

**I-765, Application for  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) _____ until _____ (Date). _____ (Date). Subject to the following conditions: _____ <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

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

1. Name (Family Name in CAPS) (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

2. Other Names Used (Include Maiden Name) \_\_\_\_\_

3. Address in the United States (Number and Street) \_\_\_\_\_ (Apt. Number) \_\_\_\_\_  
 \_\_\_\_\_ (Town or City) \_\_\_\_\_ (State/Country) \_\_\_\_\_ (ZIP Code) \_\_\_\_\_

4. Country of Citizenship/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  
 Widowed  Divorced

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

10. Alien Registration Number (A-Number) or I-94 Number (if any) \_\_\_\_\_

11. Have you ever before applied for employment authorization from USCIS?  
 Yes (If yes, complete below)  No  
 Which USCIS Office? \_\_\_\_\_ Date(s) \_\_\_\_\_

Results (Granted or Denied - attach all documentation) \_\_\_\_\_

12. Date of Last Entry into the U.S. (mm/dd/yyyy) \_\_\_\_\_

13. Place of Last Entry into the U.S. \_\_\_\_\_

14. Manner of Last Entry (Visitor, Student, etc.) \_\_\_\_\_

15. Current Immigration Status (Visitor, Student, etc.) \_\_\_\_\_

16. Go to **Part 2** of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).  
 Eligibility under 8 CFR 274a.12  
 (     ) (     ) (     )

**Certification.**

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** 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.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned