐ No ☐ Yes - Form #

2. Are you now in removal proceedings?

☐ No

☐ Yes (Give detailed information regarding the proceedings. If you need more space to complete the answer, use a separate sheet(s) of paper. Write your name and A #, if any, and "Part 3, Number 2" at the top of each sheet.)

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

Your name exactly as it appears on Form I-94, I-94W, or I-95, if known *(Print clearly)*

Class of Admission

Place of Admission

Part 4. Signature (*Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

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.

Signature

Daytime Telephone Number *(With area code)*

( )

Date *(mm/dd/yyyy)*

Part 5. Signature of Person Preparing Form, if Other Than Above *(Sign below)*

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

Signature

Print or Type Your Name

Firm Name

Firm Address *(Street Number and Name or P.O. Box, City, State, Zip Code)*

Daytime Telephone Number *(With area code)*

( )

E-Mail Address *(If any)*

Date *(mm/dd/yyyy)*