

**TABLE OF CHANGES – FORM**  
**Form I-765, Application for Employment Authorization**  
**OMB Number: 1615-0040**  
**10/10/2017**

**Reason for Revision:** Comprehensive revision

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<b>New</b>		<p>[Page 1]</p> <p><b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b></p> <p><b>Select this box if Form G-28 is attached.</b></p> <p><b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b></p>
<b>Page 1</b>	<p>[Page 1]</p> <p><b>START HERE - Type or print in black ink.</b></p> <p><b>I am applying for:</b></p> <p>Permission to accept employment.</p> <p>Replacement (of lost employment authorization document).</p> <p>Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).</p>	<p>[Page 1]</p> <p><b>START HERE - Type or print in black ink.</b></p> <p><b>Part 1. Reason for Applying</b></p> <p><b>I am applying for:</b></p> <p><b>1.a. Initial</b> permission to accept employment.</p> <p><b>1.b.</b> Replacement of lost, <b>stolen, or damaged</b> employment authorization document, <b>or</b> correction of my employment authorization document <b>NOT DUE</b> to U.S. Citizenship and Immigration Services (USCIS) error.</p> <p><b>NOTE:</b> Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to <b>Replacement for Card Error</b> in the <b>What is the Filing Fee</b> section of the Form I-765 Instructions for further details.</p> <p><b>1.c.</b> Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)</p>



