

## **Application For Employment Authorization**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-765

OMB No. 1615-0040 Expires 02/28/2018

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		tion Approved		☐ Application Denied ☐ Eligibility under		Approved	Denied	
		norization/Extension Valid From norization/Extension Valid To		8 CFR 274a.12 (a) or (c)	8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)	<b>A</b> #		
Sı		to the following conditions:		(a) of (c)	.,			
Subject to the following conditions: Applicant is filing under section 274a.12								
► START HERE - Type or print in black ink.								
I am	app	lying for:		9.a.	.a. Has the Social Security Administration (SSA) ever			
	Perm	ission to accept employment.			officially issued a Social Secu	rity card to yo		
	Replacement (of lost employment authorization document).							
	Renewal of my permission to accept employment (attach a			Hach a	<b>NOTE:</b> If you answered "Yes" to <b>Item Number 9.a.</b> , provide the information requested in <b>Item Number 9.b.</b>			
		of your previous employment auti	norization					
(	docu	ment).	)	9. <b>b</b> .	Provide your Social Security	number (SSN)	(if known)	
1.	Full	Name						
	Fami	ly Name First Name	Middle	e Name 10.	Do you want the SSA to issue			
					(You must also answer "Yes" <b>Consent for Disclosure</b> , to re		ber 11.,	
2.	Othe	r Names Used (include Maiden N	(ame)		004=	7 🗆	Yes No	
	Family Name First Name Middle Name			e Name	NOTE: If you anavoured "No	" to Itom Nu		
			/ [		<b>NOTE:</b> If you answered "No <b>Item Number 14.</b> If you a			
					Number 10., you must also a			
<b>3.</b>					Number 11.			
		t Number and Name	Ant 1		<b>Consent for Disclosure:</b> I au information from this applicat			
[	Succ	t Number and Name	Apt. 1		for the purpose of assigning n		*	
					Social Security card.		Yes No	
, 1	Towi	n or City State	e ZIP C		E: If you answered "Yes" to I	Itom Numbor	<u> </u>	
					de the information requested in			
4.	Cour	ntry of Citizenship or Nationality	Y		•			
					er's Name			
<b>5.</b>	Place	e of Birth			Family Name (Last Name)			
	Town or City State/Province Country			intry <b>12.b.</b>	Given Name			
					(First Name)			
6.	Date	of Birth (mm/dd/yyyy)						
	Marital Status							
<b>.</b>		_	1 🗆 ***					
	□ ;	Single  Married  Divor	ced   W	idowed				

	ther's Name (Provide your mother's birth name.)  1. Family Name (Last Name)	<b>22.</b> (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in <b>Item Number 20.</b> 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.			
13.ł	(First Name)	recent Form 1-797 (volice of Approval for Form 1-129).			
14.	Alien Registration Number (A-Number) or Form I-94 Number (if any)	23. (c)(35) and (c)(36) Eligibility Category			
15.	Have you ever before applied for employment authorization from USCIS?	a. If you entered the eligibility category (c)(35) or (c)(36) in <b>Item Number 20.</b> above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.			
	Yes (Complete the following questions.) Which USCIS Office? Dates	b. Have you <b>EVER</b> been arrested for and/or convicted of any crime?			
	Results (Granted or Denied - attach all documentation)  No (Proceed to Item Number 16.)	NOTE: If you answered "Yes" to Item Number 23.b., 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.			
16.	Date of Last Entry into the U.S., on or about	Certification			
17.	(mm/dd/yyyy)  Place of Last Entry into the U.S.	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 <b>Who May File Form I-765</b> section of the Instructions and			
18.	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	have identified the appropriate eligibility category in Item Number 20.  Applicant's Signature			
10	Current Immigration Status (Visitor, Student, etc.)				
19.	Current Immigration Status (Visitor, Student, etc.)	Date of Signature (mm/dd/yyyy)			
	Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place	Telephone Number			
	the letter and number of the eligibility category you selected				
	from the instructions. For example, (a)(8), (c)(17)(iii), etc.  ( ) ( ) ( ) ( )	Signature of Person Preparing Form, If Other Than Applicant			
21.	(c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in <b>Item Number 20.</b> above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number	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			
	or a valid E-Verify Client Company Identification Number in the space below.				
	Degree Employer's Name as listed in E-Verify	Date of Signature (mm/dd/yyyy)			
		Printed Name			
	Employer's E-Verify Company Identification Number or a				
	Valid E-Verify Client Company Identification Number	Address			

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