



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

**this is where your EAD will be mailed*

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.)

F-1 student

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.

(*C*) (*3*) (*B*)

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

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.

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