**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0040**

**06/30/2017**

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| **Reason for Revision:** Rescinding International Entrepreneur Rule (no edits were made to the form for this initiative)Legend for Proposed Text:* Black font = Current text
* Yellow highlights = Text incorporated from SSA version
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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **START HERE - Type or print in black ink.****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 NameFirst NameMiddle Name**2. Other Names Used** (include Maiden Name)Family NameFirst NameMiddle Name**3. U.S. Mailing Address**Street Number and NameApt. NumberTown or CityStateZIP Code**4. Country of Citizenship or Nationality****5. Place of Birth**Town or CityState/ProvinceCountry**6. Date of Birth** (mm/dd/yyyy)**7. Gender**MaleFemale**8. Marital Status**SingleMarriedDivorcedWidowed**9.a.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?YesNo**NOTE:** If you answered “Yes” to **Item Number 9.a.**, provide the information requested in **Item Number 9.b.****9.b.** Provide your Social Security number (SSN) (if known)**10.** Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to **Item Number 11.**, **Consent for Disclosure**, to receive a card.)YesNo**NOTE:** If you answered “No” to **Item Number 10.**, skip to **Item Number 14.** If you answered “Yes” to **Item Number 10.**, you must also answer “Yes” to **Item Number 11.****11. Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.YesNo**NOTE:** If you answered “Yes” to **Item Numbers 10.** - **11.**, provide the information requested in **Item Numbers 12.a.** - **13.b.****Father's Name****12.a.** Family Name (Last Name)**12.b.** Given Name (First Name) | **START HERE - Type or print in black ink.****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 NameFirst NameMiddle Name**2. Other Names Used** (include Maiden Name)Family NameFirst NameMiddle Name**3. U.S. Mailing Address**Street Number and NameApt. NumberTown or CityStateZIP Code**4. Country of Citizenship or Nationality****5. Place of Birth**Town or CityState/ProvinceCountry**6. Date of Birth** (mm/dd/yyyy)**7. Gender**MaleFemale**8. Marital Status**SingleMarriedDivorcedWidowed**9.a.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?YesNo**NOTE:** If you answered “Yes” to **Item Number 9.a.**, provide the information requested in **Item Number 9.b.****9.b.** Provide your Social Security number (SSN) (if known)**10.** Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to **Item Number 11.**, **Consent for Disclosure**, to receive a card.)YesNo**NOTE:** If you answered “No” to **Item Number 10.**, skip to **Item Number 14.** If you answered “Yes” to **Item Number 10.**, you must also answer “Yes” to **Item Number 11.****11. Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.YesNo**NOTE:** If you answered “Yes” to **Item Numbers 10.** - **11.**, provide the information requested in **Item Numbers 12.a.** - **13.b.****Father's Name****12.a.** Family Name (Last Name)**12.b.** Given Name (First Name) |
| **Page 2** | **Mother's Name** (Provide your mother's birth name.)**13.a.** Family Name (Last Name)**13.b.** Given Name (First Name)**14. Alien Registration Number (A-Number)** or **Form I-94 Number** (if any)**15. 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 **Item Number 16.**)**16. Date of Your Last Arrival or Entry Into the U.S., On or About** (mm/dd/yyyy)**17. Place of Your Last Arrival or Entry Into the U.S.****18. Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)**19. Current Immigration Status** (Visitor, Student, etc.)**20. 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. **(**[Fillable field x3]**)** **21. (c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 20.** 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**22. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 20.** 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.**23. (c)(35) and (c)(36) Eligibility Category****a.** If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 20.** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.**b.** Have you **EVER** been arrested for and/or convicted of any crime?YesNo**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.**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 **Item Number 20**.**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** | **Mother's Name** (Provide your mother's birth name.)**13.a.** Family Name (Last Name)**13.b.** Given Name (First Name)**14. Alien Registration Number (A-Number)** or **Form I-94 Number** (if any)**15. 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 16**.)**16. 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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 **Item Number 20**.**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** |