



I-90 Form: Application to Replace Permanent Resident Card Confirmation Receipt

USCIS Receipt Number: MSC1280026730
ASC Fingerprint Code:
Date of Submission: 08/22/2012
First Name: TA WEI
Middle Name:
Family Name: JAO
Organization Name:
Filing Fee: \$ 365.00
Biometrics Fee: \$ 85.00
Total Amount Paid: \$ 450.00
Paid by: Visa

Thank you for filing your USCIS benefit application electronically. Your application will be electronically transmitted to the USCIS location at the address below for processing. You will receive an official Receipt Notice (Form I-797) within 7-10 days by standard mail with the same Receipt Number found at the top of this page.

Next Steps:

- ☐ Send supporting documentation to the address below, if required.
 - For information on required supporting documentation for this application, see the USCIS Form Instructions links listed at the following Internet address: <http://www.uscis.gov>
 - **DO** attach one copy of this Confirmation Receipt as a cover page for the supporting documentation that you are submitting.
 - **DO** keep the extra copy of the Confirmation Receipt and the copy of the application for your records.
 - **DO NOT** send a copy of your e-filed application with your supporting documentation.
 - **DO NOT** include any applications or fees with your supporting documentation for this e-filed application.
 - **DO NOT** mail photos or copies of identification unless requested to do so by USCIS.
- ☐ **USCIS WILL SCHEDULE YOUR BIOMETRICS APPOINTMENT** to have your biometrics taken at a USCIS Application Support Center (ASC). You will be receiving a biometrics appointment notice by mail with a specific date, time, and place where you will have your fingerprints and/or photos taken.
 - You **MUST** wait for your biometrics appointment notice prior to going to the ASC for biometrics processing.
 - This Confirmation Receipt notice is **NOT** your biometrics appointment notice.
- ☐ **WHAT TO BRING TO YOUR BIOMETRICS APPOINTMENT** - You **MUST** bring your biometrics appointment letter, photo identification, all required initial evidence, and when appropriate, any other supporting documentation, or processing will **NOT** be completed at your scheduled time.
 - **DO** bring your biometrics appointment notice.
 - **DO** bring your photo identification. Acceptable kinds of photo identification are passport or national photo identification issued by your country, driver's license, military photo identification, or state-issued photo identification card.
 - **DO** bring ALL required initial evidence, including your prior card OR other evidence of permanent residence or commuter status.

If it is necessary to **change** any information on your submitted I-90 application, please bring evidence to support the change with you to your biometrics appointment. **DO NOT** send written correspondence regarding changes to the address below.

Please mail in any supporting documentation to this address:

U.S. Mail:

National Benefits Center
Attn: E-Filed I-90 Application
P.O. Box 648012
Lee's Summit, MO 64002

For assistance or questions regarding your application, you may call our National Customer Service Center at 1-800-375-5283 [TTY 1-800-767-1833]. For the status of your application, you can access the USCIS web site at <http://www.uscis.gov>

This receipt notice provides notification of the date that your application/petition was received by USCIS. This receipt notice does NOT grant any immigration status or benefit. You may not present this receipt notice as evidence that you have been granted any immigration status or benefit. In addition, this receipt notice does not constitute evidence that your application remains pending with USCIS (i.e., that a decision to grant or deny your application/petition has not yet been made). The current status of your application/petition must be verified with USCIS.



* M S C 1 2 8 0 0 2 6 7 3 0 *



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* M S C 1 2 8 0 0 2 6 7 3 0 *

FOR USCIS USE ONLY

Receipt



* M S C 1 2 8 0 0 2 6 7 3 0 *

☐ Applicant
☐ Interviewed _____

Action Block

APPLICANT COPY

Class of Admission _____

START HERE - Type or print in black ink.

Part 1. Information About You

1. Your Current Legal Name (Your card will be issued in this name)

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Full Middle Name
JAO	TA WEI	

2. Has your name legally changed since the issuance of your Permanent Resident Card?

☐ Yes (Proceed to **Question 3**) ☒ No (Skip to **Question 4**) ☐ N/A - I never received my previous card. (Skip to **Question 4**)

3. Your name exactly as reflected on your Permanent Resident Card

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Full Middle Name

NOTE: Attach all evidence of your legal name change with this application.

