

TABLE OF CHANGES – FORM
Form I-765, Application for Employment Authorization
OMB Number: 1615-0040
05/07/2026

Reason for Revision: Duration of Status Final Rule
Project Phase: OMB Review

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 08/31/2027

Edition Date 08/21/2025

Current Page Number and Section	Current Text	Proposed Text
Page 1, Start Here	[Page 1] To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) START HERE - Type or print in black ink.	[There are no edits to the form]
Page 1, Part 1. Reason for Applying	[Page 1] Part 1. Reason for Applying I am applying for (select only one box): 1.a. Initial permission to accept employment. 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error. NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details. 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)	
Pages 1-3, Part 2.	[Page 1]	

Information About You	Part 2. Information About You <i>Your Full Legal Name</i> 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name <i>Other Names Used</i> Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information. 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name 3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name 4.a. Family Name (Last Name) 4.b. Given Name (First Name) 4.c. Middle Name [Page 2] <i>Your U.S. Mailing Address</i> 5.a. In Care Of Name (if any) 5.b. Street Number and Name 5.c. Apt. Ste. Flr. 5.d. City or Town 5.e. State 5.f. ZIP Code 6. Is your current mailing address the same as your physical address? Yes No NOTE: If you answered “No” to Item Number 6., provide your physical address below. <i>U.S. Physical Address</i> 7.a. Street Number and Name 7.b. Apt. Ste. Flr. 7.c. City or Town 7.d. State 7.e. ZIP Code <i>Other Information</i>	
-------------------------------------	---	--

	8. Alien Registration Number (A-Number) (if any) 9. USCIS Online Account Number (if any) 10. Sex Male Female 11. Marital Status Single Married Divorced Widowed 12. Have you previously filed Form I-765? Yes No 13. Provide your Social Security number (SSN) (if known). <i>Your Country or Countries of Citizenship or Nationality</i> List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information. 14.a. Country 14.b. Country [Page 3] <i>Place of Birth</i> List the city/town/village, state/province, and country where you were born. 15.a. City/Town/Village of Birth 15.b. State/Province of Birth 15.c. Country of Birth 16. Date of Birth (mm/dd/yyyy) <i>Information About Your Last Arrival in the United States</i> 17. Form I-94 Arrival-Departure Record Number (if any) 18. Passport Number of Your Most Recently Issued Passport 19. Travel Document Number (if any) 20. Country That Issued Your Passport or Travel Document 21. Expiration Date for Passport or Travel Document (mm/dd/yyyy)	
--	--	--

	22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 23. Place of Your Last Arrival Into the United States 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status) 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category) 26. Student and Exchange Visitor Information System (SEVIS) Number (if any) <i>Information About Your Eligibility Category</i> 27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)). () () () 28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c. 28.a. Degree 28.b. Employer's Name as Listed in E-Verify 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number 29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker. 30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No NOTE: If you answered "Yes" to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing	
--	---	--

	court dispositions. 31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140. 31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No NOTE: If you answered “Yes” to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.	
Page 4, Part 3. Applicant’s Statement, Contact Information, Certification, and Signature	[Page 4] Part 3. Applicant's Statement, Contact Information, Certification, and Signature NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States. <i>Applicant's Statement</i> NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question. 1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in [fillable field], a language in which I am fluent, and I understood everything. 2. At my request, the preparer named in Part 5., [fillable field], prepared this application for me based only upon information I provided or authorized. <i>Applicant's Contact Information</i> 3. Applicant's Daytime Telephone Number	

	4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any) 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement. <i>Applicant's Certification</i> Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek. I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that: 1) I reviewed and provided or authorized all of the information in my application; and 2) I understood all of the information contained in, and submitted with, my application; and 3) All of this information was complete, true, and correct at the time of filing. I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct. <i>Applicant's Signature</i> 7.a. Applicant's Signature 7.b. Date of Signature (mm/dd/yyyy) NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.	
Pages 4-5, Part 4.	[Page 4]	

Interpreter's Contact Information, Certification, and Signature	Part 4. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter. <i>Interpreter's Full Name</i> 1.a.Interpreter's Family Name (Last Name) 1.b.Interpreter's Given Name (First Name) 2.Interpreter's Business or Organization Name (if any) <i>Interpreter's Mailing Address</i> 3.a. Street Number and Name 3.b. Apt/Ste/Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country <i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) <i>Interpreter's Certification</i> I certify, under penalty of perjury, that: I am fluent in English and [fillable field], which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification, and has verified the accuracy of every answer. <i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)	
Pages 5-6, Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other	[Page 5] Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant Provide the following information about the	

Than the Applicant	preparer. <i>Preparer's Full Name</i> 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any) <i>Preparer's Mailing Address</i> 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country <i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any) [Page 6] <i>Preparer's Statement</i> 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends/ does not extend beyond the preparation of this application. NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. <i>Preparer's Certification</i> By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on	
----------------------------------	---	--

	information that the applicant provided to me or authorized me to obtain or use. <i>Preparer's Signature</i> 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)	
Page 7, Part 6. Additional Information	[Page 7] Part 6. Additional Information If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any) 3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [fillable field] 4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [fillable field] 5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [fillable field] 6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [fillable field] 7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [fillable field]	