		For	Govern	nment Use Onl	ly			
	Fee Stamp		[	RECEIVED	TRANS. IN	RET'D-TRANSOUT	COMPLETED	
						Dat	e	
<u>Thi</u>	s space for use by DHS officer							
File	A -			Date of Action				
Dec	cision	DD						
		or OIC						
		Office						
	Applica	ants Start Here	e (To l	be filed in du	ıplicate)			
PA	ART I. INFORMATION ABOUT YO	<b>D</b> U						
Las	Last Name First Name					Middle Name		
	en registration number (A#) if known, or A case number(s) listed on correspondence fr	\ /		\ /		řile(s)		
01 (	case number(s) listed on correspondence in	om O.S. minigran	lion aut	mornies mai rei	iate to you			
Oth		sed when last depo	orted of	r removed	Country of C or Nationality		Date of Birth	
						, ,	Jac of Birth	
Pla	ce of Birth (City or Town)	tate		Province		Country		
PA	RT II. REASON FOR FILING THIS	S FORM						
I aı	n inadmissible to the United States for the	he following reas	on(s) a	nd no others:				
	I have been removed as an arriving alic at the end of proceedings under INA se						I was removed	
	☐ I have only been removed once, and my last removal was less than 5 years ago.							
☐ I have been removed at least twice or more, and my last removal was less than 20 years ago.								
	☐ I have been convicted of an aggravated felony (in the United States or elsewhere, before or after my removal from the United States).				from the			
I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I deputited States while an order or removal was outstanding (INA section 212(a)(9)(A)(ii)).					arted the			
	☐ I have only been removed once and less than 10 years ago.							
☐ I have been removed at least twice or more, and my last removal was less than 20 years ago.								
	I have been convicted of an aggravate United States).	ed felony (in the U	Jnited S	States or elsewh	nere, before or a	fter my removal f	rom the	

I entered or attempted to enter the United States without being admitted or paroled after section 212(a)(9)(C)(i)(I)).	having been removed (INA				
Specify date of last departure from the United States after having become inadmissible: (Attacl	h evidence that demonstrates the				
date of your last departure from the United States and that you have remained outside the United					
I entered or attempted to enter the United States without being admitted or paroled after present in the United States for a period of more than 1 year, in the aggregate (INA section					
Specify date of last departure from the United States after having become inadmissible: (Attacl					
date of your last departure from the United States and that you have remained outside the United					
PART III. INFORMATION ABOUT YOUR REMOVAL/DEPORTATION AND DE	EPARTURE				
Date of deportation or removal from the United States  If you have not been in removal proceedings, date of last departure from the United States (Attach evidence)	Length of residence in the United States ( <i>years</i> )				
1	Office States (years)				
Place of residence at time of deportation or removal hearing held or removal from United States (city and state)  Place deportation or removal hearing held or application for removal made (city and state)  Country to which deported or removed					
Detention facility or jail where detained (city and state) (If not detained, write "None.")  Port/location of departure from the United States					
facto) (i) not accurred, mile 110no.					
PART IV. REASON(S) FOR YOUR REQUEST FOR PERMISSION TO REAPPLY	,				
Status desired if permitted to reenter the United States:					
Permanent Resident Visitor Student Other (specify)					
D () C = d = distinct to mean the United Classes.					
Reason(s) for desiring to reenter the United States:					

REASON(S) FOR YOUR REQUEST FOR PERMISSION TO REAPPLY (Cont'd)
Location of U.S. Embassy/consulate where application for visa is/or will be made (city and country)
Name and relationship of U.S. citizen or lawful permanent resident alien spouse, parent or children, if any
PART V. APPLICANT'S SIGNATURE AND CERTIFICATION
I certify under penalty of perjury under the laws of the United States that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) or any other agency adjudicating this application needs to determine my eligibility for the benefits sought with this application.
Signature of Applicant or Legal Guardian  Date of Signature
Applicant's Street Address (You must provide
a physical address.)  City  State  Zip Code  Province
P.O. Box (If applicable)  State  Province  Country  Applicant's Telephone Number
Applicant's Mobile Telephone Number Applicant's E-mail Address (if any)
PART VI. PREPARER'S SIGNATURE AND CERTIFICATION (If other than applicant)  I declare that this document was prepared by me at the request of the applicant or legal guardian of the applicant, and that is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.
Signature of Preparer  Date of Signature
Preparer's Street Address  City State Zip Code Province
P.O. Box (If applicable) State Province Country Preparer's Telephone Number
Preparer's Mobile Telephone Number Preparer's E-mail Address (if any)