

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 02/28/2026

For USCIS Use Only New I-94 Number Remarks	Action Block	To Be Completed by an Attorney or Accredited Representative, if any. Select this box if Form G-28 is attached to represent the applicant. Attorney State License Number					
► START HERE. Type or print in black ink							
Part 1. Information About You	5.b. Street Number and Name						
1. Alien Registration Number (A-Number)							
► A-	5.c Apt. Ste. Flr.						
2. USCIS Online Account Number (if any)	5.d. City or Town						
	5.e. State 5.f. ZIP Cod	le					
Your Full Legal Name	6. Is your current U.S. mailing ad						
3.a. Family Name	U.S. physical address?	Yes No					
(Last Name) 3.b. Given Name (First Name)	If you answered "No" to Item U.S. physical address in Item						
3.c. Middle Name	Middle Name U.S. Physical Address						
Other Names Used (if any)	7.a. In Care Of Name						
Provide all other names used. Include nicknames, aliase maiden name, and names from previous marriages. Pro evidence of any name changes.	7 h Street Number and Name						
4.a. Family Name (Last Name)	7.c. Apt. Ste. Flr.						
4.b. Given Name (First Name)	7.d. City or Town						
4.c. Middle Name	7.e. State 7.f. ZIP Cod	le					
U.S. Mailing Address	Other Information						
5.a. In Care Of Name	8. Date of Birth (mm/dd/yyyy)						
	9. Country of Birth						
	10. Country of Citizenship	1					

Par	t 1. Information About You (continued)	Par	rt 2.	Reason for Application
11.	U.S. Social Security Number (if any)			box that best describes your reason for requesting an eplacement document. (Select only one box)
Ent	ry Information	1.a.		I am applying to replace my lost or stolen Form I-94 or Form I-94W.
12. 13. 14. 15.	Date of Last Entry into the United States (mm/dd/yyyy) Place of Last Entry into the United States (City and State) Class of Admission at Last Entry Into the United States Indicate the type of Port-of-Entry at which you last	1.b. 1.c. 1.d. 1.e.		I am applying to replace my lost or stolen Form I-95. 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. I am applying to replace my Form I-95 because it was mutilated. I have attached my original Form I-95. I was not issued Form I-94 when I was admitted by CBP at a port-of-entry in the United States (<i>whether</i> <i>at a land border, airport, or seaport</i>).
16.	entered the United States: Land border Airport Seaport Current Nonimmigrant Status	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.
	Date Status Expires (mm/dd/yyyy)			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.
	Travel Document Number	1.g.		I was not issued Form I-94 when I entered as a
	Country of Issuance for Passport or Travel Document Expiration Date for Passport or Travel Document (mm/dd/yyyy)	Par		nonimmigrant member of the military, and I am filing this application for an initial Form I-94. Processing Information
I-94V your 3.a. -	ide your name exactly as it appears on Form I-94, Form W, or Form I-95. If the name on the form is different than current legal name as entered in Part 1., Item Numbers - 3.c , provide evidence of the name change.		appli If yo USC petiti	you filing this application with any other petition or ication? Yes No ou answered "Yes" to Items Number 1.a. , provide the IS form number and name of the application or ion you are filing in Item Number 1.b.
	(Last Name) Given Name (First Name) Middle Name	1.b.		IS Form Number and Name

 a. Are you now in removal proceedings? Yes N If you answered "Yes" to Item Number 2.a., complete Item Number 2.b. 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 Spplicant's Contact Information Applicant's Daytime Telephone Number
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.
Certification, and Signature
ertification, and Signature pplicant's Contact Information
Applicant's Daytime Telephone Number
Applicant's Mobile Telephone Number (if any)
Applicant's Email Address (if any)

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

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

5. Treparer's Daytime Telephone Number	3.	Preparer's Daytime Telephone Number
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- 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)

Par	t 7. Additio	nal In	formation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withis space to co sheet at the Num	u need extra spa in this application than what is primplete and file of paper. Type top of each she top of each she ther, and Item I and date each sh	on, use rovided with th e or prin eet; ind Numbe	the space below l, you may make is application of nt your name an icate the Page	 If yo copie copie attach A-N Numbe 	bu need more s of this page n a separate umber (if any er, Part	e V)					
	Family Name (Last Name) Given Name										
1.c.	(First Name) Middle Name										
2.	A-Number (if	any) ▶	A-								
3. a.	Page Number	3.b.	Part Number	3.c.	Item Numb	er 6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
4.a. 4.d.	Page Number	4.b.	Part Number	4.c.	Item Numb	er 7.a.	Page Number	7.b.	Part Number	7.c.	Item Number