



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____	Important Note: Starting from 08/25/20, USCIS will only accept the 08/25/20 edition and will <u>not</u> accept the 12/26/19 edition. For more information on I-765, please visit https://www.uscis.gov/i-765 This is a sample form. USCIS updates the Form I-765 periodically. All applicants are responsible for accurately completing the form.	
	Alien Registration Number A- <input type="text"/>		
	Remarks	Please note that this does not constitute as legal advice.	

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
Select #1a: If this is your first time applying for OPT
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)	<input type="text" value="Last Name"/>
1.b. Given Name (First Name)	<input type="text" value="First Name"/>
1.c. Middle Name	<input type="text" value="Middle Name (if any)"/>

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6.**

Additional Information.

2.a. Family Name (Last Name)	<input type="text" value="Provide all other names you have ever used, including aliases, maiden name or nicknames"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

***Enter your name exactly as printed on your Form I-20**



Part 2. Information About You (continued)

Your U.S. Mailing Address *(USPS ZIP Code Lookup)*
Should be valid for 4-5 months for EAD card delivery

- 5.a. In Care Of Name (if any)
Enter name if someone else will be receiving your EAD card
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
6. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address **If you selected 'No' in #6, enter U.S. Physical Address.**

- 7.a. Street Number and Name
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- **If none, enter "N/A"**
9. USCIS Online Account Number (if any)
▶ **If none, enter "N/A"**
10. Gender **Select One** Male Female
11. Marital Status **Select One**
 Single Married Divorced Widowed
12. Have you previously filed Form I-765? **Select One**
 Yes No

If you selected 'Yes', complete Pg 7, Pt 6.

- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
If you need an SSN, select "No." Yes No
- NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

- 13.b. Provide your Social Security number (SSN) (if known).
▶ **Enter SSN. If none, enter "None."**

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)

Select One. Based off answer #13a Yes No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No

Select One. Based off answer #14.

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name **If 'Yes' in #14, please complete #16a-#17b.**

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country
 Enter Country of Citizenship
- 18.b. Country

Read carefully



Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Enter City of Birth

19.b. State/Province of Birth

Enter State/Province of Birth

19.c. Country of Birth

Enter Country of Birth

20. Date of Birth (mm/dd/yyyy)

MM/DD/YYYY

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

<https://i94.cbp.dhs.gov/i94/>

Enter most recent I-94 Admission Number

21.b. Passport Number of Your Most Recently Issued Passport

Enter Passport Number

21.c. Travel Document Number (if any)

If none, "N/A"

21.d. Country That Issued Your Passport or Travel Document

Enter Country that Issued your Passport

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Enter Passport Expiration Date

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

Enter Date of Last Arrival to the U.S. I-94 should have this information

23. Place of Your Last Arrival Into the United States

Enter City Name of Last Arrival (i.e. Los Angeles, not LAX)

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1 Student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

N- Enter SEVIS ID on your Form I-20 (N00XXXXXXXX)

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

Enter Post-Completion OPT (c) (3) (B) eligibility code

28. (c)(3)(C) **STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a. - 28.c. Skip the Rest of the Page**

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) **Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) **Eligibility Category** If you entered the eligibility category (c)(8) in **Item Number 27.**, provide the information requested in **Item Numbers 30.a. - 30.g.**

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country? Yes No

NOTE: If you answered "Yes" to **Item Number 30.a.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.) Yes No

30.c. If you answered "No" to **Item Number 30.b.**, did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature E-Signatures are not acceptable
Handwritten Signature in Black Ink inside the box

7.b. Date of Signature (mm/dd/yyyy) MM/DD/YYYY

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature Skip Part 4

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

- 3.a. Street Number and Name
3.b. Apt. Ste. Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and [language], which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
7.b. Date of Signature (mm/dd/yyyy)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name *Skip Part 5*

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. **Past OPT Authorization:**
Enter OPT Type (Pre/Post/STEM OPT);
Degree Level; OPT Start - End Date; EAD Card #

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

