



**Application For Employment Authorization**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
**Form I-765**  
 OMB No. 1615-0040  
 Expires 02/28/2018

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 _____		

▶ **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. 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.  
 (    ) (    ) (    )

Mark "Permission to accept employment"

Enter I-94 number

Address must be valid for the next four months—do not use a friend's address!  
 You may use the OISS address:  
 6100 Main St. MS-365  
 Houston, TX 77005

"Yes" if you have applied for OPT. CPT does not count.

Post-completion OPT: (c)(3)(b)  
 Pre-completion OPT: (c)(3)(a)

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.  
 \_\_\_\_\_

19. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in Question 16 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

**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**  
 Don't forget to sign!  
 \_\_\_\_\_

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**  
 \_\_\_\_\_

Leave blank!

Make sure to sign in blue ink

NOTE: If you answered "Yes" to Item Numbers 19.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.