

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# I-765, Application For Employment Authorization

<b>For USCIS Use Only</b>	Fee Stamp	Action Block	Initial Receipt	Resubmitted	
			Relocated		
			Received	Sent	
			Completed		
<input type="checkbox"/> <b>Application Approved</b> <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> <b>Application Denied - Failed to establish:</b> <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved	Denied
		<input type="checkbox"/> Applicant is filing under section 274a.12		A#	

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

**1. Full Name**  
 (Family Name)                      (First Name)                      (Middle Name)

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

**2. Other Names Used** (include Maiden Name)  
 (Family Name)                      (First Name)                      (Middle Name)

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

**3. U.S. Mailing Address**  
 (Street Number and Name)                      (Apt. Number)  
 (Town or City)                      (State)                      (ZIP Code)

**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.  
 (   ) (   ) (   )

**4. Country of Citizenship or Nationality**

**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.

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

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

**6. Date of Birth** (mm/dd/yyyy)

**7. Gender**     Male     Female

**8. Marital Status**  
 Married     Single     Divorced     Widowed

**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.

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

**19. (c)(35) and (c)(36) Eligibility Category**

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

**a.** If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

**11. Have you ever before applied for employment authorization from USCIS?**  
 Yes (Complete the following questions.)  
 Which USCIS Office?                      Dates  
 \_\_\_\_\_  
 Results (Granted or Denied - attach all documentation)  
 \_\_\_\_\_  
 No (Proceed to **Question 12.**)

**b.** Have you **EVER** been convicted of any felony committed in the United States?  
 Yes     No

**c.** Have you **EVER** been convicted of any misdemeanor committed in the United States?  
 Yes     No

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

**NOTE:** If you answered "Yes" to **Item Numbers 19.b.** or **19.c.**, refer to **Item Number 5.**, **Item H.** or **Item I.** in the **Who May File Form I-765** section of these Instructions for information about providing court dispositions.

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

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**Certification**

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**.

**Applicant's Signature**

**Date of Signature** (mm/dd/yyyy) \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Signature of Person Preparing Form, If Other Than Applicant**

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.

**Preparer's Signature**

**Date of Signature** (mm/dd/yyyy) \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Address** \_\_\_\_\_

Draft  
Not for  
Production  
12/24/2015