

☐ Applicant Interviewed

Application to Replace Permanent Resident Card

Department of Homeland Security

U.S. Citizenship and Immigration Services

Receipt

USCIS Form I-90

OMB No. 1615-0082 Expires 02/28/2027

Action Block

	Date:	
	Cor Class of Admission Use	
On		
> 5	START HERE - Type or print in black ink.	
Par	rt 1. Information About You	Mailing Address (USPS ZIP Code Lookup)
1.	Alien Registration Number (A-Number) A-	6.a. In Care Of Name
2.	USCIS Online Account Number (if any)	6.b. Street Number and Name
		6.c.
You	ur Full Name	6.d. City or Town
	TE: Your card will be issued in this name.	6.e. State 6.f. ZIP Code
3.a.	Family Name (Last Name)	6.g. Province
3.b.	Given Name (First Name)	
3.c.	Middle Name	6.h. Postal Code 6.i. Country
4.	Has your name legally changed since the issuance Permanent Resident Card?	
	Yes (Proceed to Item Numbers 5.a 5.c.)	Physical Address
	No (Proceed to Item Numbers 6.a 6.i.)	Provide this information only if different than mailing address.
	N/A - I never received my previous card. (Proceed to Item Numbers 6.a 6.i.)	7.a. Street Number and Name
	vide your name exactly as it is printed on your comanent Resident Card.	
	TE: Attach all evidence of your legal name change	7.c. City or Town
this a	application.	7.d. State 7.e. ZIP Code
5.a.	Family Name (Last Name)	7.f. Province
5.b.	Given Name (First Name)	7.g. Postal Code
5.c.	Middle Name	7.h. Country

Pa	rt 1. Information About You (continued)	Reason	for Application (Select only one box)
Ad	ditional Information		A. (To be used only by a lawful permanent resident or ent resident in commuter status.)
8.9.10.	Gender Male Female Date of Birth (mm/dd/yyyy) City/Town/Village of Birth	2.a.	My previous card has been lost, stolen, or destroyed. My previous card was issued but never received. My existing card has been mutilated. My existing card has incorrect data because of Department of Homeland Security (DHS) error.
11. Mot 12.	Country of Birth ther's Name Given Name (First Name)	2.e.	(Attach your existing card with incorrect data along with this application.) My name or other biographic information has been legally changed since issuance of my existing card. My existing card has already expired or will expire within six months.
Fatl	Given Name (First Name)	2.g.1.	I have reached my 14th birthday and am registering as required. My existing card will expire AFTER my 16th birthday. (See NOTE below for additional information.)
14.15.16.	Class of Admission Date of Admission (mm/dd/yyyy) U.S. Social Security Number (if any)	2.g.2.	I have reached my 14th birthday and am registering as required. My existing card will expire BEFORE my 16th birthday. (See NOTE below for additional information.) NOTE : If you are filing this application before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason 2.j. However, if your card has expired, you must select reason 2.f.
Pai	rt 2. Application Type	2.h.1.	I am a permanent resident who is taking up commuter status.
exar days Pur	TE: If your conditional permanent resident status (for mple: CR1, CR2, CF1, CF2) is expiring within the next 90 s, then do not file this application. (See the What is the pose of This Application section of the Form I-90	2.h.1.a.	My Port-of-Entry (POE) into the United States will be: City or Town and State
	ructions for further information.) status is (Select only one box):	2.h.2.	I am a commuter who is taking up actual residence in the United States.
1.a. 1.b.	Lawful Permanent Resident (Proceed to Section A.) Permanent Resident - In Commuter Status (Proceed to Section A.)	2.i	I have been automatically converted to lawful permanent resident status. I have a prior edition of the Alien Registration Card,
1.c.	Conditional Permanent Resident (Proceed to Section B.)		or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

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Pa	rt 2. Application Type (continued)	Biographic I	ıformation			
Sect 3.a. 3.b. 3.c. 3.d.	ion B. (To be used only by a conditional permanent resident.) My previous card has been lost, stolen, or destroyed. My previous card was issued but never received. My existing card has been mutilated. My existing card has incorrect data because of DHS error. (Attach your existing permanent resident card with incorrect data along with this application.) My name or other biographic information has legally changed since the issuance of my existing card.	☐ Hispar ☐ Not H 7. Race (Sele ☐ White ☐ Asian ☐ Black ☐ Ameri	Select only one box) nic or Latino ispanic or Latino ct all applicable boxes) or African American can Indian or Alaska Native Hawaiian or Other Pacific Islander			
Pa	rt 3. Processing Information	8. Height	Feet Inches			
1.	Location where you applied for an immigrant visa or adjustment of status:	9. Weight10. Eye ColorBlack	Pounds [] [] [[] [] [] [] [] [] []			
2.	Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:	Gray Maroo	Green Hazel			
Unit adju	aplete Item Numbers 3.a. and 3.a1. if you entered the need States with an immigrant visa. (If you were granted structured structured structured structured to Item Number 4.) Destination in the United States at time of admission		No hair) Black Blond			
3.a.	1. Port-of-Entry where admitted to the United States: City or Town and State	Disabilities a	mmodations for Individuals with nd/or Impairments (Read the the Form I-90 Instructions before is part.)			
4.	Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States?	the space provide1. Are you re	eed extra space to complete this section, use ed in Part 8. Additional Information . questing an accommodation because of your and/or impairments?			
5.	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 determined to have abandoned your status? Yes No	If you answered "Yes," select any applicable boxes: 1.a. I am deaf or hard of hearing and request the following accommodation (If you are requesting a sign-language interpreter, indicate for which				
abov	ΓΕ: If you answered "Yes" to Item Numbers 4. or 5. We, provide a detailed explanation in the space provided in tal. Additional Information.	langua	ge (for example, American Sign Language)):			

