**TABLE OF CHANGES- FORM**

**Form I-765, Application for Employment Authorization**

**OMB NUMBER 1615-0040**

**08/12/2016**

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| **Reason for Revision:** International Entrepreneurial Parole- Executive Action |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| Page 1, | **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)**2.Other Names Used** (include Maiden Name)**3.U.S. Mailing Address**(Street Number and Name)(Apt. Number)(Town or City)(State)(ZIP code)**4.Country of Citizenship or Nationality****5.Place of Birth**(Town or City)(State/Province)(Country)**6.Date of Birth** (mm/dd/yyyy)**7.Gender** Male Female**8. Marital Status** Married Single Divorced Widowed**9. Social Security Number** (Include all numbers you have ever used, if any)**10. Alien Registration Number (A-Number)** or **Form I-94 Number** (if any)**11. Have you ever before applied for employment authorization from USCIS?** Yes (Complete the following questions)Which USCIS Office? DatesResults (Granted or Denied- attach all documentation)No (Proceed to **Question 12.)****12. Date of Last Entry Into the U.S., on or about** (mm/dd/yyyy)**13. Place of Last Entry into the U.S.****14. Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)**15. Current Immigration Status** (Visitor, Student, etc.)**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.**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. DegreeEmployer’s Name as listed in E-VerifyEmployer’s E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number**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.**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** | **[No Change]****12. Date of Your Last Arrival or Entry Into the U.S., On or About** (mm/dd/yyyy)**13. Place of Your Last Arrival or Entry into the U.S.**[No Change] |