



# 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 03/31/2027

| For DHS Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Returned Trans. Out | Fee Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Trans. In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Completed           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Action by the Department of Homeland Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Ground of Inadmissibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | Action Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div><input type="checkbox"/> INA 212(a)(1) <input type="checkbox"/> INA 212(a)(9)</div> <div><input type="checkbox"/> INA 212(a)(2) <input type="checkbox"/> INA 212(a)(10)</div> <div><input type="checkbox"/> INA 212(a)(3) <input type="checkbox"/> Other: _____</div> <div><input type="checkbox"/> INA 212(a)(4) <input type="checkbox"/> Granted, subject to revocation at any time,<br/>upon the following terms and conditions</div> <div><input type="checkbox"/> INA 212(a)(6)</div> <div><input type="checkbox"/> INA 212(a)(7)</div> <div><input type="checkbox"/> INA 212(a)(8)</div> |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | <b>Benefits Category:</b><br><input type="checkbox"/> T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16<br><input type="checkbox"/> T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16<br><input type="checkbox"/> U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17<br><input type="checkbox"/> U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17<br><input type="checkbox"/> Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4 |
| 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 (if any)<br><div></div> | Attorney State Bar Number (if applicable)<br><div></div> | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><div></div> |

► **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 the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):
- ☐ Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**

## Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

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2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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### Other Information

3. Alien Registration Number (A-Number) (if any)      4. USCIS Online Account Number (if any)

► A-

4. USCIS Online Account Number (if any)

[illegible]

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

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- 6. Place of Birth**

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7. Country of Citizenship or Nationality

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8. Sex

☐ Male    ☐ Female

- 9. Mailing Address (Safe address, if applicable)**

Please provide an address where you can safely receive correspondence from USCIS.

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## Part 2. Information About You (continued)

### Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

**10.** Physical Address 1 (current 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"/>                                                       |                      |
| Dates of Residence     |                      |                                                                            |                      |
| From (mm/dd/yyyy)      | To (mm/dd/yyyy)      |                                                                            |                      |
| <input type="text"/>   | <input type="text"/> |                                                                            |                      |

**11.** Physical Address 2

|                        |                      |                                                                            |                      |
|------------------------|----------------------|----------------------------------------------------------------------------|----------------------|
| 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"/>                                                       |                      |
| Dates of Residence     |                      |                                                                            |                      |
| From (mm/dd/yyyy)      | To (mm/dd/yyyy)      |                                                                            |                      |
| <input type="text"/>   | <input type="text"/> |                                                                            |                      |

### Information About Your Marital History

**12.** What is your current marital status?

☐ Single, Never Married   ☐ Married   ☐ Divorced   ☐ Widowed   ☐ Legally Separated   ☐ Marriage Annulled

☐ Other

**13.** How many times have you been married (including annulled marriages and marriages to the same person)?

### Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your **current spouse**.

**14.** Current Spouse's Legal Name

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| <input type="text"/>    | <input type="text"/>    | <input type="text"/>        |

**15.** Spouse's Alien Registration Number (A-Number) (if any) ▶ A-

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**Part 2. Information About You (continued)**

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

17. Date of Marriage (mm/dd/yyyy)

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

**Information About Prior Marriages (if any)**

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

22. Date of Marriage (mm/dd/yyyy)

23. Place of Marriage

City or Town

State or Province

Country

24. Date Marriage Legally Ended (mm/dd/yyyy)

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

26. Explain the grounds of inadmissibility that may apply in your case.

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## Part 2. Information About You (continued)

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

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry

City or Town

State or Province

Country

Receipt Number (if available) ▶

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

If you answered "Yes" to **Item Number 30.**, 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 6. Additional Information.**

31. 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 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

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

35. 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 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information.**

36. 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? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information.**

## Part 2. Information About You (continued)

### Travel Information

**NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

|                                                                                                  |                                                                         |                                  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|
| <b>37.</b> City                                                                                  | <b>38.</b> State                                                        | <b>39.</b> Name of Port of Entry |
| <input type="text"/>                                                                             | <input type="text"/>                                                    | <input type="text"/>             |
| <b>40.</b> How do you plan to travel to the United States?<br>(For example, by plane, ship, car) | <b>41.</b> When do you plan to enter the United States?<br>(mm/dd/yyyy) |                                  |
| <input type="text"/>                                                                             | <input type="text"/>                                                    |                                  |
| <b>42.</b> Approximate Length of Stay in the United States                                       |                                                                         |                                  |
| <input type="text"/>                                                                             |                                                                         |                                  |
| <b>43.</b> What is the purpose of your stay in the United States? Explain fully below.           |                                                                         |                                  |
| <input type="text"/>                                                                             |                                                                         |                                  |
| <input type="text"/>                                                                             |                                                                         |                                  |
| <input type="text"/>                                                                             |                                                                         |                                  |
| <input type="text"/>                                                                             |                                                                         |                                  |
| <input type="text"/>                                                                             |                                                                         |                                  |

### Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

**44.** Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

Street Number and Name

Apt. Ste. Flr.

  

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Your Occupation

Dates of Employment

From (mm/dd/yyyy)

To (mm/dd/yyyy)

## Part 2. Information About You (continued)

### 45. Employer 2

Name of Employer or Company

Address of Employer or Company

Street Number and Name

Apt. Ste. Flr.

  

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Your Occupation

Dates of Employment

From (mm/dd/yyyy)

To (mm/dd/yyyy)

## Part 3. Applicant's Statement, Contact Information, Certification, and Signature

### *Applicant's Contact Information*

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

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

3. Applicant's Email Address (if any)

### *Applicant's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)

#### Part 4. Interpreter's Contact Information, Certification, and Signature

##### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

##### Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

##### Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

#### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

##### Preparer's Full Name

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

##### Preparer's Contact Information

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

##### Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature  Date of Signature (mm/dd/yyyy)



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## Part 6. 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. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

2. A-Number (if any) ► A- 

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3. Page Number  Part Number  Item Number

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