

Application for Travel Document (Carrier Documentation)

USCIS Form I-131A

OMB No. 1615-0135

Department of Homeland Security

U.S. Citizenship and Immigration Services

Expires 02/28/2021

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Us	Document I	ssued									
Or	Transports	ation Letter Boarding Foi	1								
	Document I	Hand Delivered									
	Ву:		_ Date:								
			(mi	m/dd/yyyy)							
atto	To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 or Form G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)										
▶ S	START HERE - '	Type or print in black ink.									
Par	t 1. Informatio	n About You			our curre sical add	nt mailing address the same as your U.S.					
1.a.	Family Name (Last Name)					Yes No answered "No" to Item Number 4. , provide your					
1.b.	Given Name (First Name)			•		physical address in Item Numbers 5.a 5.e.					
1.c.	Middle Name			U.S. Ph	ysical A	Address					
2.		anged since the issuance of y			et Numb Name	er					
Permanent Resident Card (Form I-551)? Yes No					Apt.	Ste. Flr.					
		swered "Yes" to Item Numb egal name change with this a		5.c. City	or Town	n					
Cur	rent Mailing Ad	ddress (USPS ZIP Code Loc	okup)	5.d. Stat	e	5.e. ZIP Code					
3.a.	In Care Of Name	(if any)		Other Information							
						ration Number (A-Number)					
3.b.	Street Number and Name			0. And	ii Kegisu	► A-					
3.c.	Apt. Ste.	☐ Flr.		7. US	CIS Onlir	ne Account Number (if any)					
3.d.	City or Town				•	·					
3.e.	State 3.	ate 3.f. ZIP Code				Security Number (if any)					
3.g.	Province			9. Dat	e of Birth	ı (mm/dd/yyyy)					
3.h.	Postal Code			10. Sex	x Male Female						
3.i.	Country			10. 56	-	Triale I Ciliale					

Par	rt 1. Information About You (continued)	5.b. Date Issued (mm/dd/yyyy)						
11.	Country of Birth	5.c. Disposition (attached, lost, etc.):						
12.	Country of Citizenship or Nationality							
		Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature						
Par	t 2. Reason for Application	C						
Sele	et only one box.	NOTE: Read the Penalties section of the Form 1-131A Instructions before completing this section.						
1.a.	My previous Permanent Resident Card has been lost, stolen, or destroyed.	Applicant's Statement						
1.b.	My previous Permanent Resident Card was issued but never received.	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.						
1.c.	My existing Permanent Resident Card has been mutilated.	1.a. I can read and understand English, and I have read and understand every question and instruction on this						
1.d.	My existing Permanent Resident Card has already expired.	application and my answer to every question. 1.b. The interpreter named in Part 5. read to me every						
1.e.	Other (explain below).	question and instruction on this application and my answer to every question in						
Par	et 3. Processing Information	a language in which I am fluent, and I understood everything.						
1.	Date Departed the United States (mm/dd/yyyy)	2. At my request, the preparer named in Part 6. ,						
2.	Date of Intended Travel to the United States (mm/dd/yyyy)	prepared this application for me based only upon information I provided or authorized.						
		Applicant's Contact Information						
3.	Are you NOW , or were you EVER , in exclusion, deportation, removal, or rescission proceedings?	3. Applicant's Daytime Telephone Number						
	Yes No							
	If you answered "Yes" to Item Number 3. , provide details in the space provided in Part 7. Additional Information .	4. Applicant's Mobile Telephone Number (if any)						
4.	Since you were granted permanent residence, have you EVER filed Form I-407, Abandonment of Lawful Permanent Resident Status, or otherwise been judged to	5. Applicant's Email Address (if any)						
	have abandoned your status? Yes No	Applicant's Declaration and Certification						
	If you answered "Yes" to Item Number 4. , provide details in the space provided in Part 7. Additional Information .	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS						
5.a.	Have you EVER been issued a Travel Document? Yes No	may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to						

and provide additional details in the space provided in **Part 7. Additional Information.**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.

determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this

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If you answered "Yes" to **Item Number 5.a.**, answer **Item Numbers 5.b.** and **5.c.** for the last document issued to you

Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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

App	plicant's Signature						
6.a.	Applicant's Signature						
-							
6.b.	Date of Signature (mm/dd/yyyy)						
out tl	TE TO ALL APPLICANTS: If you do not completely fill his application or fail to submit required documents listed e Instructions, USCIS may deny your application.						
	rt 5. Interpreter's Contact Information, rtification, and Signature						
Prov	ide 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	erpreter'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	ownwatow's Contact Information						
1me	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)						
Inte	erpreter's Certification						
I cer	tify, under penalty of perjury, that:						
I am	fluent in English and ,						
ident appli appli instr the A	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 Declaration and Certification , and has verified the accuracy of every answer.						
Inte	erpreter'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							
Prov	ide 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)					

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Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

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					
Pre	parer's Contact Information					
4.	Preparer's Daytime Telephone Number					
	Troparot of Bayesine Totaphone Tambot					
5.	Preparer's Mobile Telephone Number (if any)					
6.	Preparer's Email Address (if any)					
Pre	parer'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 Declaration and 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)							

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Par	t 7. Addition	nal In	formation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withi space to co sheet top o and I	u need extra spanthis application than what is pumplete and file of paper. Type f each sheet; increase Number to each sheet.	on, use rovided with the or prindicate t	the space below, you may make is application on the your name as the Page Number 1.	w. If y ke copi or attac nd A-N oer, Pa	ou need more es of this page ch a separate Number at the art Number,	5.d.					
	Family Name (Last Name) Given Name										
1.c.	(First Name) Middle Name										
2.	A-Number	•	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.											
						7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.a.	Page Number	4.b.	Part Number	4.c.	Item Number	7.d.					

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