

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Employment Authorized Until _____ <input type="checkbox"/> Employment Extended Until _____ 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
			<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)

15. **Current Immigration Status** (Visitor, Student, etc.)

2. **Other Names Used** (include Maiden Name)

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.

3. **U.S. Mailing Address**
 (Street Number and Name) (Apt. Number)
 (Town or City) (State) (ZIP Code)

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.

4. **Country of Citizenship or Nationality**

5. **Place of Birth**
 (Town or City) (State/Province) (Country)

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

6. **Date of Birth** (mm/dd/yyyy)

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.

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)

Applicant's Signature
 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.

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) _____

Signature _____
Date of Signature (mm/dd/yyyy) _____
Telephone Number _____

No (Proceed to Question 12.)

Signature of Person Preparing Form, If Other Than Applicant

12. **Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)

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.

13. **Place of Last Entry into the U.S.**

Signature _____
Date of Signature (mm/dd/yyyy) _____

14. **Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

Printed Name _____
Address _____