4. U.S. Mailing Address

C/O Name:		
Street Number and Name		Apt., Suite, or Floor
18602 La Guardia St		
City	State	Zip Code + 4
Rowland Heights	CA	91748 - 4615

5. U.S. Residence Address (if different from above)

Street Number and Name		Apt., Suite, or Floor
City	State	Zip Code + 4

6. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth (mm/dd/yyyy) 10 / 10 / 1966
8. Country of Birth TAIWAN	9. City/Town/Village of Birth
10. Social Security Number 609-37-6663	11. A-Number A055067446
12. Class of Admission DV1	13. Date of Admission (mm/dd/yyyy) 12 / 22 / 2002



Part 2. Application Type

NOTE: If your conditional status is expiring within the next 90 days, then do **not** file this form. (See Form I-90 instructions for further information.)

1. My status is (Check **only one** box):

- ☒ **A.** Permanent Resident (Proceed to **Section A** in next question)
- ☐ **B.** Permanent Resident - In Commuter Status (Proceed to **Section A** in next question)
- ☐ **C.** Conditional Permanent Resident (Skip to **Section B** in next question)

2. Reason for application (Check **only one** box and **see instructions** before filling out the reason):

Section A. (To be used **only** by permanent resident or permanent resident in commuter status)

- ☐ **A.** My previous card has been lost, stolen, or destroyed.
- ☐ **B.** My previous card was issued but never received.
- ☐ **C.** My existing card has been mutilated.
- ☐ **D.** My existing card has incorrect data because of USCIS error.
(Attach existing card with incorrect data along with this application.)
- ☐ **E.** My name or other biographic information has been legally changed since issuance of my existing card.
- ☒ **F.** My existing card will expire in six months or has already expired.
- ☐ **G1.** I have reached my 14th birthday, and my existing card will **not** expire before my 16th birthday.
- ☐ **G2.** I have reached my 14th birthday, and my existing card will expire before my 16th birthday.
- ☐ **H1.** I am a permanent resident who is taking up commuter status.
My port of entry (POE) into the United States will be _____
- ☐ **H2.** I am a commuter who is taking up actual residence in the United States.
- ☐ **I.** I have been automatically converted to permanent resident status.
- ☐ **J.** I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

Section B. (To be used **only** by conditional permanent resident)

- ☐ **A.** My previous card has been lost, stolen, or destroyed.
- ☐ **B.** My previous card was issued but never received.
- ☐ **C.** My existing card has been mutilated.
- ☐ **D.** My existing card has incorrect data because of USCIS error.
(Attach existing card with incorrect data along with this application.)
- ☐ **E.** My name or other biographical information has been legally changed since issuance of my existing card.



Part 3. Processing Information

1. Mother's First Name CHIA-LIN	2. Father's First Name CHEN-TSUNG
3. City of residence where you applied for an immigrant visa or adjustment of status TAIPEI	4. Consulate where immigrant visa or USCIS office where adjustment of status was granted TAIPEI AIT

5. If you entered the United States with an immigrant visa, also complete the following:
(If you were granted adjustment of status, skip this question and proceed to **Question 6.**)

- a. Destination in United States at time of admission** LOS ANGELES
- b. Port of entry where admitted to United States** LOS ANGELES, CA

6. Have you ever been ordered removed from the United States?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
7. Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been judged to have abandoned your status?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

NOTE: If you answered "Yes" to **Question 6** or **Question 7** above, provide detailed explanation in **Part 7.**

Part 4. Accommodations for Individuals With Disabilities and Impairments *(Read the information in the instructions before completing this section.)*

Are you requesting an accommodation because of your disability and/or impairment? ☒ No ☐ Yes

If you answered "Yes," check any applicable box:

- ☐ **1. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):**

- ☐ **2. I am blind or sight-impaired and request the following accommodation(s):**

- ☐ **3. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):**

Part 5. Signature *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Date	Daytime Phone Number
	08/22/2012	

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.



Part 6. Signature of Person Preparing Form, If Other Than Above *(Sign below)*

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

NOTE: If you are an attorney or representative, you must submit a completed Form G-28 along with this application.

Signature

Date

Daytime Phone Number

Print Your Name

Name of Business/Organization (if applicable)

Street Number and Name		Apt., Suite, or Floor
City	State	Zip Code + 4



Part 7. Explanation Page

Provide detailed explanation on this page, if you answered "Yes" to **Question 6** or **Question 7** in **Part 3**.

