

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 04/30/2021

e-SAFE Form I-192



NOTE: This form should be completed in English characters only.

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), section 212(d)(13), or section 212(d)(14).

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

* Application Type

Admission as nonimmigrant

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)

Smith

Given Name (First Name)

Jane

Middle Name

NOTE: Any changes to the above information must be made by using [My Profile](#) link above.

2. Other Names Used (if any)

Family Name (Last Name)

Given Name (First Name)

Middle Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Additional Information

Other Information

3. Alien Registration Number (A-Number) (if any) ⓘ

4. USCIS Online Account Number (if any) ⓘ

* 5. Date of Birth (mm/dd/yyyy) ⓘ

* 6. Gender ⓘ

-- Select One --

7. Place of Birth ⓘ

* City, Town, or Village of Birth

State or Province of Birth

-- Select One --

* Country of Birth

-- Select One --

* 8. Country of Residence

-- Select One --

* 9. Country of Citizenship or Nationality (if none, enter "Stateless"). If you are a citizen or national of more than one country, enter your primary country of citizenship or nationality here. ⓘ

-- Select One --

10. Additional Country or Countries of Citizenship or Nationality (if any)

-- Select One --

-- Select One --

11. Passport or Travel Document Information

Passport or Travel Document Type

-- Select One --

Current Passport or Travel Document Number

Country that Issued this Passport or Travel Document

-- Select One --

Date of Issuance (mm/dd/yyyy)

Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

12. Your U.S. Point of Contact

Family Name (Last Name)

Given Name (First Name)

Middle Name

Telephone Number

Other Information Continued

13. Provide all email addresses used in the last ten (10) years.

No Email Addresses have been entered.

Add Email

14. Provide the following information about your online presence over the past five years.

No Social Media have been entered.

Add Social Media

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Other Information Continued

13. Provide all email addresses used in the last ten (10) years.

EMAIL

Add Email

New Email Address

Provide all email addresses used in the last ten (10) years.

* Email

Cancel Save

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Other Information Continued

13. Provide all email addresses used in the last ten (10) years.

No Email Addresses have been entered.

Add Email

14. Provide the following information about your online presence over the past five years.

PROVIDER

Add Social Media

New Social Media

Provide the following information about your online presence over the past five years.

* Provider or Platform

-- Select One --

Social Media Identifier

Cancel Save

Other Information Continued

15. Mailing Address ⓘ

In Care Of Name

Street Number and Name

11 YORK RD

Apt. Ste. Flr.

City or Town

TORONTO

State

ZIP Code

Province

ONTARIO

Postal Code

M2L 1H4

Country

CANADA

Other Information Continued

16. Safe Mailing Address ⓘ

In Care Of Name (if any)

Organization Name (if applicable)

Street Number and Name

Apt. Ste. Flr.

-- Select One --



Number

City or Town

State

-- Select One --



ZIP Code

Province

-- Select One --



Postal Code

Country

-- Select One --



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 or proposed address first.

* 17. Are you currently residing in the U.S.?

-- Select One --

If you answered "Yes" to **Item Number 17**., provide your current physical address first. If you answered "No" to **Item Number 17**., provide your proposed physical address of where you intend to reside in the U.S. first.

Is your current Physical Address the same as your Mailing Address?

YES

NO

26. What is your last address of foreign residence?

-- Select One --

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 or proposed address first.



Add an Address

18. Physical Address 1 (current or proposed address)

Address Status

Current Physical

* Street Number and Name

11 YORK RD

Apt. Ste. Flr.

Number

-- Select One --

* City or Town

TORONTO

State

ZIP Code

-- Select One --

OR

Province

Postal Code

ONTARIO

M2L 1H4

* Country

CANADA

19. Dates of Residence

* From (mm/dd/yyyy)



To (mm/dd/yyyy)



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 or proposed address first.



Add an Address

20. Physical Address 2

Address Status

Former Physical

* Street Number and Name

Apt., Ste. or Flr.

Number

-- Select One --

* City or Town

State

ZIP Code

-- Select One --



OR

Province

Postal Code

-- Select One --



* Country

-- Select One --



21. Dates of Residence

* From (mm/dd/yyyy)



* To (mm/dd/yyyy)



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 or proposed address first.



