

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

# I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted	
			Relocated		
			Received	Sent	
			Completed		
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved Denied	A# <input type="checkbox"/> Applicant is filing under section 274a.12 _____

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).

1. Full Name  
 (Family Name) (First Name) (Middle Name)  
 Chaumpanich Kritsakorn

2. Other Names Used (include Maiden Name)

3. U.S. Mailing Address  
 (Street Number and Name) (Apt. Number)  
 6643 Brixton Park Ave. 201  
 (Town or City) (State) (ZIP Code)  
 Columbus OH 43235

4. Country of Citizenship or Nationality  
 Thailand

5. Place of Birth  
 (Town or City) (State/Province) (Country)  
 Bangpad Bangkok Thailand

6. Date of Birth (mm/dd/yyyy) 01/12/1987

7. Gender ☒ Male ☐ Female

8. Marital Status  
☐ Married ☒ Single ☐ Divorced ☐ Widowed

9. Social Security Number (Include all numbers you have ever used, if any)  
 647-92-6927

10. Alien Registration Number (A-Number) or Form I-94 Number (if any)  
 60007454030

11. Have you ever before applied for employment authorization from USCIS?

☒ Yes (Complete the following questions.)

Which USCIS Office? Dates  
 USCIS Phoenix 07/25/2015  
 Results (Granted or Denied - attach all documentation)  
 Granted

☐ No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)  
 04/29/2015

13. Place of Last Entry into the U.S.  
 Chicago, O'Hare International Airport

14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)  
 F-1 Student

15. Current Immigration Status (Visitor, Student, etc.)  
 Student

16. Eligibility Category. Go to the "Who May File Form I-765?" 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.

( c ) ( 3 ) ( c )

17. (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  
 Master degree Gold Coast IT Solutions  
 Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number  
 230983

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.

## 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 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) 04/08/2015

Telephone Number (330) 631-2154

## 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