

Application For Employment Authorization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-765 OMB No. 1615-0040 Expires 02/28/2018

Family Name First Name Middle Name 2. Other Names Used (include Maiden Name) Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name	E		F	ee Stamp				Ac	tion Block	Initial Receipt	Resubmitted	
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Sabject to the following conditions: Applicant is filing under section 274a.12 START HERE - Type or print in black ink.	☐ Authorization/Extension Valid From						8 CFR 274a.12 8 CFR 274a.12(c)(14), (1		8 CFR 274a.12(c)(14), (18)			
START HERE - Type or print in black ink. I am applying for: Permission to accept employment authorization document). Replacement (of lost employment authorization document). Renewal of my permission to accept employment (attach a copy of your previous employment authorization document). Renewal of my permission to accept employment (attach a copy of your previous employment authorization document). Full Name		Aut	horization/Extension Va	lid To			(a) or	(c)				
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copy of your previous employment authorization document). Full Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Family Name First Name Middle Name Pother Name Note: If you answered "Yes" to Item Number 10., skip to Item Number 14. If you answered "Yes" to Item Number 11. 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. NOTE: If you answered "Yes" to Item Number 10., skip to Item Number 11. 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. NOTE: If you answered "Yes" to Item Number 10., skip to Item Number 11. Consent for Disclosure: I authorize disclosure of information requested in Item Numbers 10 11., provide the information requested in Item Numbers 12.a 13.b. Father's Name 12.a. Family Name (Last Name) 12.b. Given Name		Repla	acement (of lost emp	loymen	t authoriza	tion docu	ıment).	7. Ge	nder 🗌 Male 🔲 Fem	nale		
Single Married Divorced Widowed	П	Renewal of my permission to accept employment (att				tach a	8. Ma	rital Status				
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Family Name First Name Middle Name 2. Other Names Used (include Maiden Name) Family Name First Name Middle Name Family Name First Name Middle Name State Street Number and Name State State			,					 О а Н	_	•	<u> </u>	
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2. Other Names Used (include Maiden Name) Family Name First Name Middle Name Samily Name First Name Middle Name Special Security number (SSN) (if known)								N	OTE: If you answered "Ye	es" to Item N u	mher 9.a.	
10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 11., Consent for Disclosure, to receive a card.) NOTE: If you answered "No" to Item Number 10., skip to Item Number 14. If you answered "Yes" to Item Number 11. Town or City State ZIP Code Country of Citizenship or Nationality 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.	2.	Othe	er Names Used (incl	ude Ma	iden Name	e)			3			
(You must also answer "Yes" to Item Number 11., Consent for Disclosure, to receive a card.) 3. U.S. Mailing Address Street Number and Name Apt. Number Town or City State ZIP Code (USPS ZIP Code Lookup). 4. Country of Citizenship or Nationality (USPS ZIP Code Lookup). Town or City State Country State Country Consent for Disclosure, to receive a card.) NOTE: If you answered "No" to Item Number 10., skip to Item Number 10., you must also answer "Yes" to Item Number 11. 11. 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. NOTE: If you answered "Yes" to Item Numbers 10 11., provide the information requested in Item Numbers 12.a 13.b. Father's Name 12.a. Family Name (Last Name) 12.b. Given Name		Fami	ily Name	First Na	ame	Middle	Name	9.b. Pr	rovide your Social Security	number (SSN)	(if known)	
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Street Number and Name Apt. Number Town or City State ZIP Code (USPS ZIP Code Lookup) 4. Country of Citizenship or Nationality (USPS ZIP Code Lookup) 5. Place of Birth Town or City State/Province Country 6. Date of Birth (mm/dd/yyyy) Street Number 14. If you answered "No" to Item Number 10., skip to Item Number 10., you must also answer "Yes" to Item Number 11. 11. 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 10 11., provide the information requested in Item Numbers 12.a 13.b. Father's Name 12.a. Family Name (Last Name) 12.b. Given Name								()	ou must also answer "Yes"	to Item Num		
Town or City State ZIP Code Country of Citizenship or Nationality Country	3.	U.S.	Mailing Address								Yes No	
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6. Date of Birth (mm/dd/yyyy) 12.a. Family Name (Last Name) 12.b. Given Name		Town or City State/Province Count				try						
(Last Name) 12.b. Given Name								Father'	s Name			
12.b. Given Name	6.	Date of Birth (mm/dd/yyyy)										
(Firet Nama)								12.b. G	· · · · · · · · · · · · · · · · · · ·			

.v1Ul	ther's Name (Provide your mother's birth name.)	22. (c)(26) Eligibility Category. If you entered the eligibility				
	. Family Name (Last Name)	category (c)(26) in Item Number 20. 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.				
13.b	(First Name)	recent form 1 /// Frontee of Approval for 1 orm 1 12/.				
	Alien Registration Number (A-Number) or Form I-94	23. (c)(35) and (c)(36) Eligibility Category				
15.	Number (if any) Have you ever before applied for employment authorization from USCIS?	a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.				
	Yes (Complete the following questions.)					
	Which USCIS Office? Dates	b. Have you EVER been arrested for and/or convicted of any crime?				
	Results (Granted or Denied - attach all documentation)	NOTE: If you answered "Yes" to Item Number 23.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.				
	No (Proceed to Item Number 16.)	Certification				
	Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy)	I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information				
17.	Place of Your Last Arrival or Entry Into the U.S.	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				
	Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	have identified the appropriate eligibility category in Item Number 20. Applicant's Signature				
19.	Current Immigration Status (Visitor, Student, etc.)					
.,,	(isite, states, state	Date of Signature (mm/dd/yyyy)				
20.	Eligibility Category. Go to the Who May File Form	Telephone Number				
	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. () () () ())	Signature of Person Preparing Form, If Other Than Applicant				
	(c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 20. above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number	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				
	or a valid E-Verify Client Company Identification Number in the space below.					
	Degree Employer's Name as listed in E-Verify	Date of Signature (mm/dd/yyyy)				
		Printed Name				
	Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number					

Form I-765 07/17/17 N Page 2 of 2