Add an Address

22. Physical Address 3

Address Status

Former Physical

* Street Number and Name

Apt., Ste. or Flr.

Number

-- Select One --

* City or Town

State

ZIP Code

-- Select One --

OR

Province

Postal Code

-- Select One --

* Country

-- Select One --

23. Dates of Residence

* From (mm/dd/yyyy)

* To (mm/dd/yyyy)

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 or proposed address first.



Add an Address

24. Physical Address 4

Address Status

Former Physical

* Street Number and Name

Apt., Ste. or Flr.

-- Select One --

Number

* City or Town

State

-- Select One --

ZIP Code



OR

Province

-- Select One --

Postal Code



* Country

-- Select One --



25. Dates of Residence

* From (mm/dd/yyyy)



* To (mm/dd/yyyy)



Travel Information ⓘ

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

* City

* State

* 29. Name of Port-of-Entry

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

* 31. When do you plan to enter the United States? (mm/dd/yyyy)

* 32. Approximate Length of Stay in the United States

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

Immigration and Criminal History ⓘ

* 34. Do you believe that you may be inadmissible to the United States?

-- Select One --

If you answered "Yes" to **Item Number 34.**, explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Additional Information**. If you were told that you are inadmissible, provide the reason you were given.

Additional Information

* 35. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?

-- Select One --

If you answered "Yes" to **Item Number 35.**, provide the details in **Items 36. - 37.** If you need extra space to complete this section, use the space provided in **Additional Information**.

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

37. 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

-- Select One --

Country

-- Select One --

Receipt Number (if available)

Additional Information

Immigration and Criminal History Continued

* 38. Have you EVER been in the United States for a period of six months or more?

-- Select One --

If you answered "Yes" to **Item Number 38.**, 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 **Additional Information**.

Additional Information

* 39. Have you EVER filed an application or petition for immigration benefits with the U.S. Government, or has one ever been on your behalf?

-- Select One --

If you answered "Yes" to **Item Number 39.**, provide the information requested in **Item Numbers 40. - 42.**

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 **Additional Information** to provide the answers to **Item Numbers 40. - 42.** for each of your additional applications or petitions.

40. Type of Application or Petition Filed

41. Location Where You (or the Other Person) Filed the Application or Petition (for example, USCIS office or Port-of-Entry)

42. Outcome of the Application or Petition (for example, approved, denied, or is pending).

Additional Information

* 43. 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)?

-- Select One --

If you answered "Yes" to **Item Number 43.**, provide an explanation of the information in the space provided in **Additional Information**.

Additional Information

* 44. 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?

-- Select One --

If you answered "Yes" to **Item Number 44.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Additional Information**.

Additional Information

Part 3. Biographic Information ⓘ

* 1. Ethnicity (Select one) ⓘ

-- Select One --

* 2. Race (Use Ctrl Click to Choose all that apply) ⓘ

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

* 3. Height - Feet ⓘ

* Height - Inches

* 4. Weight - Pounds ⓘ

* 5. Eye Color (Select only one) ⓘ

-- Select One --

* 6. Hair Color (Select only one) ⓘ

-- Select One --

Part 4. Other Information About You

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first.

No Employers Have been entered.



Add an Employer

Employment Status

Current

* 1. Name of Employer or Company

2. Address of Employer or Company

Street Number and Name

Apt. Ste. Flr.

Number

-- Select One --

City or Town

State

-- Select One --

ZIP Code

OR

Province

-- Select One --

Postal Code

Country

-- Select One --

* 3. Your Occupation

4. Dates of Employment

* From (mm/dd/yyyy)

To (mm/dd/yyyy)

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first.

No Employers Have been entered.



Add an Employer

Employment Status

Prior

* 5. Name of Employer or Company

6. Address of Employer or Company

Street Number and Name

Apt. Ste. Flr.

