

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

**I-765, Application For
Employment Authorization**

Do not write in this block.

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

☐ Application Approved. Employment Authorized / Extended (*Circle One*) until _____ (Date).
 Subject to the following conditions: _____ (Date).
 Application Denied.
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
☐ Failed to establish economic necessity under 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 a copy of your previous employment authorization document*).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	Which USCIS Office? _____	Date(s) _____
2. Other Names Used (include Maiden Name) _____	Results (Granted or Denied - attach all documentation) _____	
3. U.S. Mailing Address (Street Number and Name) _____ (Apt. Number) _____	12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy) _____	
(Town or City) _____ (State/Country) _____ (ZIP Code) _____	13. Place of Last Entry into the U.S. _____	
4. Country of Citizenship/Nationality _____	14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) _____	
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	15. Current Immigration Status (Visitor, Student, etc.) _____	
6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. 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.). () () ()	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. 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 _____	
9. Social Security Number (Include all numbers you have ever used, if any) _____		
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____		
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (Complete the following questions.) <input type="checkbox"/> No (Proceed to Question 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 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**.

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 _____
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Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Received	Sent	Approved	Denied	Returned