**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? Dates  Results (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.  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  **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] |