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)
Sherritaine (Fischaine)
Middle Name
Wildle Hellie
Additional Information
Auditorial information

ther Information	
Alien Registration Number (A-Number) (if any)	_
USCIS Online Account Number (if any) 1	
()	
5. Date of Birth (mm/dd/yyyy)	
	ⅲ
5. Gender (1)	
Select One	•
Place of Birth	
*City, Town, or Village of Birth	
State or Province of Birth	
- Select One -	,
*Country of Birth	
- Select One -	,
3. 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 puntry, enter your primary country of citizenship or nationality here.	
- Select One -	4
D. Additional Country or Countries of Citizenship or Nationality (if any)	
- Select One -	;
Select One	;
1. 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)	
Ê	∺
Expiration Date of this Passport or Travel Document (mm/dd/yyyy)	
Ė	∺
2. Your U.S. Point of Contact	
Family Name (Last Name)	
Given Name (First Name)	
Middle Name	
Telephone Number ATLA Dog. No. 20073100 (Posted 8/6	_

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

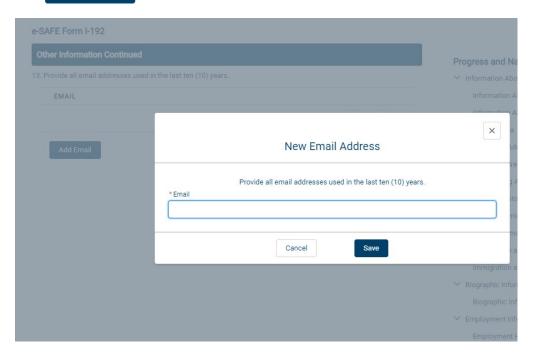
No Email Addresses have been entered.

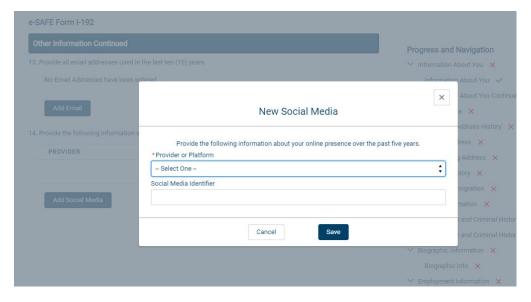
Add Email

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

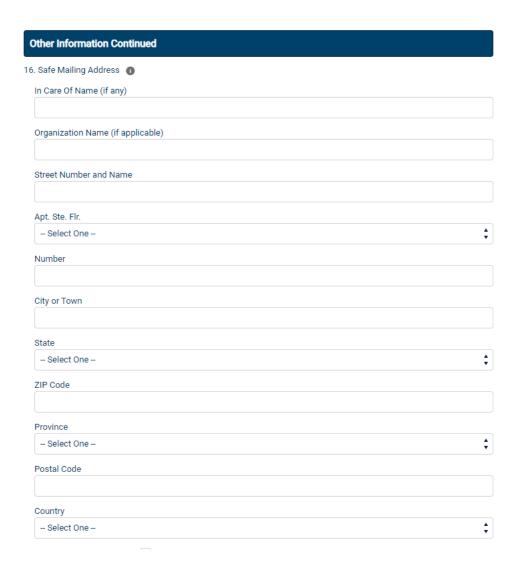
No Social Media have been entered.

