I-765, Application For Employment Authorization

_	· · · ·	Fee Stamp	Action Block					Initial Receipt	Resubmitted	
	or CIS					Relocated				
	Jse							Received	Sent	
O	nly							Com	pleted	
☐ Application Approved			☐ Application Denied - Failed to establish:				Approved	Denied		
				☐ Eligibility under ☐ Economic necessity under			прричеш	20		
Authorization/Extension Valid To			8 CFR 2 ⁷ 4a.12 8 CFR 2 ⁷ 4a.12(c)(¹ 4), (18) (a) or (c) and 8 CFR 214.2(f)			A #				
Subject to the following conditions:			(4) 32 (4	Applicant is filing under section 274a.12						
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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).									ion document).	
1.	Full Name (Family Name) (First Name) (Middle 1			15. Current Immigration Status (Visitor, Student, etc.) e Name)						
				16.	Eligibility Category. Go to the "Who May File Form I-765?"					
2.	Othe			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.						
3.	U.S. Mailing Address						1 7 (70 77)	() () ()	
	(Street Number and Name) (Apt. N		Number)	17.	(c)(3)(C) Eligibility Category. If you entered the eligibility					
	(Tow	n or City) (State) (ZIP C	ode)		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					
4.	Country of Citizenship or Nationality			Client Company Identification Nu				umber in the space below. oyer's Name as listed in E-Verify		
5.	Place of Birth (Town or City) (State/Province) (Country			Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number						
6.	Date of Birth (mm/dd/yyyy)			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.						
7.	Gender Male Female									
8.	Marital Status									
		Married Single Divorced Widowed								
9.	Social Security Number (Include all numbers you have ever used, if any)			Certification 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						
10.	Alien Registration Number (A-Number) or Form I-94 Nu (if any)			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.						
11.	. Have you ever before applied for employment authorization from USCIS? Yes (Complete the following questions.) Which USCIS Office? Dates			• •	•	Signatur				
				Date of Signature (mm/dd/yyyy)						
				Telephone Number						
				Signature of Person Preparing Form, If Other Than Applicant						
	Results (Granted or Denied - attach all documentation)		n)	Ü			•		• •	
	No (Proceed to Question 12.)			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.						
12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy) 13. Place of Last Entry into the U.S.			ууу)	Preparer's Signature						
				Date of Signature (mm/dd/yyyy)						
				Printed Name						
14.		s at Last Entry (B-2 Visitor, F-1 Student, No Lawfors, etc.)	11		_					