START HERE - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

1.a. ☒ Initial permission to accept employment.
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.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) Smith
1.b. Given Name (First Name) Jane
1.c. Middle Name Doe

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) N/A
2.b. Given Name (First Name) N/A
2.c. Middle Name N/A
3.a. Family Name (Last Name) N/A
3.b. Given Name (First Name) N/A
3.c. Middle Name N/A
4.a. Family Name (Last Name) N/A
4.b. Given Name (First Name) N/A
4.c. Middle Name N/A

Make sure that you complete the form as shown on this example. You need to send all seven pages of this form when you mail your application to USCIS.
5. This is where your EAD card will be mailed. List an address where you can be reached for 3-5 months. If you are using a friend or family member’s address, list their name in 5.a.

5.a. In Care Of Name (if any)

5.b. Street Number and Name


5.d. City or Town

5.e. State MD □ 5.f. ZIP Code 11111

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.

7. This address is where you reside. It is the address that SEVIS should have on file for you; you can check this address by logging in to Testudo.

7.a. Street Number and Name


7.c. City or Town

7.d. State □ 7.e. ZIP Code

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender □ Male □ Female

11. Marital Status

□ Single □ Married □ Divorced □ Widowed

12. Have you previously filed Form I-765? □ Yes □ No

13. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? □ 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.

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.) □ 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

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

Father’s Name

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

United States

18.b. Country □ N/A

Items 13-17. If you have a Social Security card, fill out the form with your information like this example. If you would like to be issued Social Security Card:

13.a. No

13.b. (leave blank)

14. Yes

15. Yes

16.-17. Fill in your family’s information
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
[ ] Townsville

19.b. State/Province of Birth
[ ] MD

19.c. Country of Birth
[ ] USA

20. Date of Birth (mm/dd/yyyy) 01/01/1991

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
[ ] 1 1 1 1 1 1 1 1 1 1

21.b. Passport Number of Your Most Recently Issued Passport
G111111111

21.c. Travel Document Number (if any)
[ ] N/A

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

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

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

Place of Your Last Arrival
ORD

24. Immigration Status
B-2 visitor, F-1
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- 000111111

Information About Your Eligibility

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)).

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 Items 28.a - 28.c.

28.a. Degree
[ ] N/A

28.b. Employer’s Name as Listed on Your I-94
[ ] N/A

28.c. Employer’s E-Verify Company Identification Number
N/A

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.

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 a 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, 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 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
   1111111111

4. Applicant's Mobile Telephone Number
   1111111111

5. Applicant's Email Address (if any)
   email@gmail.com

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.

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 re-affirming 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

7.b. Date of Signature (mm/dd/yyyy) 08/01/2018

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)

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

2. Interpreter's Business or Organization Name (if any)
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Date of Signature (mm/dd/yyyy)</td>
<td>1b. Interpreter’s Signature</td>
</tr>
<tr>
<td>2a. Interpreter’s Contact Information</td>
<td>2b. Interpreter’s Contact Information</td>
</tr>
<tr>
<td>3a. Interpreter’s Contact Information</td>
<td>3b. Interpreter’s Contact Information</td>
</tr>
<tr>
<td>4a. Interpreter’s Contact Information</td>
<td>4b. Interpreter’s Contact Information</td>
</tr>
<tr>
<td>5a. Interpreter’s Contact Information</td>
<td>5b. Interpreter’s Contact Information</td>
</tr>
<tr>
<td>6a. Interpreter’s Contact Information</td>
<td>6b. Interpreter’s Contact Information</td>
</tr>
<tr>
<td>7a. Interpreter’s Contact Information</td>
<td>7b. Interpreter’s Contact Information</td>
</tr>
</tbody>
</table>

Provide the following information about the preparer:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Preparer’s Full Name</td>
<td>1b. Preparer’s Full Name</td>
</tr>
<tr>
<td>2a. Preparer’s Business or Organization Name (if any)</td>
<td>2b. Preparer’s Business or Organization Name (if any)</td>
</tr>
<tr>
<td>3a. Street Number and Name</td>
<td>3b. Street Number and Name</td>
</tr>
<tr>
<td>3c. City or Town</td>
<td>3d. Province</td>
</tr>
<tr>
<td>3e. ZIP Code</td>
<td>3f. Country</td>
</tr>
<tr>
<td>4a. Preparer’s Mailing Address</td>
<td>4b. Preparer’s Mailing Address</td>
</tr>
<tr>
<td>5a. Preparer’s Contact Information</td>
<td>5b. Preparer’s Contact Information</td>
</tr>
<tr>
<td>6a. Preparer’s Contact Information</td>
<td>6b. Preparer’s Contact Information</td>
</tr>
</tbody>
</table>

Put a line through this page and leave it otherwise blank.
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. □ I am not an attorney or accredited representative, but have prepared this application at the request 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

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

Put a line through this page and leave it otherwise blank.
Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) Smith
1.b. Given Name (First Name) Jane
1.c. Middle Name Doe

2. A-Number (if any) A-

3.a. Page Number 3
3.b. Part Number 2
3.c. Item Number 27


If you have ever been authorized for CPT or a previous OPT, list those dates of CPT/OPT here using the format given.

3.a.-c. Use the numbers shown here: (3)(2)(27)

If you have multiple CPTs/OPTs to write, skip a line and then list the next CPT/OPT.

Indicate if CPT was full time or part time.

4.a. Page Number
4.b. Part Number
4.c. Item Number

4.d. If you had a different SEVIS ID number in the past, include it here.

4.a.-4.c. Use the numbers shown here: (3)(2)(26)