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) Not Applicable
2.b. Given Name (First Name) Not Applicable
2.c. Middle Name

3.a. Family Name (Last Name) Not Applicable
3.b. Given Name (First Name) Not Applicable
3.c. Middle Name

4.a. Family Name (Last Name) Not Applicable
4.b. Given Name (First Name) Not Applicable
4.c. Middle Name

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.
Part 2. Information About You

Your U.S. Mailing Address

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

5.b. Street Number and Name
    111 Main Street


5.d. City or Town
    Townville

5.e. State
    MD

5.f. ZIP Code
    11111

6. Is your current mailing address the same as your physical address? [X] Yes  [ ] No

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

U.S. Physical Address

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)

[ ] A-

9. USCIS Online Account Number (if any)

[ ]

10. Gender [ ] Male  [X] Female

11. Marital Status
    [X] Single  [ ] Married  [ ] Divorced  [ ] Widowed

12. Have you previously filed Form I-765? [X] Yes  [ ] No

13.b. Provide your Social Security number (SSN) (if known).

[ ]

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  [X] 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  [X] 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, write “Not applicable” in 18.b. as shown.

18.a. Country
    United States

18.b. Country
    Not Applicable

Items 13-17. If you have a Social Security card, fill out the i-765 with your information like this example. If you would like to be issued a Social Security Card:

13.a. No
13.b. (leave blank)
14. Yes
15. Yes
16.-17. Fill in your family’s information

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

**Place of Birth**

Fill out 19-20 with the correct information.

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

19.a. City/Town/Village of Birth

Townville

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 United States**

21. You can find this number here: https://i94.cbp.dhs.gov/I94/#/home

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

1111111111

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

G1111111111

21.c. Travel Document Number (if any)

Not Applicable

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

Not Applicable

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

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

23. Place of Your Last Arrival Into the United States

Items 22-23. You can find this information on your I-94 Travel History or passport entry stamp. For Item 23, you can just put the three-letter airport code where you went through immigration.

24. Immigration Status at Your Last Arrival: B-2 visitor, F-1 student, or no status or category

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-0001111111

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)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the information requested in Items 28.a - 28.c.

28.a. Degree

Not Applicable

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

Not Applicable

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

Not Applicable

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) 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) 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.a., 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.
The interpreter named in Part 4 read to me every question and instruction on this application and my answer to every question in 1.b.

**NOTE:** 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.

At my request, the preparer named in Part 5, prepared this application for me based only upon information I provided or authorized.

**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

#### Interpreter's Mailing Address

<table>
<thead>
<tr>
<th>3.a.</th>
<th>Street Number and Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c.</td>
<td>City or Town</td>
</tr>
<tr>
<td>3.d.</td>
<td>State ☐ 3.e. ZIP Code</td>
</tr>
<tr>
<td>3.f.</td>
<td>Province</td>
</tr>
<tr>
<td>3.g.</td>
<td>Postal Code</td>
</tr>
<tr>
<td>3.h.</td>
<td>Country</td>
</tr>
</tbody>
</table>

#### Interpreter's Contact Information

<table>
<thead>
<tr>
<th>4.</th>
<th>Interpreter's Daytime Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Interpreter's Mobile Telephone Number (if any)</td>
</tr>
<tr>
<td>6.</td>
<td>Interpreter's Email Address (if any)</td>
</tr>
</tbody>
</table>

#### 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 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

<table>
<thead>
<tr>
<th>7.a.</th>
<th>Interpreter's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.b.</td>
<td>Date of Signature (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

#### Preparer's Full Name

<table>
<thead>
<tr>
<th>1.a.</th>
<th>Preparer's Family Name (Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b.</td>
<td>Preparer's Given Name (First Name)</td>
</tr>
<tr>
<td>2.</td>
<td>Preparer's Business or Organization Name (if any)</td>
</tr>
</tbody>
</table>

#### Preparer's Mailing Address

<table>
<thead>
<tr>
<th>3.a.</th>
<th>Street Number and Name</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>3.h.</td>
<td>Country</td>
</tr>
</tbody>
</table>

#### Preparer's Contact Information

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<th>4.</th>
<th>Preparer's Daytime Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Preparer's Mobile Telephone Number (if any)</td>
</tr>
<tr>
<td>6.</td>
<td>Preparer's Email Address (if any)</td>
</tr>
</tbody>
</table>
### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

<table>
<thead>
<tr>
<th>Preparer's Statement</th>
<th>Draw a line through this page and leave it otherwise blank</th>
</tr>
</thead>
</table>

#### 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 may 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)
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. b. Part Number 3. c. Item Number 27

3.d. mm/dd/yyyy-mm/dd/yyyy: Part Time CPT Authorized

If you have ever been authorized for CPT or a previous OPT authorization, 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 had multiple CPTs/OPTs, to record them skip a line between each entry.

Please indicated 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)