U. S. Department of Justice
Immigration and Naturalization Service

OMB # 1115-0163
Application for Employment Authorization

Do Not Write in This Block

Remarks	Action Stamp	Fee Stamp
A#		
Applicant is filing under 274a.12 _____		

☐ Application Approved. Employment Authorized / Extended (Circle One) _____ (Date).
until _____ (Date).
Subject to the following conditions: _____
☐ Application Denied.
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
☐ Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14), (18) and 8 CFR 214.2(f)

I am applying for: ☐ Permission to accept employment
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle)
2. Other Names Used (Include Maiden Name)
3. Address in the United States (Number and Street) (Apt. Number)
(Town or City) (State/Country) (ZIP Code)
4. Country of Citizenship/Nationality
5. Place of Birth (Town or City) (State/Province) (Country)
6. Date of Birth (Month/Day/Year)
7. Sex ☐ Male ☐ Female
8. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced
9. Social Security Number (Include all Numbers you have ever used)
10. Alien Registration Number (A-Number) or I-94 Number (if any)
11. Have you ever before applied for employment authorization from INS? ☐ Yes (If yes, complete below) ☐ No
Which INS Office? Date(s)
Results (Granted or Denied - attach all documentation)
12. Date of Last Entry into the U.S. (Month/Day/Year)
13. Place of Last Entry into the U.S.
14. Manner of Last Entry (Visitor, Student, etc.)
15. Current Immigration Status (Visitor, Student, etc.)
16. Go to Part 2 of the instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
Eligibility under 8 CFR 274a.12
( ) ( ) ( )

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature Telephone Number Date

Signature of Person Preparing Form if Other Than Above: 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.

Print Name Address *Signature* Date

Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	Approved	Denied	Returned