## DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

### Welcome to the United States

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### I-94W Nonimmigrant Visa Waiver Arrival/Departure Record

#### 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.

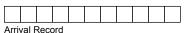
Type or print legibly with pen in ALL CAPITAL LETTERS. USE ENGLISH.

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.

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.

## Admission Number



## VISA WAIVER

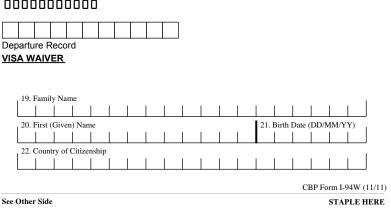
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1. Family Name						
2. First (Given) Name			3. E	Birth Date	(DD/MM/	YY)
4. Country of Citizenship			5. S	ex (Male	or Female)	)
6. Country of Birth						
7. Passport Issue Date (DD/MM/YY)		8. Passport	Expiratio	n Date (D	D/MM/YY	.)
9. Passport Number	10. Airline and Flight Number					
11. Country Where You Live		12. City WI	here You	Boarded		
13. Address While in the United States (N	umber and Str	reet)				
14. City and State						
15. Telephone Number in the U.S. Where	You Can be R	Reached				
16. Email Address						
	vernment	Use Only	<u> </u>			
17. 18.						ſ
					CBP Form	1 I-94W (

OMB No. 1651-0111

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# Admission Number



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

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A.	Do you have a communicable disease; physical or mental disorder, or are you Yes No a drug abuser or addict?
В.	Have you ever been arrested or convicted for an offense or crime involving moral turpitude or a violation related to a controlled substance; or been arrested or convicted for two or more offenses for which the aggregate sentence to confinement was five years or more; or been a controlled substance trafficker, or are you seeking entry to engage in criminal or immoral activities?
C.	Have you ever been or are you now involved in espionage or sabotage; or in terrorist activities; or genocide; or between 1933 and 1945 were involved, in any way, in persecutions associated with Nazi Germany or its allies?
D.	Are you seeking to work in the U.S.; or have ever been excluded and deported in the U.S.; or procured or attempted or attempted or procure a visa or entry into the U.S. by fraud or misrepresentation?
E.	Have you ever detained, retained or withheld custody of a child from a U.S. Yes No citizen granted custody of the child?
F.	Have you ever been denied a U.S. visa or entry into the U.S. or had a U.S. visa cancelled? If yes, when? where? Where?
G.	Have you ever asserted immunity from prosecution?
	<b>PORTANT:</b> If you answered <b>"Yes"</b> to any of the above, please contact the American Embassy <b>FORE</b> you travel to the U.S. since you may be refused admission into the United States.
	Family Name (Please print) First Name
	Failing Name (Flease print)
	Country of Citizenship Date of Birth
Pro app CE	Country of Citizenship   Date of Birth     IVER OF RIGHTS: I hereby waive any rights to review or appeal of a U.S. Customs and Border tection officer's determination as to my admissibility, or to contest, other than on the basis of an lication for asylum, any action in deportation.     RTIFICATION: I certify that I have read and understand all the questions and statements on form. The answers I have furnished are true and correct to the best of my knowledge and belief.
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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:

Date: Carrier: Flight No./Ship Name:

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