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Part 4. Accommodations for Individuals with	Applicant's Contact Information				
Disabilities and/or Impairments (continued)	3. Applicant's Daytime Telephone Number				
1.b. I am blind or have low vision and request the					
following accommodation:	4. Applicant's Mobile Telephone Number (if any)				
	TT				
	5. Applicant's Email Address (if any)				
	TT				
1.c. I have another type of disability and/or impairment	Applicant's Certification				
(Describe the nature of your disability and/or impairment and the accommodation you are	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of				
requesting):					
	any information from any of my records that USCIS may need				
	to determine my eligibility for the immigration benefit I seek.				
	I further authorize release of information contained in this application, in supporting documents, and in my USCIS records				
Don't 5 Applicantle Statement Contact	to other entities and persons where necessary for the				
Part 5. Applicant's Statement, Contact Information, Certification, and Signature	administration and enforcement of U.S. immigration laws.				
NOTE: Read the Penalties section of the Form I-90	I understand that USCIS will require me to appear for an				
Instructions before completing this part.	appointment to take my biometrics (fingerprints, photograph,				
	and/or signature) and, at that time, I will be required to sign an oath reaffirming that:				
Applicant's Statement	I reviewed and provided or authorized all of the				
NOTE: Select the box for either Item Number 1.a. or 1.b. If	information in my application;				
applicable, select the box for Item Number 2 .	2) I understood all of the information contained in, and				
1.a. \square I can read and understand English, and I have read	submitted with, my application; and 3) All of this information was complete, true, and correct				
and understand every question and instruction on this application and my answer to every question.	at the time of filing.				
	I certify, under penalty of perjury, that I provided or authorized				
1.b. The interpreter named in Part 6 . read to me every question and instruction on this application and my	all of the information in my application, I understand all of the information contained in, and submitted with, my application,				
answer to every question in	and that all of this information is complete, true, and correct.				
,					
a language in which I am fluent and I understood	Applicant's Signature				
everything.	6.a. Applicant's Signature (sign in ink)				
2. At my request, the preparer named in Part 7 .,	→				
	6.b. Date of Signature (mm/dd/yyyy)				
prepared this application for me based only upon information I provided or authorized.					
miornation i provided of audionzed.	NOTE TO ALL APPLICANTS: If you do not completely fill				

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out this application or fail to submit required documents listed

in the Instructions, USCIS may deny your application.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.				
Inte	erpreter's Full Name			
1.a.	Interpreter's Family Name (Last Name)			
1.b.	Interpreter's Given Name (First Name)			
2.	Interpreter's Business or Organization Name (if any)			
Inte	rpreter's Mailing Address			
3.a.	Street Number and Name			
3.b.	Apt. Ste. Flr.			
3.c.	City or Town			
3.d.	State 3.e. ZIP Code			
3.f.	Province			
3.g.	Postal Code			
3.h.	Country			
Int	erpreter's Contact Information			
4.	Interpreter's Daytime Telephone Number			
5.	Interpreter's Mobile Telephone Number (if any)			
6.	Interpreter's Email Address (if any)			
Interpreter's Certification				
I cer	tify, under penalty of perjury, that:			
whice 1.b. , every answ	fluent in English and his the same language provided in Part 5. , Item Number and I have read to this applicant in the identified language by question and instruction on this application and his or her the every question. The applicant informed me that he or understands every instruction, question, and answer on the			

application, including the Applicant's Certification, and has

verified the accuracy of every answer.

Inte	erpreter's Signature		
7.a.	Interpreter's Signature (sign in ink)		
7.b.	Date of Signature (mm/dd/yyyy)		
D.	Affice Acad Top condend Delicate and		
Sig	et 7. Contact Information, Declaration, and nature of the Person Preparing this plication, if Other Than the Applicant		
	ide the following information about the preparer.		
Pre	parer's Full Name		
1.a.	Preparer's Family Name (Last Name)		
1.b.	Preparer's Given Name (First Name)		
•			
2.	Preparer's Business or Organization Name (if any)		
p_{ra}	parer's Mailing Address		
176	parer's maunig Address		
3.a.	Street Number and Name		
3.b.	Apt Ste Flr		
3.c.	City or Town		
3.d.	State 3.e. ZIP Code		
3.f.	Province		
3.g.	Postal Code		
3.h.	Country		
Preparer's Contact Information			
4.	Preparer's Daytime Telephone Number		
•	T		
5.	Preparer's Mobile Telephone Number (if any)		

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Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Statement

/.a.	have prepared this application on behalf of the applicant and with the applicant's consent.
7.b.	I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.
	NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature8.a. Preparer's Signature (sign in ink)8.b. Date of Signature (mm/dd/yyyy)

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Pa	rt 8. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
with space to co shee the to Num	ou need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page emplete and file with this application or attach a separate to f paper. Include your name and A -Number (if any) at op of each sheet; indicate the Page Number, Part and Item Number to which your answer refers; and and date each sheet.	5.d.					
You	ır Full Name						
	Family Name (Last Name) Given Name						
1.c.	(First Name) Middle Name	_]					
2.	A-Number (if any) A-	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.a.	Page Number 3.b. Part Number 3.c. Item Number	6.d.					
3.d.							
4.a. 4.d.	Page Number 4.b. Part Number 4.c. Item Number	7.4	Page Number	7.b.	Part Number	7.c.	Item Number

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