



**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

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through	<b>Important Note: Starting from 08/25/20, USCIS will only accept the 08/25/20 edition and will <u>not</u> accept the 12/26/19 edition.</b> <b>For more information on I-765, please visit <a href="https://www.uscis.gov/i-765">https://www.uscis.gov/i-765</a></b> <b>This is a sample form. USCIS updates the Form I-765 periodically. All applicants are responsible for accurately completing the form .</b>	
	Alien Registration Number A-	<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"/> <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"/> <input type="text"/> <input type="text"/>	
	Remarks	<b>Please note that this does not constitute as legal advice.</b>	

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <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"/> <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"/> <input type="text"/> <input type="text"/>
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▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

**Part 1. Reason for Applying**

I am applying for (select only one box):

- 1.a.  Initial permission to accept employment.  
**Select #1a: If this is your first time applying for OPT**
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.  
  
**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)  
**Select #1c: If you have applied for this type of OPT before**

**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 6.**

**Additional Information.**

2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

**Part 2. Information About You**

**Your Full Legal Name**

1.a. Family Name (Last Name)	<input type="text"/> <b>Last Name</b>
1.b. Given Name (First Name)	<input type="text"/> <b>First Name</b>
1.c. Middle Name	<input type="text"/>

**\*Enter name printed on your legal documents**



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

**Your U.S. Mailing Address** *(USPS ZIP Code Lookup)*  
**Should be valid for 4-5 months for EAD card delivery**

- 5.a. In Care Of Name (if any)   
**Enter name if someone else will be receiving your EAD card**
- 5.b. Street Number and Name
- 5.c.  Apt.  Ste.  Flr.
- 5.d. City or Town
- 5.e. State  5.f. ZIP Code
6. Is your current mailing address the same as your physical address?  Yes  No

**NOTE:** If you answered "No" to **Item Number 6.**, provide your physical address below.

**U.S. Physical Address** **If you selected 'No' in #6, enter U.S. Physical Address.**

- 7.a. Street Number and Name
- 7.b.  Apt.  Ste.  Flr.
- 7.c. City or Town
- 7.d. State  7.e. ZIP Code

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A-  **If none, enter "N/A"**
9. USCIS Online Account Number (if any)  
▶  **If none, enter "N/A"**
10. Gender **Select One**  Male  Female
11. Marital Status **Select One**  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765? **Select One**  
 Yes  No

**If you selected 'Yes', complete Pg 7, Pt 6.**

- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
**If you need an SSN, select "No."**  Yes  No
- NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

- 13.b. Provide your Social Security number (SSN) (if known).  
▶  **Enter SSN. If none, enter "None."**

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)

**Select One. Based off answer #13a**  Yes  No

**NOTE:** If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **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

**Select One. Based off answer #14.**

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name** **If 'Yes' in #14, please complete #16a-#17b.**

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

**Mother's Name**

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

**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 6. Additional Information.**

- 18.a. Country  
 **Enter Country of Citizenship**
- 18.b. Country

**Read carefully**



**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

Enter City of Birth

19.b. State/Province of Birth

Enter State of Birth

19.c. Country of Birth

Enter Country of Birth

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

MM/DD/YYYY

**Information About Your Last Arrival in the United States**

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

<https://i94.cbp.dhs.gov/i94/>

Enter most recent I-94 Admission Number

21.b. Passport Number of Your Most Recently Issued Passport

Enter Passport Number

21.c. Travel Document Number (if any)

If none, "N/A"

21.d. Country That Issued Your Passport or Travel Document

Enter Country that Issued Passport

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Enter Passport Expiration Date

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

Enter Date of Last Arrival to the U.S. I-94 should have this information

23. Place of Your Last Arrival Into the United States

Enter City Name of Last Arrival (i.e. Los Angeles, not LAX)

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- Enter SEVIS ID on your Form I-20 (N00XXXXXXXX)

**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)).

Enter Eligibility Code for STEM OPT (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 Enter Degree Level, Major Name

28.b. Employer's Name as Listed in E-Verify

Enter Employer's Name

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

E-Verify Number (5-7 digits)

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.

N/A

30. **(c)(8) Eligibility Category** If you entered the eligibility category (c)(8) in **Item Number 27.**, provide the information requested in **Item Numbers 30.a. - 30.g.**

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country?

Skip the Rest of the Page Yes No

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

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)

Yes No

30.c. If you answered "No" to **Item Number 30.b.**, 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



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

If you answered "Yes" to **Item Number 30.c.**, provide the following information:

**30.d.** Date you presented yourself to DHS

N/A

**30.e.** Location where you presented yourself to DHS

N/A

**30.f.** Country of claimed persecution

N/A

**30.g.** 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 6. Additional Information.**

N/A

**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.

**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.



N/A

**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 3. Applicant's Statement, Contact Information, Declaration, 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 Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

**1.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.

**1.b.**  The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

a language in which I am fluent, and I understood everything.

**2.**  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

Enter U.S. Phone Number

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

Enter U.S. Mobile Number

**5.** Applicant's Email Address (if any)

Enter Email Address

**6.**  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant's Declaration and 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.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature** (continued)

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

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and 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**

7.a. Applicant's Signature **E-Signatures are not acceptable**  
➔ **Handwritten Signature in Black Ink inside the box**

7.b. Date of Signature (mm/dd/yyyy) **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 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name) **N/A**
- 1.b. Interpreter's Given Name (First Name) **N/A**
- 2. Interpreter's Business or Organization Name (if any) **N/A**

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Mailing Address**

- 3.a. Street Number and Name **N/A**
- 3.b.  Apt.  Ste.  Flr.
- 3.c. City or Town **N/A**
- 3.d. State  3.e. ZIP Code
- 3.f. Province **N/A**
- 3.g. Postal Code **N/A**
- 3.h. Country **N/A**

**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number **N/A**
- 5. Interpreter's Mobile Telephone Number (if any) **N/A**
- 6. Interpreter's Email Address (if any) **N/A**

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and **N/A**, 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 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 **N/A**
- 7.b. Date of Signature (mm/dd/yyyy) **N/A**



**Part 5. 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.a. Preparer's Family Name (Last Name)

N/A

1.b. Preparer's Given Name (First Name)

N/A

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

N/A

**Preparer's Mailing Address**

3.a. Street Number and Name

N/A

3.b.  Apt.  Ste.  Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

N/A

5. Preparer's Mobile Telephone Number (if any)

N/A

6. Preparer's Email Address (if any)

N/A

**Preparer's Statement**

**Skip these Items**

- 7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**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 Declaration and 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.a. Preparer's Signature

N/A

8.b. Date of Signature (mm/dd/yyyy)

N/A



