



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 _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	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.**

Part 1. Reason for Applying

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

- A. ☐ An initial employment authorization document.
- B. ☐ Replacement of:
- (1) ☐ Lost employment authorization document.
 - (2) ☐ Stolen employment authorization document.
 - (3) ☐ Damaged employment authorization document.
 - (4) ☐ Correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: For more information about replacement or correction of an employment authorization document, including due to USCIS error, refer to **Replacement for Card Error** in the **What Is the Filing Fee** section of the Form I-765 Instructions.

- C. ☐ Renewal of my employment authorization document.

Part 2. Information About You

1. **Your Full Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. **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 8. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2. Information About You (continued)

3. Your U.S. Mailing Address or Safe Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

4. Is this a safe mailing address?

☐ Yes ☐ No

5. Is your current mailing address or safe mailing address the same as your physical address?

☐ Yes ☐ No

NOTE: If you answered "No" to **Item Number 5.**, provide your physical address below.

6. U.S. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Other Information

7. Alien Registration Number (A-Number) (if any)

▶ A-

8. USCIS Online Account Number (if any)

▶

9. Gender

☐ Male ☐ Female

10. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

11. Place of Birth

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

A. City/Town/Village of Birth

B. State/Province of Birth

C. Country of Birth

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

13. 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 8. Additional Information**.

A. Country

B. Country

14. Have you previously filed Form I-765?

☐ Yes ☐ No

Information About Your Last Arrival in the United States

- ### Part 3. Information About Your Eligibility Category

- Page 3 of 9

Part 3. Information About Your Eligibility Category (continued)

- D.** If you answered “No” to **Item C.**, 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

If you answered “Yes” to **Item D.**, provide the following information:

Date you presented yourself to DHS

Location where you presented yourself to DHS

Country of claimed persecution

Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in **Part 8. Additional Information**.

NOTE: Refer to the **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** section of the Form I-765 Instructions for more information.

- 4. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 1.**, 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.

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- 5. A. (c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 1.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 1.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

- B.** If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 1.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered “Yes” to **Item B.** in **Item Number 5.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 4. Social Security Card Information

- 1. A.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☐ No

NOTE: If you answered “No” to **Item A.** in **Item Number 1.**, skip to **Item Number 2.** If you answered “Yes” to **Item A.** in **Item Number 1.**, provide the information requested in **Item B.** below.

- B.** Provide your Social Security number (SSN) (if known). ►

Part 4. Social Security Card Information (continued)

2. Do you want the SSA to issue you a Social Security card? ☐ Yes ☐ No
(You must also answer "Yes" to **Item Number 3., Consent for Disclosure**, to receive a card.)

NOTE: If you answered "No" to **Item Number 2.**, skip to **Part 5.** If you answered "Yes" to **Item Number 2.**, you must also answer "Yes" to **Item Number 3.**

3. **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

NOTE: If you answered "Yes" to **Item Numbers 2. - 3.**, provide the information requested in **Item Numbers 4. - 5.**

4. Father's Name

Provide your father's birth name.

Family Name (Last Name)

Given Name (First Name)

5. Mother's Name

Provide your mother's birth name.

Family Name (Last Name)

Given Name (First Name)

Part 5. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- B. ☐ The interpreter named in **Part 4.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Applicant's Statement Regarding the Preparer

- ☐ At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Part 5. Applicant's Statement, Contact Information, Certification, and Signature (continued)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize 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.

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.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I 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

6. Applicant's Signature

Date of Signature (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 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

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 which is the same language specified in **Part 5.**

Item B, in Item Number 1., and I have read to this applicant in the identified language every question and instruction on this declaration and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the declaration, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. 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

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

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 declaration on behalf of the declarant and with the declarant's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the declarant in this case
☐ extends ☐ does not extend beyond the preparation of this request.

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 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. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. 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. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.