## OMB No. 1615-0040; Expires 02/28/2013 **I-765, Application For Employment Authorization**

Do not write in this b	lock.								
Remarks		Action Block			Fee Star	np			
A#									
Applicant is filing under §2	274a.12								
Application Approv	orized / Extended	(Circle One)	until				(Date).		
Subject to the follo				_				_ (Date). _	
Application Denied	lish eligibility under 8	CFR 274a 12 (a)	or (c)						
	lish economic necessit			) and 8 CFR 21	14.2(f)				
I am applying for:	Permission to accep								
	Replacement (of lo. Renewal of my per				unlovment a	uthorization a	locument)		
1. Name (Family Name in C		(Middle)		ich USCIS Offic		umorization c	Date(s)	1	
21 Trume (Tuminy Trume in C	(2 11 5)		$Z \Delta$	-					
2. Other Names Used (inclu	de Maiden Name)		Res	sults (Granted or	Denied - attac	ch all document	tation)		
3. U.S. Mailing Address (St.	reet Number and Name)	(Apt. No	umber) 12. Dat	e of Last Entry is	nto the U.S., o	n or about: (mr	n/dd/yyyy)		
(Town or City	(State/Count	ry) (ZIP Code)	13. Pla	ce of Last Entry	into the U.S.				
(22 22.9)	, (2		1		r				
4. Country of Citizenship/N	ationality	$\Pi C$	14. Sta	tus at Last Entry	(B-2 Visitor,	F-1 Student, No	o Lawful Status	s, etc.)	
5. Place of Birth (Town or C	City) (State/Province)	(Country)	15. Cu	rent Immigration	n Status (Visit	or, Student, etc	:.)		
				1 ((337) 3.5	F11 F	T # (FO)	C.d	· • •	
6. Date of Birth (mm/dd/y	7. Ge	nder Male Fema	spa	to the "Who Mace below, place	the letter and i	number of the e	ligibility catego	ory you	
8. Marital Status	Married	Single	sel·	ected from the in	structions. (Fo	or example, (a)(	(8), (c)(17)(iii),	etc.).	
	Widowed	Divorced	Ш			) (	)	( )	
9. Social Security Number (	Include all numbers you l	nave ever used, if an		you entered the extree, your employ					
			Ve	rify Company Id	entification N	umber or a vali			
10. Alien Registration Number (A-Number) or I-94 Number (if any)				Identification Number in the space below.  Degree:					
11. Have you ever before ap	oplied for employment aut	horization from US		yer's Name as li	sted in E-Ver	ify:			
Yes (Complete th	e following	No (Pro	ceed to Emplo	yer's E-Verify C	ompany Iden	tification Num	ber or a valid l	E-Verify	
questions.)	<u> </u>	Ques	stion 12.) Client	Company Identi	fication Num	ber			
Certification									
Your Certification: I	• •								
correct. Furthermore, l eligibility for the bene		•		-	_				
the appropriate eligibil			no way i ne i o	7 m 1 700	ection of the	ie mstruetro.	ns und nuve	identified	
Signature				Telephone Number Date					
Signature of Perso	on Preparing Fo	rm, If Other	Than Abov	e: I declare the	hat this doc	ument was r	orepared by	me at the	
request of the applican									
Print Name	nt Name Address			Signature			Date		
D 1		Initial Receipt	Resubmitted	Reloc	ated		Completed		
Remarks		Innual receipt	Resubmitted	Received	Sent	Approved	Denied	Returned	