I-765, Application For Employment Authorization

_		Fee Stamp	Action Block					Initial Receipt	Resubmitted	
	or CIS					Relocated				
	Jse							Received	Sent	
O	nly									
			☐ Application Denied - Failed to establish:				Completed			
I —					Application Denied - Falled to establish: ☐ Eligibility under ☐ Economic necessity under			Approved	Denied	
Authorization/Extension Valid From			8 CFR 2749 12 8 CFR 2749 12(c)(14) (18)			A#				
		horization/Extension Valid To	(a) or (c	()						
	ыирјест	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).									ion document).	
1.	Full Name (Family Name) (First Name) (Middle N			15. Current Immigration Status (Visitor, Student, etc.) Name)						
				16.	Eligibility Category. Go to the "Who May File Form I-765?"					
2.	Other Names Used (include Maiden Name)				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						1 7 7 7 7 7	() () ()	
	(Street Number and Name) (Apt. N		lumber)	17.	(c)(3)(C) Eligibility Category. If you entered the eligibility					
	(Tow	n or City) (State) (ZIP C	ode)		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					
4.	Country of Citizenship or Nationality				Client (Degree	Company Identification Number in the space below.				
5.	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 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)			Certification I certify, under penalty of perjury, that the foregoing is true and						
10.	Alien Registration Number (A-Number) or Form I-94 Number (if any)			correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine						
11.	. Have you ever before applied for employment authorization from USCIS? Yes (Complete the following questions.) Which USCIS Office? Dates			Apj	plicant's	s Si	gnature			
				Date of Signature (mm/dd/yyyy) Telephone Number Signature of Person Preparing Form, If Other Than Applicant						
	Results (Granted or Denied - attach all documentation)			Ü			•		• •	
	No (Proceed to Question 12.)			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 of Last Entry into the U.S., on or about (mm/dd/yyyy) 13. Place of Last Entry into the U.S.			ууу)	Preparer's Signature						
				Date of Signature (mm/dd/yyyy)						
				Printed Name						
	~ ·									
14.		s at Last Entry (B-2 Visitor, F-1 Student, No Lawfors, etc.)	11		_					