

### **Application For Employment Authorization**

**Department of Homeland Security** 

**USCIS** Form I-765 OMB No. 1615-0040 Expires 05/31/2020

U.S. Citizenship and Immigration Services

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	Authorization/Extension Fee Star	mp	Action Block				
For USC: Use	Valid Through						
Onl	Alien Registration Number A-						
	Remarks						
Boa	is attacceredited representative (if any).	this box if Form G-28 ched.	Attorney or Accredited Representative USCIS Online Account Number (if any)				
r	TART HERE - Type or print in black ink.  1. Reason for Applying	Other Name	s Used				
I am a	applying for (select only one box):	Provide all other	r names you have ever used, including aliases,				
1.a. [	☐ Initial permission to accept employment.		nd nicknames. If you need extra space to				
1.b.	Replacement of lost, stolen, or damaged employment	complete this section, use the space provided in Part 6.  Additional Information.					
	authorization document, or correction of my	2.a. Family Na	ume				
	employment authorization document <b>NOT DUE</b> to U.S. Citizenship and Immigration Services (USCIS)	(Last Nam	ie)				
	error.	<b>2.b.</b> Given Nar (First Nan					
	<b>NOTE:</b> Replacement (correction) of an employment authorization document due to USCIS error does not	2.c. Middle Na	ime				
	require a new Form I-765 and filing fee. Refer to  Replacement for Card Error in the What is the	3.a. Family Na					
	Filing Fee section of the Form I-765 Instructions for	(Last Nam 3.b. Given Nar	,				
	further details.	(First Nam					
1.c. [	Renewal of my permission to accept employment. (Attach a copy of your previous employment	3.c. Middle Na	me				
	authorization document.)	4.a. Family Na (Last Nam	e)				
Part	2. Information About You	4.b. Given Nar (First Nam					
Your	Full Legal Name	4.c. Middle Na	me				
(	Family Name Liu Last Name)						
	Given Name First Name) Shunan						
1.c. N	Middle Name						

### Part 2. Information About You (continued)

#### Place of Birth

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

- 19.a. City/Town/Village of Birth

  Beijing

  19.b. State/Province of Birth
- Beijing
- 19.c. Country of Birth
  China
- 20. Date of Birth (mm/dd/yyyy)

08/23/1993

## Information About Your Last Arrival in the United States

- 21.a. Form I-94 Arrival-Departure Record Number (if any)

  4 6 4 7 2 3 9 0 3 8 5
- 21.b. Passport Number of Your Most Recently Issued Passport E20317997
- 21.c. Travel Document Number (if any)
- 21.d. Country That Issued Your Passport or Travel Document
  China
- 21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 05/14/2023
- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 06/29/2017
- 23. Place of Your Last Arrival Into the United States

  NEW, New York, NY
- 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
  - F-1 Student
- **25.** Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
  - F-1 Student
- **26.** Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- 0009251034

### Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 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)).

(C)(3)(C)

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number
 27., provide the information requested in Item Numbers
 28.a - 28.c.

- 28.a. Degree Masters, Computer and Information Sciences
- 28.b. Employer's Name as Listed in E-Verify

BANK OF CHINA

- 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number1129327
- 29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., 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.

Ner.

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**30.** (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., 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 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to Item Number 31.b., 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. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address   Street Number   Street Numbe	Interpreter's Mailing Address		Application, If Other Than the Applicant  Provide the following information about the preparer.						
and Name  3.b.									
3.6. City or Town  3.6. State	3.a.		Pre	parer's Full Name					
3.d. State 3.e. ZIP Code  3.f. Province 2. Preparer's Business or Organization Name (if any Breparer's Contact Information 1. Interpreter's Contact Information 1. Interpreter's Daytime Telephone Number (if any 1. State 3.e. ZIP Code 1. State 3.e. ZIP C	3.b.	Apt. Ste. Flr.							
3.6. State 3.6. ZIP Code 3.6. Province 2. Preparer's Business or Organization Name (if any same language provided in the identified language severy question. The applicant in the identified language every question, and answer on the upplication, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.  Interpreter's Signature 2. Preparer's Business or Organization Name (if any preparer's Business or Organization Name (if any preparer's Business or Organization Name (if any preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Fir. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.f. Province 4. Preparer's Contact Information 4. Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 4. Preparer's Email Address (if any) 4. Preparer's Email	3.c.	City or Town							
3.g. Postal Code    Interpreter's Contact Information   3.b.	3.d.	State 3.e. ZIP Code	1.b.	Preparer's Given Name (First Name)					
Interpreter's Contact Information	3.f.	Province	2.	Preparer's Business or Organization Name (if any)					
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 3., Item Number  I.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her understands every instruction, question, and answer on the application, including the Applicant's Declaration and  Certification, and has verified the accuracy of every answer.  Interpreter's Signature  3.a. Street Number  3.b. Apt. Ste. Fir.  3.c. City or Town  3.d. State  3.e. ZIP Code  3.h. Country  Preparer's Contact Information  4. Preparer's Contact Information  5. Preparer's Daytime Telephone Number  6. Preparer's Mobile Telephone Number  6. Preparer's Mobile Telephone Number (if any)  6. Preparer's Email Address (if any)  6. Preparer's Email Address (if any)	3.g.	Postal Code							
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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 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this applicant in on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.  Interpreter's Signature  7.a. Interpreter's Signature			3.a.						
3.c. City or Town  3.d. State  3.e. ZIP Code  3.f. Province  3.f. Province  3.f. Country  Interpreter's Email Address (if any)  4. Country  Preparer's Contact Information  4. Preparer's Daytime Telephone Number  1.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 Applicant's Declaration and Certification, and has verified the accuracy of every answer.  Interpreter's Signature  7.a. Interpreter's Signature	Int	erpreter's Contact Information	3.b.						
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Interpreter's Signature  7.a. Interpreter's Signature									
7.a. Interpreter's Signature			6.	Preparer's Email Address (if any)					
7.a. Interpreter's Signature	Inte	prnratar's Signatura							
7.b. Date of Signature (mm/dd/yyyy)	.a.	interpreter's Signature							
/.D. Date of Signature (mm/dd/yyyy)		D. (0) . (1)							
	/.b.	Date of Signature (mm/dd/yyyy)							

Part 5. Contact Information, Declaration, and

Signature of the Person Preparing this

Pa	rt 6. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
with space to co shee at the Nun	ou need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page emplete and file with this application or attach a separate to of paper. Type or print your name and A-Number (if any) to top of each sheet; indicate the Page Number, Part alber, and Item Number to which your answer refers; and and date each sheet.	5.d.					
1.a.	Family Name (Last Name)						
1.b.	Given Name (First Name)		-				
1.c.	Middle Name	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2.	A-Number (if any) ► A-	6.d.					
3.a.	Page Number 3.b. Part Number 3.c. Item Number		<del></del>				
3.d.							
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	÷	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
		7.d.					
4.a.	Page Number 4.b. Part Number 4.c. Item Number						-
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