



# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 05/31/2020

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

## Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1a. Family Name (Last Name)
- 1b. Given Name (First Name)
- 1c. Middle Name

Leave 1.c blank

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

- 2a. Family Name (Last Name)
- 2b. Given Name (First Name)
- 2c. Middle Name
- 3a. Family Name (Last Name)
- 3b. Given Name (First Name)
- 3c. Middle Name
- 4a. Family Name (Last Name)
- 4b. Given Name (First Name)
- 4c. Middle Name

First name and last name should match passport

Write NOT APPLICABLE from 2.a to 4.c.

Leave 13.b and answer "Yes" to 14 and 15 and answer from 16.a. to 17.b.

## Part 2. Information About You

### Your U.S. Mailing Address

5.a. In Care Of Name (if any)

NOT APPLICABLE

5.b. Street Number and Name

5.c.  Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. ZIP Code

5.a. Fill out person's name if sending to another address if not write NOT APPLICABLE and move to 5.b and fill out the information from 5.b to 5.f.

[\(USPS ZIP Code Lookup\)](#)

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

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

If you answered Yes to 6 then skip to 8. If you answered No then fill out from 7.a. 7.e.

### U.S. Physical Address

7.a. Street Number and Name

7.b.  Apt.  Ste.  Flr.

7.c. City or Town

7.d. State  7.e. ZIP Code

### Other Information

8. Alien Registration Number (A-Number) (if any)

A-

If you don't have 8 and 9 leave it blank and move to 10

9. USCIS Online Account Number (if any)

10. Gender  Male  Female

11. Marital Status  Single  Married  Divorced  Widowed

Check applicable box for 10, 11 and 12

12. Have you previously filed Form I-765?  Yes  No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

Yes  No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card?

(You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)

Yes  No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  Yes  No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

### Father's Name

Provide your father's birth name.

16a. Family Name (Last Name)

16b. Given Name (First Name)

### Mother's Name

Provide your mother's birth name.

17a. Family Name (Last Name)

17b. Given Name (First Name)

### Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18a. Country

18b. Country

For 18.a please write your country name (citizen or national)  
For 18.b if you have more than one country (citizen or national) then write the other countries name if you do not have write NOT APPLICABLE

Please check "NO" for 13.a

**Part 2. Information About You** (continued)

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19a. City/Town/Village of Birth City you were born Fill out completely from 19.a to 20

19b. State/Province of Birth State you were born

19c. Country of Birth Country you were born

20. Date of Birth (mm/dd/yyyy)  

**Information About Your Last Arrival in the United States**

21a. Form I-94 Arrival-Departure Record Number (if any)  
Check your I-94  

21b. Passport Number of Your Most Recently Issued Passport  
 

21c. Travel Document Number (if any)  
 

21d. Country That Issued Your Passport or Travel Document  
 

21e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)  
 

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)  
 

23. Place of Your Last Arrival Into the United States  
  Check your I-94 travel history to fill out 22 and 23

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)  
F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, or no status or category)  
F-1 Student Write F-1 Student in 24 and 25

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)  
N-0012345678 Sevis number on I-20 and fill 26

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

27. Insert C 3 B ( C ) ( 3 ) ( B )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28a. Degree NOT APPLICABLE

28b. Employer's Name as Listed in E-Verify NOT APPLICABLE

28c. Employer's E-Verify Company Identification Number or Valid E-Verify Client Company Identification Number NOT APPLICABLE

Insert NOT APPLICABLE From 28.a. to 28.c.

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

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30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

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31b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

### Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

#### Applicant's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.  I can read and understand English and understand every question on this application and my answer to every question in . Please check for 1.a
- 1.b.  The interpreter named in **Part 4.** , asked me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.  At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number  Write your phone number in 3 and 4
- 4. Applicant's Mobile Telephone Number
- 5. Applicant's Email Address (if any)  Enter your email address in 5
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

7.a. Sign it with a black ink. Signature should not touch or cross the box.

From part 4 to part 5 (pages 5-6) where ever you find NOT APPLICABLE in the sample please fill out NOT APPLICABLE in your form

### Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

#### Applicant's Signature

- 7.a. Applicant's Signature  7.b Fill out date
  - 7.b. Date of Signature (mm/dd/yyyy)
- NOTE TO ALL APPLICANTS:** If you do not sign this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

### Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

#### Interpreter's Full Name

- 1a. Interpreter's Family Name (Last Name)  NOT APPLICABLE
- 1b. Interpreter's Given Name (First Name)  NOT APPLICABLE
- 2. Interpreter's Business or Organization Name (if any)  NOT APPLICABLE

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Mailing Address**

- 3.a. Street Number and Name
- 3.b.  Apt.  Ste.  Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7a. Interpreter's Signature
- 7b. Date of Signature (mm/dd/yyyy)

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

- 3.a. Street Number and Name
- 3.b.  Apt.  Ste.  Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Preparer's Contact Information**

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

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**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

***Preparer's Statement***

- 7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

8a. Preparer's Signature

8b. Date of Signature (mm/dd/yyyy)

**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_  
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