

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# I-765, Application For Employment Authorization

<b>For USCIS Use Only</b> <i>Select for STEM extension</i>	<b>Fee Stamp</b>	<b>Action Block</b>	<b>Initial Receipt</b>	<b>Resubmitted</b>
			<b>Relocated</b>	
			<b>Received</b>	<b>Sent</b>
			<b>Completed</b>	
	<input type="checkbox"/> <b>Application Approved</b> <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____	<input type="checkbox"/> <b>Application Denied - Failed to establish:</b> <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)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied A# _____	
		<input type="checkbox"/> 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)

**1. Full Name**  
 (Family Name)                      (First Name)                      (Middle Name)  
*LAST NAME                      First name                      Middle name*

**2. Other Names Used** (include Maiden Name)

**3. U.S. Mailing Address**  
 (Street Number and Name)                      (Apt. Number)  
*801 National Road West                      Drawer 202*  
 (Town or City)                      (State)                      (ZIP Code)  
*Richmond                      IN                      47374*

**4. Country of Citizenship or Nationality**  
*country in passport*

**5. Place of Birth**  
 (Town or City)                      (State/Province)                      (Country)  
*city/town                      state/province                      country*

**6. Date of Birth** (mm/dd/yyyy)    *date of birth*

**7. Gender**     Male     Female

**8. Marital Status**  
 Married     Single     Divorced     Widowed

**9. Social Security Number** (Include all numbers you have ever used, if any)  
*555-55-5555*

**10. Alien Registration Number (A-Number) or Form I-94 Number** (if any)  
*I-94 number*

**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)  
*from passport stamp*

**13. Place of Last Entry into the U.S.**  
*3-letter code from passport stamp*

**14. Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)  
*F-1 Student*

**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.

**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** *signature*  
**Date of Signature** (mm/dd/yyyy) *date signed*  
**Telephone Number** *phone number (use 765-983-1424 if you don't have one)*

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

*Select for STEM extension*

*Use IPO's address*

*'C' here for STEM extension*

*Complete section 17 for STEM extension*

*Select for STEM extension*