

# I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block		Initial Receipt	Resubmitted
				Relocated	
				Received	Sent
				Completed	
<input type="checkbox"/> <b>Application Approved</b> <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> <b>Application Denied - Failed to establish:</b> <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved	Denied
				A# _____	
					<input type="checkbox"/> Applicant is filing under section 274a.12 _____

**I am applying for:**     Permission to accept employment.     Replacement (of lost employment authorization document).  
 Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

**1. Full Name**  
 (Family Name)                                      (First Name)                                      (Middle Name)

\_\_\_\_\_

**2. Other Names Used** (include Maiden Name)

\_\_\_\_\_

**3. U.S. Mailing Address**  
 (Street Number and Name)                                      (Apt. Number)

\_\_\_\_\_

(Town or City)                                      (State)                                      (ZIP Code)

\_\_\_\_\_

**4. Country of Citizenship or Nationality**

\_\_\_\_\_

**5. Place of Birth**  
 (Town or City)                                      (State/Province)                                      (Country)

\_\_\_\_\_

**6. Date of Birth** (mm/dd/yyyy)

\_\_\_\_\_

**7. Gender**     Male     Female

\_\_\_\_\_

**8. Marital Status**  
 Married     Single     Divorced     Widowed

\_\_\_\_\_

**9. Social Security Number** (Include all numbers you have ever used, if any)

\_\_\_\_\_

**10. Alien Registration Number (A-Number) or Form I-94 Number** (if any)

\_\_\_\_\_

**11. Have you ever before applied for employment authorization from USCIS?**

Yes (Complete the following questions.)

Which USCIS Office? \_\_\_\_\_ Dates \_\_\_\_\_

Results (Granted or Denied - attach all documentation)

\_\_\_\_\_

No (Proceed to **Question 12.**)

\_\_\_\_\_

**12. Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)

\_\_\_\_\_

**13. Place of Last Entry into the U.S.**

\_\_\_\_\_

**14. Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

\_\_\_\_\_

**15. Current Immigration Status** (Visitor, Student, etc.)

\_\_\_\_\_

**16. Eligibility Category.** Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(    ) (    ) (    )

**17. (c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree \_\_\_\_\_ Employer's Name as listed in E-Verify \_\_\_\_\_

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number \_\_\_\_\_

**18. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

\_\_\_\_\_

**Certification**

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

**Applicant's Signature** \_\_\_\_\_

**Date of Signature** (mm/dd/yyyy) \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Signature of Person Preparing Form, If Other Than Applicant**

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

**Preparer's Signature** \_\_\_\_\_

**Date of Signature** (mm/dd/yyyy) \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Address** \_\_\_\_\_