



Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 02/28/2027



| | | | | |
|---------------------------|--------------------------------------|------------|-------------|--------------|
| For USCIS Use Only | Request Physically Received by USCIS | Returned | Resubmitted | Receipt |
| | Date _____ | Date _____ | Date _____ | |
| | Date _____ | Date _____ | Date _____ | Action Block |
| Remarks | | | | |

| | | | |
|--|---|---|--|
| To be completed by an attorney or accredited representative (if any). | <input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. | Attorney State Bar Number (if applicable) _____ | Attorney or Accredited Representative USCIS Online Account Number (if any) _____ |
|--|---|---|--|

▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any) 2. USCIS Online Account Number (if any)

▶ A- _____ ▶ _____

3. Family Name (Last Name) Given Name (First Name) Middle Name

4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)

5. Mailing Address

In Care Of Name

Street Number and Name Apt. Ste. Flr. Number

_____ _____

City or Town State ZIP Code [USPS ZIP Code Lookup](#)

_____ _____ _____

Province Postal Code Country

_____ _____ _____

6. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 6.**, provide your physical address in **Item Number 7.**

