



Application for Replacement/Initial Nonimmigrant Arrival-Departure Document

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

USCIS
Form I-102
OMB No. 1615-0079
Expires 03/31/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney or Accredited Representative, if any. <input type="checkbox"/> Select this box if Form G-28 is attached to represent the applicant. Attorney State License Number _____
	New I-94 Number		
	Remarks		

▶ **START HERE.** Type or print in black ink

Part 1. Information About You

1. Alien Registration Number (A-Number)

▶ A-

2. USCIS Online Account Number (if any)

▶

Your Full Legal Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Other Names Used (if any)

Provide all other names used. Include nicknames, aliases, maiden name, and names from previous marriages. Provide evidence of any name changes.

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

U.S. Mailing Address

5.a. In Care Of Name

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State

5.f. ZIP Code

6. Is your current U.S. mailing address the same as your U.S. physical address? ☐ Yes ☐ No

If you answered "No" to Item Number 6., provide your U.S. physical address in Item Numbers 7.a. - 7.f.

U.S. Physical Address

7.a. In Care Of Name

7.b. Street Number and Name

7.c. ☐ Apt. ☐ Ste. ☐ Flr.

7.d. City or Town

7.e. State

7.f. ZIP Code

Other Information

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Country of Citizenship

Part 1. Information About You (continued)

11. U.S. Social Security Number (if any)

▶

Entry Information

12. Date of Last Entry into the United States

(mm/dd/yyyy)

13. Place of Last Entry into the United States (City and State)

14. Class of Admission at Last Entry Into the United States

15. Indicate the type of Port-of-Entry at which you last entered the United States:

☐ Land border ☐ Airport ☐ Seaport

16. Current Nonimmigrant Status

17. Date Status Expires (mm/dd/yyyy)

18.a. Form I-94, Form I-94W, or Form I-95 Arrival-Departure Record Number

▶

18.b. Passport Number

18.c. Travel Document Number

18.d. Country of Issuance for Passport or Travel Document

18.e. Expiration Date for Passport or Travel Document

(mm/dd/yyyy)

Provide your name exactly as it appears on Form I-94, Form I-94W, or Form I-95. If the name on the form is different than your current legal name as entered in **Part 1, Item Numbers 3.a. - 3.c.**, provide evidence of the name change.

19.a. Family Name
(Last Name)

19.b. Given Name
(First Name)

19.c. Middle Name

Part 2. Reason for Application

Select the box that best describes your reason for requesting an initial or replacement document. (Select **only one** box)

- 1.a. ☐ I am applying to replace my lost or stolen Form I-94 or Form I-94W.
- 1.b. ☐ I am applying to replace my lost or stolen Form I-95.
- 1.c. ☐ I am applying to replace my Form I-94 or Form I-94W because it was mutilated. I have attached my original Form I-94 or Form I-94W.
- 1.d. ☐ I am applying to replace my Form I-95 because it was mutilated. I have attached my original Form I-95.
- 1.e. ☐ I was not issued Form I-94 when I was admitted by CBP at a port-of-entry in the United States (*whether at a land border, airport, or seaport*).
- 1.f. ☐ I was issued Form I-94, Form I-94W, or Form I-95 by USCIS with an error or incorrect information, and I am requesting that USCIS correct the document. I have attached my original Form I-94, Form I-94W, or Form I-95.

Provide an explanation of the error or incorrect information entered on Form I-94, Form I-94W, or Form I-95 at the time of issuance.

- 1.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.

Part 3. Processing Information

- 1.a. Are you filing this application with any other petition or application? ☐ Yes ☐ No

If you answered "Yes" to **Items Number 1.a.**, provide the USCIS form number and name of the application or petition you are filing in **Item Number 1.b.**

- 1.b. USCIS Form Number and Name

Part 3. Processing Information (continued)

- 2.a. Are you now in removal proceedings? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.a.**, complete **Item Number 2.b.**

- 2.b. Provide detailed information regarding the proceedings. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Part 4. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

1. Applicant's Daytime Telephone Number
2. Applicant's Mobile Telephone Number (if any)
3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

Part 5. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
- Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's E-mail Address (if any)

Interpreter's Certification and Signature

I certify under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature
- Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and
Signature of the Person Preparing this
Application, If Other than the Applicant**

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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. 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.

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.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.