	<p>Yes No</p> <p><b>NOTE:</b> If you answered “Yes” to <b>Item Number 9.a.</b>, provide the information requested in <b>Item Number 9.b.</b></p> <p><b>9.b.</b> Provide your Social Security number (SSN) (if known)</p> <p><b>10.</b> Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to <b>Item Number 11.</b>, <b>Consent for Disclosure</b>, to receive a card.) Yes No</p> <p><b>NOTE:</b> If you answered “No” to <b>Item Number 10.</b>, skip to <b>Item Number 14.</b> If you answered “Yes” to <b>Item Number 10.</b>, you must also answer “Yes” to <b>Item Number 11.</b></p> <p><b>11. Consent for Disclosure:</b> 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</p> <p><b>NOTE:</b> If you answered “Yes” to <b>Item Numbers 10. - 11.</b>, provide the information requested in <b>Item Numbers 12.a. - 13.b.</b></p> <p><b>Father's Name</b></p> <p><b>12.a.</b> Family Name (Last Name) <b>12.b.</b> Given Name (First Name)</p> <p>[Page 2]</p> <p><b>Mother's Name</b> (Provide your mother's birth name.) <b>13.a.</b> Family Name (Last Name) <b>13.b.</b> Given Name (First Name)</p> <p><b>4. Country of Citizenship or Nationality</b></p> <p><b>5. Place of Birth</b></p>	<p>Yes No</p> <p><b>NOTE:</b> If you answered “No” to <b>Item Number 9.a.</b>, skip to <b>Item Number 10.</b> If you answered “Yes” to <b>Item Number 9.a.</b>, provide the information requested in <b>Item Number 9.b.</b></p> <p><b>9.b.</b> Provide your Social Security number (SSN) (if known)</p> <p><b>10.</b> Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to <b>Item Number 11.</b>, <b>Consent for Disclosure</b>, to receive a card.) Yes No</p> <p><b>NOTE:</b> If you answered “No” to <b>Item Number 10.</b>, skip to <b>Part 2.</b>, <b>Item Number 14.a.</b> If you answered “Yes” to <b>Item Number 10.</b>, you must also answer “Yes” to <b>Item Number 11.</b></p> <p><b>11. Consent for Disclosure:</b> 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</p> <p><b>NOTE:</b> If you answered “Yes” to <b>Item Numbers 10. - 11.</b>, provide the information requested in <b>Item Numbers 12.a. - 13.b.</b></p> <p><b>Father's Name</b> Provide your father's birth name. <b>12.a.</b> Family Name (Last Name) <b>12.b.</b> Given Name (First Name)</p> <p><b>Mother's Name</b> Provide your mother's birth name. <b>13.a.</b> Family Name (Last Name) <b>13.b.</b> Given Name (First Name)</p> <p><b>Your Country or Countries of Citizenship or Nationality</b> 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 <b>Part 7. Additional Information.</b> <b>14.a.</b> Country <b>14.b.</b> Country</p> <p><b>Place of Birth</b> List the city/town/village, state/ province, and</p>
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	<p><b>16. Date of Your Last Arrival or Entry Into the U.S., On or About</b> (mm/dd/yyyy)</p> <p><b>17. Place of Your Last Arrival or Entry Into the U.S.</b></p> <p><b>18. Status at Last Entry</b> (B-2 Visitor, F-1 Student, No Lawful Status, etc.)</p> <p><b>19. Current Immigration Status</b> (Visitor, Student, etc.)</p> <p><b>20. 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.</p> <p><b>21. (c)(3)(C) Eligibility Category.</b> If you entered the eligibility category (c)(3)(C) in <b>Item Number 20.</b> 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.</p> <p>Degree</p> <p>Employer's Name as listed in E-Verify</p> <p>Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number</p> <p><b>22. (c)(26) Eligibility Category.</b> If you entered the eligibility category (c)(26) in <b>Item Number 20.</b> 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.</p>	<p><b>22.</b> Date of Your Last Arrival Into the <b>United States</b>, On or About (mm/dd/yyyy)</p> <p><b>23.</b> Place of Your Last Arrival Into the <b>United States</b> City State</p> <p><b>24.</b> Immigration Status at <b>Your Last Arrival</b> (for example, B-2 visitor, F-1 student, or no status)</p> <p><b>25.</b> Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)</p> <p><b>26.</b> Student and Exchange Visitor Information System (SEVIS) Number (if any)</p> <p><b>Information About Your Eligibility Category</b></p> <p><b>27. Eligibility Category.</b> Refer to the <b>Who May File Form I-765</b> section of the <b>Form I-765</b> 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)).</p> <p><b>28. (c)(3)(C) Eligibility Category.</b> If you entered the eligibility category (c)(3)(C) in <b>Item Number 27.</b>, provide the information requested in <b>Item Numbers 28.a - 28.c.</b> below.</p> <p><b>28.a.</b> Degree</p> <p><b>28.b.</b> Employer's Name as Listed in E-Verify</p> <p><b>28.c.</b> Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number</p> <p><b>29. (c)(26) Eligibility Category.</b> If you entered the eligibility category (c)(26) in <b>Item Number 27.</b>, provide the receipt number of your <b>H-1B spouse's</b> most recent Form I-797 Notice for Form I-129, <b>Petition for a Nonimmigrant Worker.</b></p> <p><b>30. (c)(8) Eligibility Category.</b> If you entered the eligibility category (c)(8) in <b>Item Number 27.</b>, have you <b>EVER</b> been arrested for and/or convicted of any crime? Yes No</p> <p><b>NOTE:</b> If you answered "Yes" to <b>Item</b></p>
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	<p><b>23. (c)(35) and (c)(36) Eligibility Category</b>  <b>a.</b> If you entered the eligibility category (c)(35) or (c)(36) in <b>Item Number 20.</b> above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.</p> <p><b>b.</b> Have you <b>EVER</b> been arrested for and/or convicted of any crime?  Yes  No</p> <p><b>NOTE:</b> If you answered "Yes" to <b>Item Number 23.b.</b>, refer to <b>Item Number 5., Item H.</b> or <b>Item I.</b> in the <b>Who May File Form I-765</b> section of these Instructions for information about providing court dispositions.</p>	<p><b>Number 30.</b>, refer to <b>Special Filing Instructions for Those With Pending Asylum Applications (c)(8)</b> in the <b>Who May File Form I-765</b> section of the Form I-765 Instructions for information about providing court dispositions.</p> <p><b>31.a. (c)(35) and (c)(36) Eligibility Category.</b> If you entered the eligibility category (c)(35) in <b>Item Number 27.</b>, please provide the receipt number of <b>your Form I-797 Notice</b> for Form I-140. If you entered the eligibility category (c)(36) in <b>Item Number 27.</b>, please provide the the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140, <b>Immigrant Petition for Alien Worker.</b></p> <p><b>31.b.</b> If you entered the eligibility category (c)(35) or (c)(36) in <b>Item Number 27.</b>, have you <b>EVER</b> been arrested for and/or convicted of any crime?  Yes  No</p> <p><b>NOTE:</b> If you answered "Yes" to <b>Item Number 31.b.</b>, refer to <b>Employment-Based Nonimmigrant Categories, Items 8. - 9.</b>, in the <b>Who May File Form I-765</b> section of the <b>Form I-765</b> Instructions for information about providing court dispositions.</p>
New		<p>[Page 4]</p> <p><b>Part 3. Biographic Information</b></p> <p><b>1. Ethnicity (Select only one box)</b>  Hispanic or Latino  Not Hispanic or Latino</p> <p><b>2. Race (Select all applicable boxes)</b>  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White</p> <p><b>3. Height</b>  Feet  Inches</p> <p><b>4. Weight</b>  Pounds</p> <p><b>5. Eye Color (Select only one box)</b>  Black  Blue  Brown  Gray  Green  Hazel  Maroon</p>