Number

-- Select One --

City or Town

State

ZIP Code

-- Select One --

OR

Province

Postal Code

-- Select One --

Country

-- Select One --



* 7. Your Occupation

8. Dates of Employment

* From (mm/dd/yyyy)



* To (mm/dd/yyyy)



Information About Your Parents ⓘ

Information About Your Mother

9. Mother's Legal Name

* Family Name (Last Name)

* Given Name (First Name)

Middle Name

10. Mother's Name at Birth (if different than above)

Family Name (Last Name)

Given Name (First Name)

Middle Name

* 11. Date of Birth (mm/dd/yyyy)



* 12. City or Town of Birth

* 13. Country of Birth

-- Select One --



14. Current City or Town of Residence (if living)

15. Current Country of Residence (if living)

-- Select One --



Information About Your Parents Continued

Information About Your Father

16. Father's Legal Name

* Family Name (Last Name)

* Given Name (First Name)

Middle Name

17. Father's Name at Birth (if different than above)

Family Name (Last Name)

Given Name (First Name)

Middle Name

* 18. Date of Birth (mm/dd/yyyy)



* 19. City or Town of Birth

* 20. Country of Birth



21. Current City or Town of Residence (if living)

22. Current Country of Residence (if living)



Information About Your Marital History

* 23. What is your current marital status?

-- Select One --

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

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Marital History

If you have ever been married, provide information about your current marriage and any previous marriages.

No Marital History Added.



Add Marriage Details

Marriage Status

Current

25. Current Spouse's Legal Name

* Family Name (Last Name)

* Given Name (First Name)

Middle Name

26. A-Number (if any)

* 27. Current Spouse's Date of Birth (mm/dd/yyyy)

* 28. Date of Marriage to Current Spouse (mm/dd/yyyy)

29. Current Spouse's Place of Birth

City or Town

State or Province

-- Select One --

Country

-- Select One --

30. Place of Marriage to Current Spouse

* City or Town

State or Province

-- Select One --

* Country

-- Select One --

Marital History

If you have ever been married, provide information about your current marriage and any previous marriages.

No Marital History Added.



Add Marriage Details

Marriage Status

Prior

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

* Family Name (Last Name)

* Given Name (First Name)

Middle Name

* 32. Prior Spouse's Date of Birth (mm/dd/yyyy)

* 33. Date of Marriage to Prior Spouse (mm/dd/yyyy)

34. Place of Marriage to Prior Spouse

* City or Town

State or Province

-- Select One --

* Country

-- Select One --

* 35. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

36. Place Where Marriage with Prior Spouse Legally Ended

* City or Town

State or Province

-- Select One --

* Country

-- Select One --

Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature ⓘ

Note: Read the **Penalties** section of the Form I-192 Instructions before completing this section.

1. Applicant's Statement Regarding the Interpreter

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

* ☐ 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.

* ☐ B. The interpreter named in Part 6. 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 7.,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

1238971298379128

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

5. Applicant's Email Address (if any)

elliebeaulieu2018+intt@gmail.com

NOTE: Any changes to the above information must be made by using **My Profile** link above.

Part 6. 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. or Flr.

-- Select One --



Number

City or Town

State

-- Select One --



ZIP Code

Province

-- Select One --



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 language specified in **Part 5, 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 on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)



Part 7. 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. or Flr.

-- Select One --



Number

City or Town

State

-- Select One --



ZIP Code

Province

-- Select One --



Postal Code

Country

– Select One –

Preparer's Contact Info

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone 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.

☐ 7.B. I am an attorney or accredited representative and my representation of the applicant in this case

– Select One –

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 Form 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. Preparer's Signature

Date of Signature (mm/dd/yyyy)



Verify and Consent

Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that the U.S. Department of Homeland Security (DHS) may require that I submit original documents to DHS at a later date. Furthermore, I authorize the release of any information from any and all of my records that DHS 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 DHS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. I understand that DHS 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 understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

Consent

I, the applicant, hereby certify under penalty of perjury, that I have read, or have had read to me, all the questions and statements on this application and I understand all the questions and statements on this application. I, the applicant further certify that the answers, and information furnished, including the required and supporting documentation submitted with this application are true and correct to the best of my knowledge and belief.

☐ Click to Consent

Save

Reminder: after consenting, you still need to pay to submit your application