I-765, Application For Employment Authorization

E		Fee Stamp	Action Block					Initial Receipt	Resubmitted	
	or CIS					Relocated				
U	se nly							Received	Sent	
								Com	pleted	
				Application Denied - Failed to establish:				Approved	Denied	
☐ Authorization/Extension Valid From☐ Authorization/Extension Valid To			☐ Eligibility under 8 CFR 274a.12			A #				
Subject to the following conditions:				☐ 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).										
	Full Name (Family Name) (First Name) (Middle Name)				15. Current Immigration Status (Visitor, Student, etc.)					
	Other Names Used (include Maiden Name) c/o Immigration Advisor, ISSS			16.	6. 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						r - 7 (-7)(-7)		3)()	
	(Street Number and Name) (Apt. Number) PO Box 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					
	(Tow	Town or City) (State) (ZIP Code) sustin TX 78713								
4.	Country of Citizenship or Nationality				Client Company Identification Number in the space below. Degree Employer's Name as listed in E-Verify					
	Place of Birth (Town or City) (State/Province) (Country)			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					
	Gender Male Female			category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797						
8.	Marital Status Married Single Divorced Widowed				Notice of Approval for Form I-129.					
9.	Social Security Number (Include all numbers you have ever			App	olicant's	Sig	nature			
	used, if any)				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.					
	Alien Registration Number (A-Number) or Form I-94 Number (if any)									
	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.)			Sign	nature _					
				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.						
12.	Date	te of Last Entry into the U.S., on or about (mm/dd/yyyy)			Signature					
13.	Place of Last Entry into the U.S.			Date of Signature (mm/dd/yyyy) Printed Name						
		is at Last Entry (B-2 Visitor, F-1 Student, No Lawfus, etc.)	ıl							