	<p>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 <b>Who May File Form I-765</b> section of the Instructions and have identified the appropriate eligibility category in <b>Item Number 20</b>.</p> <p><b>Applicant's Signature</b>  <b>Date of Signature</b> (mm/dd/yyyy)</p>	<p>the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.</p> <p>I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>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:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my application; and</p> <p>2) All of this information was complete, true, and correct at the time of filing.</p> <p>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.</p> <p><i>Applicant's Signature</i>  <b>7.a.</b> Applicant's Signature  <b>7.b.</b> Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL APPLICANTS:</b> If you do not completely fill out this application or fail to submit required documents listed in the Form I-765 Instructions, USCIS may deny your application.</p>
<p><b>New</b></p>		<p><b>[Page 5]</b></p> <p><b>Part 5. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i>  <b>1.a.</b> Interpreter's Family Name (Last Name)  <b>1.b.</b> Interpreter's Given Name (First Name)  <b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i></p>



		<p><b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr. [Number]  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b>Interpreter's Contact Information</b>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Mobile Telephone Number (if any)  <b>6.</b> Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b>  I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable field], which is the same language specified in <b>Part 4., Item Number 1.b.</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 <b>Applicant's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p><b>Interpreter's Signature</b>  <b>7.a.</b> Interpreter's Signature  <b>7.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 2</b></p>	<p>[Page 2]</p> <p><b>Signature of Person Preparing Form, If Other Than Applicant</b></p> <p>[Preparer's] Printed Name  [</p> <p>[Preparer's] Address</p>	<p>[Page 5]</p> <p><b>Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant</b></p> <p>Provide the following information about the preparer.</p> <p><b>Preparer's Full Name</b>  <b>1.a.</b> Preparer's Family Name (Last Name)  <b>1.b.</b> Preparer's Given Name (First Name)  <b>2.</b> Preparer's Business or Organization Name (if any)</p> <p><b>Preparer's Mailing Address</b>  <b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr. [Number]  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b>Preparer's Contact Information</b>  <b>4.</b> Preparer's Daytime Telephone Number</p>

	<p>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.</p> <p><b>Preparer's Signature</b>  <b>Date of Signature</b> (mm/dd/yyyy)</p>	<p><b>5. Preparer's Mobile Telephone Number (if any)</b>  <b>6. Preparer's Email Address (if any)</b></p> <p><b>[Page 6]</b></p> <p><b><i>Preparer's Statement</i></b></p> <p><b>7.a.</b> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.</p> <p><b>7.b.</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.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.</p> <p><b><i>Preparer's Certification</i></b>  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 <b>Applicant's Declaration and Certification</b>, 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.</p> <p><b><i>Preparer's Signature</i></b>  <b>8.a.</b> Preparer's Signature  <b>8.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p><b>New</b></p>		<p><b>[Page 7]</b></p> <p><b>Part 7. Additional Information</b></p> <p>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 <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1.a.</b> Family Name (Last Name) [Auto-populated field]</p>

		<p><b>1.b.</b> Given Name (First Name) [Auto-populated field]</p> <p><b>1.c.</b> Middle Name[Auto-populated field]</p> <p><b>2.</b> A-Number (if any) [Auto-populated field]</p> <p><b>3.a.</b> Page Number</p> <p><b>3.b.</b> Part Number</p> <p><b>3.c.</b> Item Number</p> <p><b>3.d.</b> [Fillable field]</p> <p><b>4.a.</b> Page Number</p> <p><b>4.b.</b> Part Number</p> <p><b>4.c.</b> Item Number</p> <p><b>4.d.</b> [Fillable field]</p> <p><b>5.a.</b> Page Number</p> <p><b>5.b.</b> Part Number</p> <p><b>5.c.</b> Item Number</p> <p><b>5.d.</b> [Fillable field]</p> <p><b>6.a.</b> Page Number</p> <p><b>6.b.</b> Part Number</p> <p><b>6.c.</b> Item Number</p> <p><b>6.d.</b> [Fillable field]</p> <p><b>7.a.</b> Page Number</p> <p><b>7.b.</b> Part Number</p> <p><b>7.c.</b> Item Number</p> <p><b>7.d.</b> [Fillable field]</p>
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