

Application to Replace Permanent Resident Card

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-90 OMB No. 1615-00

OMB No. 1615-0082 Expires 12/31/2015

	Date: Class of elly Chart Here	f Admission - Type or print				Action Block
1.		tion About Y		7.5		
1.	Alleli Kegisirai	tion Number (A-	Number)		iling Address	
		► A-		5.a.	In Care of Nam	ne
You	r Full Name			5.b.	Street Number	
		ill be issued in th	nis name.	3.0.	and Name	
2.a.	Family Name (Last Name)			5.c.	Apt. Ste	
2.b.	Given Name (First Name)			5.d.	City or Town	
2.c.	Middle Name			5.e.	State	5.f. Zip Code
3.	Has your name Permanent Res		since the issuance of your	5.g.	Postal Code	
	Yes (Proce	eed to number 4	.a number 4.c.)	5.h.	Province	
	No (Proceed to number 5.a number 5.f.)		5.i. Country	Country		
N/A - I never received my previous card. (Proceed to number 5.a number 5.f.)			U.S	. Physical A	ddress	
Your name exactly as reflected on your Permanent Resident Card			6.a.	Street Number and Name		
NOTE: Attach all evidence of your legal name change with this application.			6.b.	Apt. Ste		
	4.a. Family Name			6.c.	City or Town	
	(Last Name) Given Name			6.d.	State	6.e. Zip Code
4.c.	(First Name) Middle Name					

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Par	rt 1. Information About You (continued)			
7.	Gender Male Female	11. Class of Admission		
8. 9.	Date of Birth (mm/dd/yyyy) ► City/Town/Village of Birth	12. Date of Admission (mm/dd/yyyy) ▶		
10.	Country of Birth	13. U.S. Social Security Number (if any) ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
Par	et 2. Application Type			
90 da	TE: If your conditional status is expiring within the next ays, then do not file this application. (See Form I-90 uctions for further information.)	2.g2. I have reached my 14th birthday and am registering as required. My existing card will expire before my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday,		
	status is (Select only one box):	do not select 2.g.2. You must select 2.j.)		
1.a. 1.b. 1.c.	Permanent Resident (Proceed to Section A) Permanent Resident - In Commuter Status (Proceed to Section A) Conditional Permanent Resident (Proceed to Section B)	 2.h1. I am a permanent resident who is taking up commuter status. My port of entry (POE) into the United States will be 2.h1.1. City and State 		
Rea	ason for Application (select only one box)			
	ion A. (To be used only by a permanent resident or a nament resident in commuter status.) My previous card has been lost, stolen, or destroyed.	2.h2.		
2.b. 2.c.	☐ My previous card was issued but never received.☐ My existing card has been mutilated.	2.j. I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.		
2.d.	My existing card has incorrect data because of USCIS error. (Attach existing card with incorrect data along with this application.)	Section B. (To be used only by a conditional permanent resident.)		
2.e.	My name or other biographic information has been legally changed since issuance of my existing card.	3.a. My previous card has been lost, stolen, or destroyed.3.b. My previous card was issued but never received.		
2.f. [2.g1. [My existing card will expire in 6 months or has already expired. I have reached my 14th birthday and am registering as required. My existing card will expire after my 16th 	 3.c. My existing card has been mutilated. 3.d. My existing card has incorrect data because of USCIS error. (Attach existing permanent resident card with incorrect data along with this application.) 		
	birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g1. You must select 2.j.)	3.e. My name or other biographical information has been legally changed since the issuance of my existing card.		

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Pa	rt 3. Processing Information			
Mother's Name			Destination in United States at time of admission	
1.	Given Name (First Name)			
.			Port of entry where admitted to United States:	
	her's Name	5.a1.	City and State	
2.	Given Name (First Name)			
		6.	Have you ever been ordered removed from the United States?	
Ad	lditional Information		Yes No	
3.	Location where you applied for an immigrant visa or adjustment of status:		Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been judged to have abandoned your status?	
4.	Location where immigrant visa was issued or USCIS office where adjustment of status was granted:	NOTE: If you answered "Yes" to number 6 or number 7 above, provide a detailed explanation on a separate sheet of		
Pa 1.	Irt 4. Accommodations for Individuals With Disa I-90 instructions before completing this Part.) Are you requesting an accommodation because of a	bilities 1.b.	and Impairments (Read the information in Form I am blind or sight-impaired and request the	
	disability and/or impairment?		following accommodation:	
If y	ou answered "Yes," check any applicable boxes:			
1.a.	I am deaf or hard of hearing and request the following accommodation (if requesting a signlanguage interpreter, indicate for which language			
	(e.g., American Sign Language)):		-	
		1.c.	I have another type of disability and/or impairment (describe the nature of the disability and/or impairment and accommodation you are requesting):	

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Par	tt 5. Signature of Applicant (Read the information this part. You must file Form I-90 while in the Un	on penalties in the Form I-90 instructions before completing ited States.)		
State subm of an Imm bene	tify, under penalty of perjury under the laws of the United as of America, that this application and the evidence nitted with it is all true and correct. I authorize the release my information from my records that U.S. Citizenship and igration Services needs to determine eligibility for the fit I am seeking. Signature of Applicant	 1.b. Date of Signature (mm/dd/yyyy) ► 2. Daytime Phone Number () -		
	ct 6. Signature of Person Preparing This Applic	cation, If Other Than the Applicant		
subn as A appli	TE: If you are an attorney or representative, you must nit a completed Form G-28, Notice of Entry of Appearance torney or Accredited Representative, along with this ication. **parer's Full Name**	 Preparer's Contact Information 4. Preparer's Daytime Phone Number Extension () - () () () () () () () () (
	ide the following information concerning the preparer:	5. Preparer's E-mail Address (if any)		
	Preparer's Family Name (<i>Last Name</i>)	Declaration		
1.b. 2.	Preparer's Given Name (First Name) Preparer's Business or Organization Name	To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.		
Pre	parer's Mailing Address	6.a. Signature of Preparer		
3.a.	Street Number and Name	6.b. Date of Signature (<i>mm/dd/yyyy</i>) ►		
3.b.	Apt. Ste. Flr.			
3.c.	City or Town	NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include		
3.d.	State 3.e. Zip Code	your Name and A-Number on the top of each sheet.		
3.f.	Postal Code			
3.g.	Province			
3.h.	Country			

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