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

A. Do you have a communicable disease; physical or mental disorder; or are you a drug abuser or addict? ☐ Yes ☐ No

B. 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

D. Are you seeking to work in the U.S.; or have ever been excluded and deported; or been previously removed from the United States; or procured or attempted to procure a visa or entry into the U.S. by fraud or misrepresentation? ☐ Yes ☐ No

E. Have you ever detained, retained or withheld custody of a child from a U.S. citizen granted custody of the child? ☐ Yes ☐ No

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, ☐ Yes ☐ No

when? _____ where? _____

G. Have you ever asserted immunity from prosecution? ☐ Yes ☐ No

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 Name

_____ Country of Citizenship _____ Date of Birth

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

Public Reporting Burden - The burden for this collection is computed as follows: (1) Learning about the form 2 minutes; (2) completing the form 4 minutes for an estimated average of 6 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Information Services Branch, Washington, DC 20229 and the Office of Management and Budget, Paperwork Reduction Project, OMB No. (1651-0113), Washington, DC 20503.

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 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 # / Ship Name: