

I-765, Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted	
			Relocated		
			Received	Sent	
			Completed		
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved	Denied
				A# _____	
		<input type="checkbox"/> Applicant is filing under section 274a.12 _____			

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 (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 Married Single Divorced Widowed
9. Social Security Number (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.
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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 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 _____