

**TABLE OF CHANGES – FORM
FORM I-765, Application for Employment Authorization
OMB No 1615-0040
02/13/2015**

LOCATION	CURRENT VERSION	PROPOSED CHANGES
<p>Page 1</p>	<p>1. Name (Family Name in CAPS) (First) (Middle)</p> <p>3. U.S. Mailing Address (Street Number and Name) (Apt. Number) (Town or City) (State/Country) (ZIP Code)</p> <p>4. Country of Citizenship/Nationality</p> <p>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.).</p> <p>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.</p> <p>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</p>	<p>1. Full Name (Family Name) (First Name) (Middle Name)</p> <p>3. U.S. Mailing Address (Street Number and Name) (Apt. Number) (Town or City) (State) (ZIP Code)</p> <p>4. Country of Citizenship or Nationality</p> <p>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.).</p> <p>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.</p> <p>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</p> <p>Applicant’s Signature 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.</p>

	<p>Question 16.</p> <p>Signature Telephone Number Date</p> <p>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.</p> <p>Print Name Address Signature Date</p>	<p>Signature Date of Signature (mm/dd/yyyy) Telephone Number</p> <p>Signature of Person Preparing Form, If Other Than Applicant.</p> <p>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.</p> <p>Signature Date of Signature (mm/dd/yyyy) Printed Name Address</p>
--	--	--