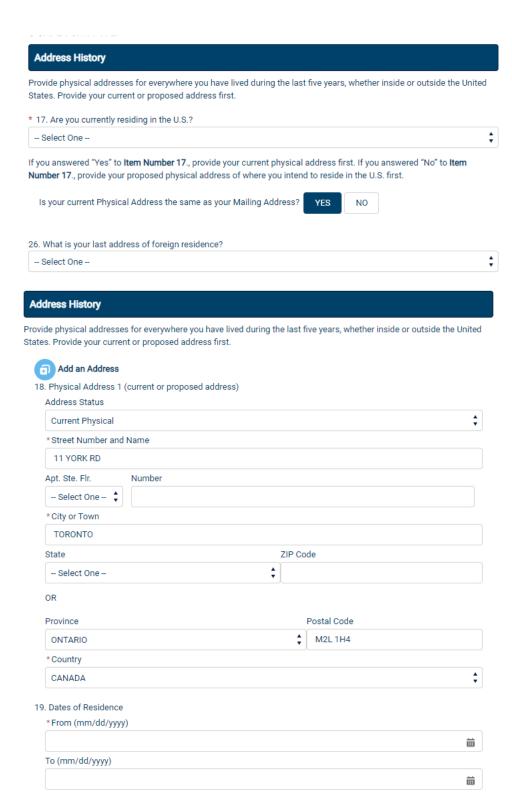
Add Social Media





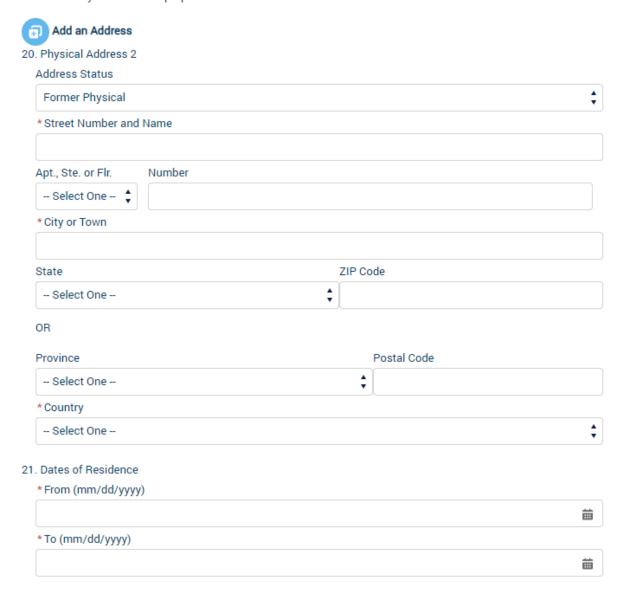
Other Information Continued		
15. Mailing Address 🚯		
In Care Of Name		
Street Number and Name		
11 YORK RD		
Apt. Ste. Flr.		
City or Town		
TORONTO		
State		
ZIP Code		
Province		
ONTARIO		
Postal Code		
M2L 1H4		
Country		
CANADA		





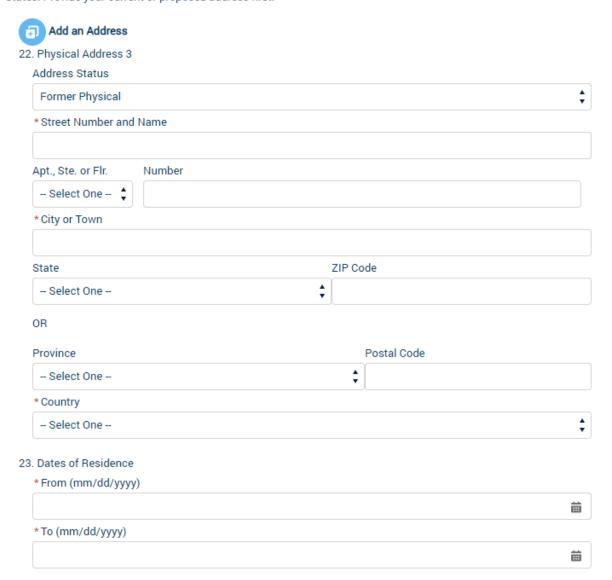
Address History

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.



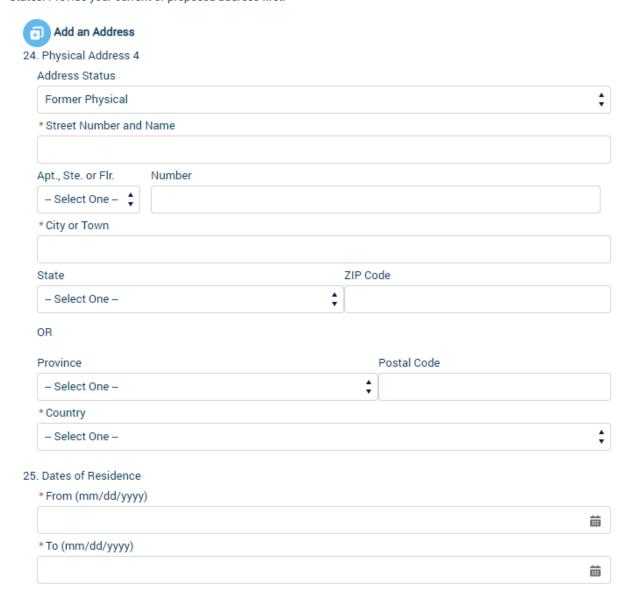
Address History

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.



