

**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). Subject to the following conditions: _____ (Date). 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. U.S. Mailing Address (Street Number and Name) _____ (Apt. Number) _____
 _____ (Town or City) _____ (State/Country) _____ (ZIP Code) _____

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

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

4. Country of Citizenship/Nationality _____

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

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

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

6. Date of Birth (mm/dd/yyyy) _____ 7. Gender Male Female

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.).
 _____ () () ()

8. Marital Status Married Single Widowed Divorced

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

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.

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

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 _____

11. Have you ever before applied for employment authorization from USCIS?
 Yes (Complete the following questions.) No (Proceed to Question 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 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