



I-94W Nonimmigrant Visa Waiver Arrival/Departure Record

OMB NO. 1651-0111

Instructions

This form must be completed by every nonimmigrant visitor not in possession of a visitor's visa, who is a national of one of the countries enumerated in 8 CFR 217. The airline can provide you with the current list of eligible countries.

Type or print legibly with pen in ALL CAPITAL LETTERS. **USE ENGLISH.**

This form is in two parts. Please complete both the Arrival Record (Items 1 through 16) and the Departure Record (Items 19 through 22). The reverse side of this form must be signed and dated. Children under the age of fourteen must have their form signed by a parent or guardian.

Item 10: If you are entering the United States by land, enter **LAND** in this space. If you are entering the United States by ship, enter **SEA** in this space.

Admission Number

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This Space For Official Use Only

ARRIVAL RECORD Visa Waiver

1 Family Name (Please print, ALL CAPS)

2 First/Given Name

3 Birth Date (DD/MM/YY)

4 Sex (Male or Female)

5 Country of Citizenship

6 Country of Birth

7 Passport Issue Date (DD/MM/YY)

8 Passport Expiration Date (DD/MM/YY)

9 Passport Number

10 Airline and Flight Number

11 Country Where You Live

12 City Where You Boarded

13 Address While in the United States (Number and Street)

14 City and State

15 Telephone Number in the U.S. Where You Can Be Reached

16 Email Address

Government Use Only

17

18

CBP Form I-94W (04/14)

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Admission Number

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DEPARTURE RECORD Visa Waiver

19 Family Name (Please print, ALL CAPS)

20 First/Given Name

21 Birth Date (DD/MM/YY)

22 Country of Citizenship

CBP Form I-94W (04/14)

SEE OTHER SIDE

STAPLE HERE

Do any of the following apply to you? (Answer Yes or No)

- A** Do you currently have a disease of public health significance? Such diseases include, but are not limited to:

<input type="checkbox"/> Chancroid	<input type="checkbox"/> Lymphogranuloma venereum
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Syphilis, infectious
<input type="checkbox"/> Granuloma Inguinale	<input type="checkbox"/> Active Tuberculosis
<input type="checkbox"/> Leprosy, infectious	
- B** Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority?
- C** Have you ever violated any law related to possessing, using, or distributing illegal drugs?
- D** Do you seek to engage in or have you ever engaged in terrorist activities?
- E** Have you ever committed fraud or misrepresented yourself or others to obtain or assist others to obtain a visa or entry into the United States?
- F** Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government?
- G** Have you ever been denied a U.S. visa you applied for with your current or a previous passport or have you ever been refused admission to the United States or withdrawn your application for admission at a U.S. port of entry? If yes, when? _____ where? _____
- H** Have you ever overstayed a previous period of lawful admission to the United States, even by one day?



IMPORTANT: If you answered "Yes" to any of the above, please contact the American Embassy *BEFORE* you travel to the U.S. since you may be refused admission into the United States.

Family Name (Please print)	First/Given Name
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Country of Citizenship	Date of Birth
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

WAIVER OF RIGHTS: I hereby waive any rights to review or appeal of a U.S. Customs and Border Protection officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any action in deportation.

CERTIFICATION: I certify that I have read and understand all the questions and statements on this form. The answers I have furnished are true and correct to the best of my knowledge and belief.

Signature	Date
<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>

5 U.S.C. § 552a(e)(3) PRIVACY ACT NOTICE: Information collected on this form is required by Title 8 of the U.S. Code, including the INA (8 U.S.C. 1103, 1187), and 8 CFR 235.1, 264, and 1235.1. The purposes for this collection are to give the terms of admission and document the arrival and departure of nonimmigrant aliens to the U.S. The information solicited on this form may be made available to other government agencies for law enforcement purposes or to assist DHS in determining your admissibility. All nonimmigrant aliens seeking admission to the U.S., unless otherwise exempted, must provide this information. Failure to provide this information may deny you entry to the United States and result in your removal.

PAPERWORK REDUCTION ACT STATEMENT: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number. The control number for this collection is 1651-0009. The estimated average time to complete this application is 4 minutes. Your response is mandatory. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection Office of Regulations and Rulings, 90 K Street, NE, 10th Floor, Washington, DC 20229.

Departure Record

IMPORTANT: Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law. Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

WARNING: You may not accept unauthorized employment; or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident, unless eligible under section 201(b) of the INA; or 3) an extension of stay. Violation of these terms will subject you to deportation. Any previous violation of this program, including having previously overstayed on this program without a proper DHS authorization, will result in a finding of inadmissibility as outlined in Section 217 of the Immigration and Nationality Act.

Port	<input style="width: 90%; height: 25px;" type="text"/>
Date	<input style="width: 95%; height: 25px;" type="text"/>
Carrier	<input style="width: 95%; height: 25px;" type="text"/>
Flight No./Ship Name	<input style="width: 95%; height: 25px;" type="text"/>