AIRCRAFT/VESSEL REPORT

Form Approved
O.M.B. No. 43.R0497

☐ ARRIVAL Last Foreign Port _____	☐ DEPARTURE First Foreign Port _____		
Airline/Vessel (Name & Nationality)	Flight Number	Port of Arr/Dep	Date of Arr/Dep

TYPE OF TRANSPORT – CHECK ONE

1. ☐ U.S. military – including charters to military
2. ☐ Commercial – scheduled
3. ☐ Commercial – chartered
4. ☐ Foreign military

Total Passengers

Do Not Write in These Blocks – For INS Use Only

Passengers Inspected	Passengers Deferred	Deferred Port

Attach CF 7507, ICAO Declaration, or I-418, or List Crew Below.

CREW: **Name** **Status**

FOREIGN PORT AND COUNTRY	PASSENGERS		
	USC	ALIEN	TOTAL
TOTAL			

FORM I-92
(REV. 6-1-73) N WHSE. NO. 03600

(See instructions on reverse of form)

United States Department of Justice
Immigration and Naturalization Service