**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 Name  First Name  Middle Name  **2. Other Names Used** (include Maiden Name)  Family Name  First Name  Middle 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**  Single  Married  Divorced  Widowed  **9.a.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  Yes  No  **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.)  Yes  No  **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.  Yes  No  **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 Name  First Name  Middle Name  **2. Other Names Used** (include Maiden Name)  Family Name  First Name  Middle 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**  Single  Married  Divorced  Widowed  **9.a.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  Yes  No  **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.)  Yes  No  **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.  Yes  No  **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?  Dates  Results (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.  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  **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?  Yes  No  **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?  Dates  Results (Granted or Denied - attach all documentation)  No (Proceed to **Question 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.  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  **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?  Yes  No  **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** |