



Application for Carrier Documentation

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

USCIS
Form I-131A
OMB No. 1615-0135
Expires 11/30/2024

For USCIS Use Only	Receipt	Action Block
	Document Issued	
	<input type="checkbox"/> Transportation Letter <input type="checkbox"/> Boarding Foil	
	Document Hand Delivered	
	By: _____ Date: _____ (mm/dd/yyyy)	

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if you attach Form G-28 or Form G-28I.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

1.a. Family Name (Last Name) _____

1.b. Given Name (First Name) _____

1.c. Middle Name _____

2. Have you changed your name since receiving your last Form I-551, Permanent Resident Card, Form I-512 or I-512L, Advanced Parole Document, or Form I-766, Employment Authorization Document (with travel endorsement)? Yes No

NOTE: If you answered "Yes" to **Item Number 2.**, attach evidence of your legal name change with this application.

Current Mailing Address [\(USPS ZIP Code Lookup\)](#)

3.a. In Care Of Name (if any) _____

3.b. Street Number and Name _____

3.c. Apt. Ste. Flr. _____

3.d. City or Town _____

3.e. State _____ 3.f. ZIP Code _____

3.g. Province _____

3.h. Postal Code _____

3.i. Country _____

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

If you answered "No" to **Item Number 4.**, provide your U.S. physical address in **Item Numbers 5.a. - 5.e.**

Part 1. Information About You (continued)

U.S. Physical Address

- 5.a. Street Number and Name
- 5.b. Apt. Ste. Flr.
- 5.c. City or Town
- 5.d. State 5.e. ZIP Code

Other Information

- 6. Alien Registration Number (A-Number) (if any)
▶ A-
- 7. USCIS Online Account Number (if any)
▶
- 8. U.S. Social Security Number (if any)
▶
- 9. Date of Birth (mm/dd/yyyy)
- 10. Gender Male Female
- 11. Country of Birth
- 12. Country of Citizenship or Nationality

Part 2. Reason for Application

Select **only one** box.

- 1.a. My previous Permanent Resident Card has been lost, stolen, or destroyed.
- 1.b. My previous Permanent Resident Card was issued but never received.
- 1.c. My existing Permanent Resident Card has been damaged.
- 1.d. My existing Permanent Resident Card has already expired.
- 1.e. My existing Form I-512/Form I-512L, Advance Parole Document, has been lost, stolen, or destroyed.
- 1.f. My existing Form I-512/Form I-512L, Advance Parole Document, has been damaged.
- 1.g. My existing Form I-766, Employment Authorization Document (with travel endorsement), has been lost, stolen, or destroyed.

- 1.h. My existing Form I-766, Employment Authorization Document (with travel endorsement), has been damaged.
- 1.i. Other (explain below).

Part 3. Processing Information

- 1. Date You Departed the United States (mm/dd/yyyy)
- 2. Date of Intended Travel to the United States (mm/dd/yyyy)
- 3. Date of Expiration of Existing Permanent Resident Card (mm/dd/yyyy)
- 4. Date of Expiration of Existing Reentry Permit (if applicable) (mm/dd/yyyy)
- 5. Date of Expiration of Existing Form I-512, I-512L, or Form I-766 (if applicable) (mm/dd/yyyy)
- 6. Receipt Number of Form I-131, Application for Travel Document, Associated With the Lost, Stolen, or Damaged Form I-512, I-512L, or I-766 (if applicable)
- 7. Are you **NOW**, or were you **EVER**, in exclusion, deportation, removal, or rescission proceedings?
 Yes No

If you answered "Yes" to **Item Number 7.**, provide details in the space provided in **Part 7. Additional Information.**

- 8. If you are a lawful permanent resident, have you **EVER** filed Form I-407, Record of Abandonment of Lawful Permanent Resident Status, or otherwise been judged to have abandoned your status? Yes No

If you answered "Yes" to **Item Number 8.**, provide details in the space provided in **Part 7. Additional Information.**

- 9.a. If you are a lawful permanent resident, have you **EVER** been issued a Carrier Document? Yes No

If you answered "Yes" to **Item Number 9.a.**, answer **Item Numbers 9.b.** and **9.c.** for the last document issued to you and provide additional details in the space provided in **Part 7. Additional Information.**

- 9.b. Date Issued (mm/dd/yyyy)
- 9.c. Disposition (attached, lost, etc.):

Part 3. Processing Information (continued)

10.a. If you received a Form I-512/I-512L, Advanced Parole Document, or Form I-766, Employment Authorization Document (with travel endorsement), was it ever revoked? Yes No

If you answered "Yes" to **Item Number 10.a.**, answer **Item Numbers 10.b.**, and **10.c.**, for the last document issued to you and provide additional details in the space provided in **Part 7. Additional Information.**

10.b. Date of Revocation (mm/dd/yyyy)

10.c. Reason for Revocation

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

NOTE: Read the **Penalties** section of the Form I-131A Instructions before completing this section.

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 5.** 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 6.**, , 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 at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 law.

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

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

NOTE TO ALL APPLICANTS: If you do not properly complete this application or fail to submit required documents listed in the Instructions, we may deny your application.

Part 5. 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)

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

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 specified in **Part 4., 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
- 7.b. Date of Signature (mm/dd/yyyy)

Part 6. 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 6. 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, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, 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

8.b. 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 ▶ 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.

