Application to Replace Permanent Resident Card

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

USCIS
Form I-90
OMB No. 1615-0082
Expires 02/28/2027

For USCIS Use Only	☐ Applicant Interviewed Date:_____	Receipt	Action Block
	Class of Admission		
	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 Name

NOTE: Your card will be issued in this name.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Has your name legally changed since the issuance of your Permanent Resident Card?

☐ Yes (Proceed to **Item Numbers 5.a. - 5.c.**)

☐ No (Proceed to **Item Numbers 6.a. - 6.i.**)

☐ N/A - I never received my previous card. (Proceed to **Item Numbers 6.a. - 6.i.**)

Provide your name exactly as it is printed on your current Permanent Resident Card.

NOTE: Attach all evidence of your legal name change with this application.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Mailing Address

(USPS ZIP Code Lookup)

6.a. In Care Of Name

6.b. Street Number and Name

6.c. ☐ Apt. ☐ Ste. ☐ Flr.

6.d. City or Town

6.e. State **6.f.** ZIP Code

6.g. Province

6.h. Postal Code

6.i. Country

Physical Address

Provide this information only if different than mailing address.

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State **7.e.** ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

Part 1. Information About You (continued)

Additional Information

8. Sex ☐ Male ☐ Female

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

10. City/Town/Village of Birth

11. Country of Birth

Mother's Name

12. Given Name (First Name)

Father's Name

13. Given Name (First Name)

14. Class of Admission

15. Date of Admission (mm/dd/yyyy)

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

►

Part 2. Application Type

NOTE: If your conditional permanent resident status (for example: CR1, CR2, CF1, CF2) is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of This Application** section of the Form I-90 Instructions for further information.)

My status is (Select **only one** box):

1.a. ☐ Lawful Permanent Resident (Proceed to **Section A.**)

1.b. ☐ Permanent Resident - In Commuter Status (Proceed to **Section A.**)

1.c. ☐ Conditional Permanent Resident (Proceed to **Section B.**)

*Reason for Application (Select **only one** box)*

Section A. (To be used **only** by a lawful permanent resident or a permanent resident in commuter status.)

2.a. ☐ My previous card has been lost, stolen, or destroyed.

2.b. ☐ My previous card was issued but never received.

2.c. ☐ My existing card has been mutilated.

2.d. ☐ My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Attach your existing card with incorrect data along with this application.)

2.e. ☐ My name or other biographic information has been legally changed since issuance of my existing card.

2.f. ☐ My existing card has already expired or will expire within six months.

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.)

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.**

2.h.1. ☐ I am a permanent resident who is taking up commuter status.

2.h.1.a. **My Port-of-Entry (POE) into the United States will be:**
City or Town and State

2.h.2. ☐ I am a commuter who is taking up actual residence in the United States.

2.i. ☐ I have been automatically converted to lawful permanent resident status.

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.

Part 2. Application Type (continued)

Section B. (To be used only by a conditional permanent resident.)

3.a. ☐ My previous card has been lost, stolen, or destroyed.

3.b. ☐ My previous card was issued but never received.

3.c. ☐ My existing card has been mutilated.

3.d. ☐ My existing card has incorrect data because of DHS error. (Attach your existing permanent resident card with incorrect data along with this application.)

3.e. ☐ My name or other biographic information has legally changed since the issuance of my existing card.

Part 3. Processing Information

1. Location where you applied for an immigrant visa or adjustment of status:

2. Location where your immigrant visa was issued or USCIS office where you were granted adjustment of status:

Complete **Item Numbers 3.a.** and **3.a1.** if you entered the United States with an immigrant visa. (If you were granted adjustment of status, proceed to **Item Number 4.**)

3.a. Destination in the United States at time of admission

3.a.1. Port-of-Entry where admitted to the United States: City or Town and State

4. Have you ever been in exclusion, deportation, or removal proceedings or ordered removed from the United States? ☐ Yes ☐ No

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

NOTE: If you answered **"Yes"** to **Item Numbers 4.** or **5.** above, provide a detailed explanation in the space provided in **Part 8. Additional Information**.

Biographic Information

6. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

7. Race (Select **all applicable** boxes)

☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

8. Height Feet ☐ Inches ☐

9. Weight Pounds ☐☐☐

10. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

11. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (Read the information in the Form I-90 Instructions before completing this part.)

NOTE: If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

1. Are you requesting an accommodation because of your disabilities and/or impairments? ☐ 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 language (for example, American Sign Language)):

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (continued)

1.b. ☐ I am blind or have low vision and request the following accommodation:

1.c. ☐ I have another type of disability and/or impairment (Describe the nature of your disability and/or impairment and the accommodation you are requesting):

Part 5. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-90 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in _____, a language in which I am fluent and I understood everything.

2. ☐ At my request, the preparer named in **Part 7.**, _____, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

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

5. Applicant's Email Address (if any)

Applicant's Certification

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 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 to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application;
2) I understood all of the information contained in, and submitted with, my application; and
3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill 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.

Interpreter'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)

Interpreter'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

Interpreter'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 certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language provided in **Part 5.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

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

Provide the following information about the preparer.

Preparer'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)

Preparer'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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

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

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but 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 Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)

Part 8. 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. Include 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.

Your Full Name

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.