## TABLE OF CHANGES- FORM Form I-765, Application for Employment Authorization OMB NUMBER 1615-0040 08/12/2016

Reason for Revision: International Entrepreneurial Parole- Executive Action

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	[No Change]
	(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	
	<b>8. Marital Status</b> Married Single Divorced Widowed	
	<b>9. Social Security Number</b> (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

- 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]

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