Address History

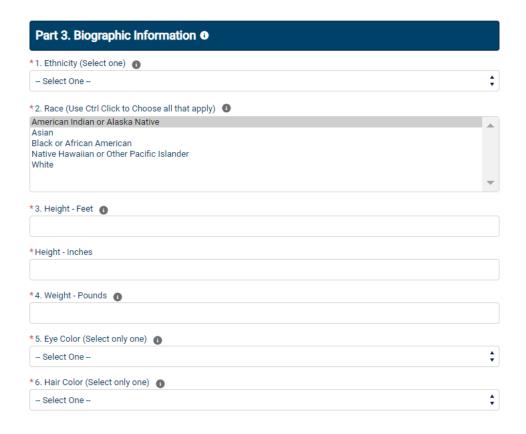
Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current or proposed address first.



Travel Information ()	
28. Location at Which you Plan to Enter the United States (desired Port-of-Entry)	
*City	
*State	
- Select One	‡
*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)	
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*32. Approximate Length of Stay in the United States	
*33. What is the purpose of your stay in the United States? Explain fully below.	
	12

Immigration and Criminal History 🚯	
34. Do you believe that you may be inadmissible to the United States?	
- Select One -	•
you answered "Yes" to Item Number 34. , explain the reasons why you believe, according to the best of your knowledge, nat you may be inadmissible in Additional Information . If you were told that you are inadmissible, provide the reason you rere given.	
dditional Information	
	1
35. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?	
- Select One -	÷
you answered "Yes" to Item Number 35. , provide the details in Items 36 37 . If you need extra space to complete this ection, use the space provided in Additional Information .	
6. Date Application Filed (mm/dd/yyyy)	
	j
7. 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	
	1
*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 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	<u>/</u>
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?	I
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	

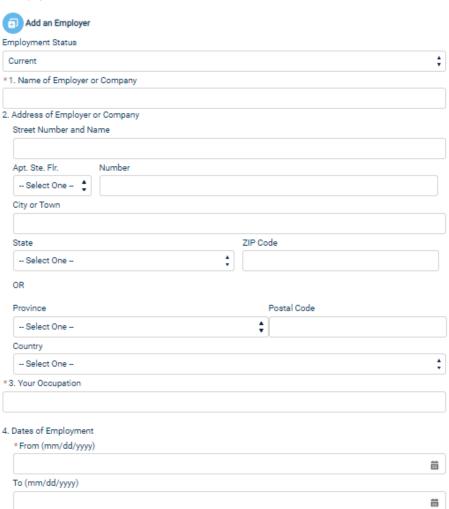


Part 4. Other Information About You

Employment History

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

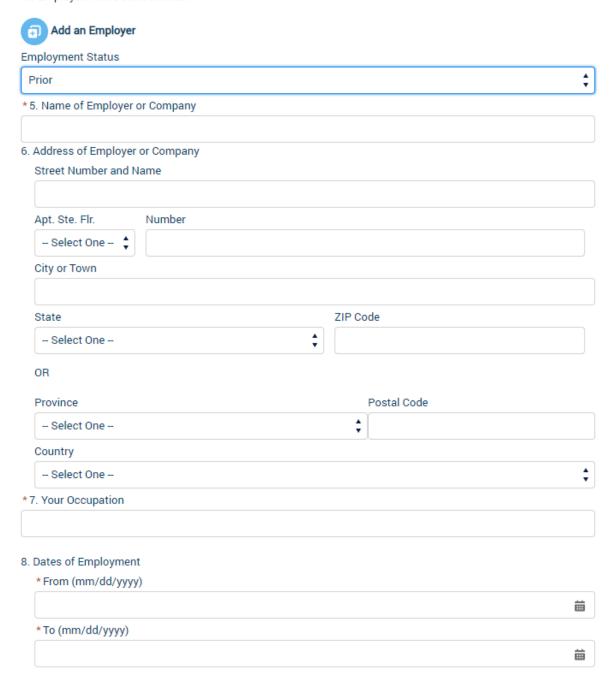
No Employers Have been entered.



Employment History

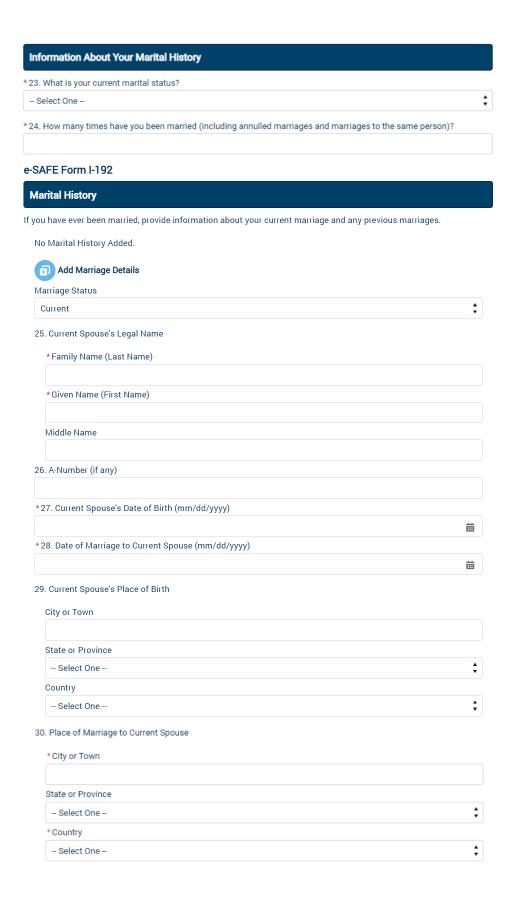
Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first.

No Employers Have been entered.



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	iii
13. Country of Birth	
- Select One -	4
4. Current City or Town of Residence (if living)	
5. Current Country of Residence (if living)	A
Select One	Ţ

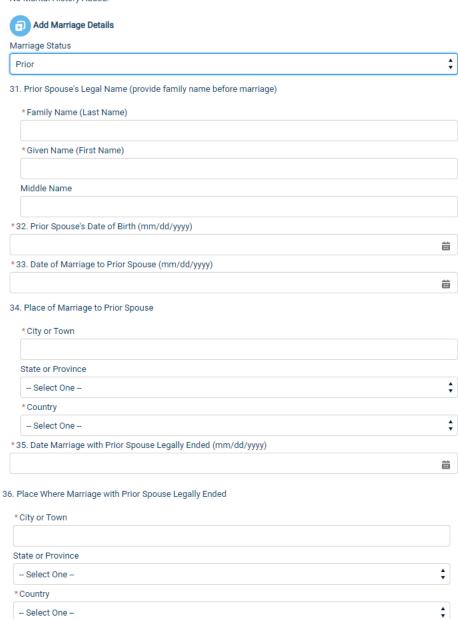
Information About Your Parents Continued		
nformation About Your Father		
6. Father's Legal Name		
*Family Name (Last Name)		
*Given Name (First Name)		
Middle Name		
7. Father's Name at Birth (if different than above)		
Family Name (Last Name)		
Given Name (First Name)		
Middle Name		
*18. Date of Birth (mm/dd/yyyy)		
19. City or Town of Birth		
20. Country of Birth		
Select One		
21. Current City or Town of Residence (if living)		
22. Current Country of Residence (if living)		
- Select One -		



Marital History

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

No Marital History Added.



Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature $oldsymbol{0}$

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

	Applicant's Statement Regarding the Interpreter ote: 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 0 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	
Select One	‡
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)	
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Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant $oldsymbol{0}$

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-281, 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)
Edit of digital (min/dd/)))))

