## TABLE OF CHANGES- FORM Form I-765, Application for Employment Authorization OMB NUMBER 1615-0040 08/12/2016

Reason for Revision: International Entrepreneurial Parole- Executive Action

Section       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.)       [No Change]         I.Full Name (Family Name) (First Name) (Middle Name)       I.Full Name (Franily Name) (Middle Name)       I.Full Name (Family Name) (Middle Name)         3.U.S. Mailing Address (Street Number and Name) (Apt. Number) (Town or City) (State) (ZIP code)       I.Contry of Clizenship or Nationality         5.Place of Birth (Town or City) (State/Province) (Country)       5.Place of Birth (Town or City) (State/Province) (Country)         6.Date of Birth (nm/dd/yyyy)       7.Gender Male Female         8. Martial Status Married Single Divorced Widowed       0. On it for some in the provent of the province of the pro
<ul> <li>9. Social Security Number (Include all numbers you have ever used, if any)</li> <li>10. Alien Registration Number (A-Number) or Form I-94 Number (if</li> </ul>

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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)	<b>12. Date of Your Last Arrival or</b> <b>Entry Into the U.S., On or About</b> (mm/dd/yyyy)
13. Place of Last Entry into the U.S.	13. Place of <b>Your</b> Last Arrival or <b>Entry</b> into the U.S.
<b>14. Status at Last Entry</b> (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	[No Change]
<b>15. Current Immigration Status</b> (Visitor, Student, etc.)	
<b>16. Eligibility Category.</b> Go to the " <b>Who May File Form I-765?</b> " 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.	
<b>17.</b> (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	
<b>18.</b> (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.	
<b>Certification</b> 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	
Date of Signature (mm/dd/yyyy)	
Telephone Number	
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	
	<ul> <li>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.</li> <li>Certification <ul> <li>I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S.</li> <li>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.</li> </ul> </li> <li>Applicant's Signature <ul> <li>Date of Signature (mm/dd/yyyy)</li> <li>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.</li> <li>Preparer's Signature</li> <li>Date of Signature (mm/dd/yyyy)</li> </ul> </li> </ul>