

**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: _____ 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 under 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) _____	Which USCIS Office? _____	Date(s) _____
2. Other Names Used (include Maiden Name) _____		Results (Granted or Denied - attach all documentation) _____	
3. Address in the United States (Street Number and Name) _____		12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____	
_____ (Town or City)	_____ (State/Country)	_____ (ZIP Code)	13. Place of Last Entry into the U.S. _____
4. Country of Citizenship/Nationality _____		14. Manner of Last Entry (Visitor, Student, etc.) _____	
5. Place of Birth (Town or City) _____		15. Current Immigration Status (Visitor, Student, etc.) _____	
_____ (State/Province)	_____ (Country)	16. 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.). () () ()	
6. Date of Birth (mm/dd/yyyy) _____	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. 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: _____	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> 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? <input type="checkbox"/> Yes (If "Yes," complete below) <input type="checkbox"/> No			

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 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**.

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		
			Received	Sent	Approved	Denied	Returned