



Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS
Form I-192
OMB No. 1615-0017
Expires 06/30/2018

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|-------------------------------------|--|----------------------------|---|
| For DHS Use Only | Received | Returned Trans. Out | Fee Stamp |
| | Trans. In | Completed | |
| | Action by the Department of Homeland Security | | |
| | <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions: | | Date of Action (mm/dd/yyyy) _____ DD or OIC _____ Office _____ |

| To be completed by an attorney or accredited representative (if any). | | | |
|---|---|--|--|
| <input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. | Volag Number <input style="width: 100px; height: 20px;" type="text"/> | Attorney State Bar Number (if applicable) <input style="width: 100px; height: 20px;" type="text"/> | Attorney or Accredited Representative USCIS ELIS Online Number (if any) <input style="width: 100px; height: 20px;" type="text"/> |

▶ **START HERE - Type or print in black ink.**

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14) of the Immigration and Nationality Act (INA).

I am seeking this permission so that I may obtain (Select **only one** box):

1. **A.** Admission as a nonimmigrant (other than as a T or U nonimmigrant)
- B.** Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status)

Part 2. Information About You

1. Family Name (Last Name) Given Name (First Name) Middle Name
2. Alien Registration Number (A-Number) (if any) 3. USCIS Online Account Number (if any) 4. Date of Birth (mm/dd/yyyy)
5. Place of Birth
 City or Town State or Province Country
6. Country of Citizenship or Nationality

Part 2. Information About You (continued)

7. Physical Address

| | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | | ZIP Code | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| Province | Postal Code | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

8. Provide the addresses where you have resided during the past five years, starting with the last place you lived prior to your current physical address listed under **Item Number 7. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.**

A. Residence Number 1

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Date of Residence From (mm/dd/yyyy) | <input type="text"/> | To (mm/dd/yyyy) | <input type="text"/> | |
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | | ZIP Code | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| Province | Postal Code | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

B. Residence Number 2

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Date of Residence From (mm/dd/yyyy) | <input type="text"/> | To (mm/dd/yyyy) | <input type="text"/> | |
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | | ZIP Code | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| Province | Postal Code | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

C. Residence Number 3

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Date of Residence From (mm/dd/yyyy) | <input type="text"/> | To (mm/dd/yyyy) | <input type="text"/> | |
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | | ZIP Code | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| Province | Postal Code | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Part 2. Information About You (continued)

D. Residence Number 4

Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Travel Information

9. Location at which you plan to enter the United States (desired Port-of-Entry)

City State

10. Name of Port-of-Entry

11. How do you plan to travel to the United States? (For example, by plane, ship, car) **12.** When do you plan to enter the United States?

(mm/dd/yyyy)

13. Approximate Length of Stay in the United States

14. What is the purpose of your stay in the United States? Explain fully below.

Immigration and Criminal History

15. Do you believe that you may be inadmissible to the United States? Yes No

If you answered "Yes," explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 7. Additional Information**. If you were told that you are inadmissible, provide the reason you were given.

16. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? Yes No

If you answered "Yes," provide the details in **Items A. - C. in Item Number 17**. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

17. A. Date Application Filed (mm/dd/yyyy)

B. Location where you filed your application (For example, U.S. Citizenship and Immigration Services (USCIS) Office or Port-of-Entry)

USCIS Office or U.S. Port-of-Entry
City or Town State or Province Country

C. Receipt Number (if available) ►

Part 2. Information About You (continued)

NOTE: If you are an applicant for T nonimmigrant status or a petitioner for U nonimmigrant status, you do not need to answer Item Numbers 18. - 21.

18. Have you **EVER** been in the United States for a period of six months or more? Yes No

If you answered "Yes," provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 7. Additional Information**.

19. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? Yes No

If you answered "Yes" to **Item Number 19**, provide the information in the space provided in **Part 7. Additional Information**.

NOTE: If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 7**, to also provide the following information:

A. Type of application or petition filed;

B. Location where you (or the other person) filed the application or petition (for example, USCIS office or Port-of-Entry);

C. Outcome of the application or petition (for example, approved, denied, or is pending)

20. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Yes No

If you answered "Yes" to **Item Number 20**., provide the information in the space provided in **Part 7. Additional Information**.

21. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? If you answered "Yes," describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 7. Additional Information**. Yes No

Part 3. Biographic Information

1. Ethnicity (Select **only one** box) Hispanic or Latino Not Hispanic or Latino

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

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

3. Height Feet Inches 4. Weight Pounds

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

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

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

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

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

NOTE: Read the information on penalties in the **Penalties** section of the Form I-192 Instructions before completing this part.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A. I can read and understand English, and have read and understand every question and instruction on this application and my answer to every question.
- 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. Applicant's Statement Regarding the Preparer

- 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 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 may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, 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. Applicant's Signature

➔

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 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

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 B. in Item Number 1.**, 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. 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

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Number (if any)
6. Preparer's Email Address (if any)

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.
- 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, 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. Preparer's Signature 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. Include your name and A-Number (if any) at the top of every sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
