## I-765, Application For Employment Authorization

Do not write in this block.								
Remarks	Action Block			Fee Star	mp			
A#								
Applicant is filing under §274a.12								
Application Approved. Employment Au	(Circle One)	until				(Date).		
Subject to the following conditions:			_				_ (Date).	
Application Denied.  Failed to establish eligibility under	8 CED 274a 12 (a) a	or (a)						
Failed to establish engionity under			18) and 8 CFR 2	14.2(f)				
I am applying for: Permission to ac	cept employment.							
Replacement (of	lost employment aut	horization do	rument).	1	<i>.</i> 1 ·	7		
1. Name (Family Name in CAPS) (First)	ermission to accept (Middle)		Which USCIS Offi		utnorization d	Date(s)	1	
1. Name (Family Name in CAFS) (First)	(wildate)					(0)		
2. Other Names Used (include Maiden Name)			Results (Granted or Denied - attach all documentation)					
,								
3. U.S. Mailing Address (Street Number and Name	e) (Apt. Nu	mber) 12.	Date of Last Entry	into the U.S., o	on or about: (mi	m/dd/yyyy)		
(5)	(ZID C. 1)		Place of Last Entry	: 4b - II C				
(Town or City) (State/Co	untry) (ZIP Code)	13.	Place of Last Entry	into the U.S.				
4. Country of Citizenship/Nationality		14.	Status at Last Entry	y (B-2 Visitor,	F-1 Student, N	o Lawful Status	s, etc.)	
5. Place of Birth (Town or City) (State/Provin	ce) (Country)	15.	Current Immigration	on Status (Visit	tor, Student, etc	:.)		
	0.1	16	Go to the " <b>Who M</b>	lay File Form	<b>L-765?</b> " section	of the instruct	ions In the	
6. Date of Birth (mm/dd/yyyy) 7.	Gender  Male Femal		space below, place	the letter and	number of the e	eligibility catego	ory you	
8. Marital Status Married	Single	<u> </u>	selected from the i	nstructions. (Fo	or example, (a)	(8), (c)(17)(iii),	etc.).	
Widowed	Divorced			(	) (	)	( )	
9. Social Security Number (Include all numbers yo	ou have ever used, if any	y) 17.	If you entered the					
			degree, your emplo Verify Company I	dentification N	lumber or a vali			
10. Alien Registration Number (A-Number) or I-94 Number (if any)			Identification Number in the space below.  Degree:					
11. Have you ever before applied for employment	authorization from USC	7100	· —	isted in E-Ver	rify:			
Yes (Complete the following No (Proceed to			Employer's Name as listed in E-Verify:  Employer's E-Verify Company Identification Number or a valid E-Verify					
questions.)	tion 12.) Cli	Client Company Identification Number						
Certification								
Your Certification: I certify, under per								
correct. Furthermore, I authorize the rele eligibility for the benefit I am seeking. I	•		•	-				
the appropriate eligibility category in <b>Q</b>		io may file	FOIM 1-705:	section of the	ne msuucuo	iis aiiu iiave	identified	
Signature			Telephone Number			Date	Date	
-								
Signature of Person Preparing 1	Form If Other	Than Ah	ove• I declare	that this doc	niment was i	orenared by	me at the	
request of the applicant and is based on a					amont was	propured by	ino ut tito	
• • • • • • • • • • • • • • • • • • • •	Address		Signature			Date		
	Troops of	- · ·	, B.					
Remarks	Initial Receipt	Resubmitte	Received	Sent	Approved	Completed Denied	Returned	
			Received	Dent	1 ipproved	Domed	recurred	