



# 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 _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input style="width: 100px;" type="text"/>		
	Remarks		

<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 style="width: 100%;" 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.

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.)

## 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)

2.b. Given Name (First Name)

2.c. Middle Name

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3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

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4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

## Part 2. Information About You

**Your Full Legal Name**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)  
[ ]
- 5.b. Street Number and Name **123 Main Street**
- 5.c.  Apt.  Ste.  Flr. **45**
- 5.d. City or Town **Rochester**
- 5.e. State **NY** 5.f. ZIP Code **14623**
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**

- 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- [ ]
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.a. 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.
- 13.b. Provide your Social Security number (SSN) (if known).  
▶ [ 1 2 3 4 5 6 7 8 9 ]

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**

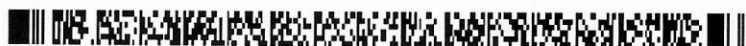
Provide your mother's birth name.

- 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  
[ Canada ]
- 18.b. Country  
[ ]



**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

Toronto

19.b. State/Province of Birth

Ontario

19.c. Country of Birth

Canada

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

01/01/1990

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

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

▶ 1 2 3 4 5 6 7 8 9 9 9

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

PA123456

21.c. Travel Document Number (if any)

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

Canada

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

12/31/2023

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

01/01/2019

23. Place of Your Last Arrival Into the United States

New York JFK

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- 0000000000

**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 ) ( B )

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

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

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

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.

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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?

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

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

▶

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
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 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

➔ Sign in BLUE ink

7.b. Date of Signature (mm/dd/yyyy) 08/26/2020

**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)

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

**Interpreter's Mailing Address**

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

**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 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
- 7.b. Date of Signature (mm/dd/yyyy)



**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)

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

**Preparer's Statement**

- 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

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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. CPT: 08/27/2018-12/10/2018, full-time, Master's, I-20 attached.  
CPT: 01/14/2019-05/07/2019, full-time, Master's, I-20 attached.

No previous SEVIS ID.

No previous OPT.

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

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

← Not sure what to put in 3.d.? See special instructions on next page for help

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.



## I-765 Page 7: Special Instructions

USCIS requires you to speak to any CPT used, and previous SEVIS ID, and any previous OPT. You'll do this in Part 6, on Page 7 of the I-765.

First, make sure your name has auto-filled in the first fields on Pat 6. Additional Information. If not, make sure your name is entered correctly on page 1, and that on page 3, #27, that you have entered the correct code for post-completion OPT: c 3 B

Second, enter 3, 2, 27 in the following fields:

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

This way, USCIS knows you're providing the required evidence for your specific type of OPT application.

Third, speak to each item: CPT, SEVIS IDs, OPT, as described below.

**You must speak to whether you've ever used CPT.** If you've had CPT, you need to speak to specific details about it:

- start and end dates
- whether it was full-time or part-time
- the degree level during which you had that CPT (Bachelor's, Master's, or Doctoral)
- and confirm that you have a copy of that related CPT I-20 attached

If you've had more than one CPT authorization, you need to have a separate entry for each CPT. Refer to your CPT I-20s for the necessary details.

Here's an example for a student with two CPT authorizations:

3.d. CPT: 08/27/2018-12/10/2018, full-time, Master's, I-20 attached.  
CPT: 01/14/2019-5/7/2019, full-time, Master's, I-20 attached.

Or, if you never used any CPT:

3.d. No CPT used.

**You must then speak to whether you've had any previous SEVIS ID.** This means, have you ever had a SEVIS ID other than the one you currently have? (You can find your SEVIS ID on the top left corner of the first page of your I-20.) You may have a previous SEVIS ID, or more than one, if:

- you had a long break in studies at RIT and needed a new initial I-20 to return to RIT
- you did another degree in the US under a different SEVIS ID
- you were ever an F-2 dependent of someone else
- you were ever in J-1 or J-2 status

You'll need to write the SEVIS ID number and confirm what copies of documentation you have attached in your OPT application that proves you held that previous SEVIS ID number (typically, an I-20 if a prior F program, or a DS-2019 if a prior J program).



Here's an example for a student who had a different SEVIS ID for a prior degree:

Previous SEVIS ID: N00123456789, I-20  
attached.

Or, if you never had a different SEVIS ID:

No previous SEVIS ID.

Finally, speak to whether or not you've ever had OPT before. If you have, list the start and end dates from that EAD card, the degree level that OPT was based on, and confirm you have a copy of that EAD card attached to your OPT application (front and back of card).

Previous OPT: 01/01/2018-12/31/2018,  
Bachelor's, EAD attached.

Or, if you've never had OPT before:

No previous OPT.

So, a completed entry might look something like this:

#### 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) Tiger

1.b. Given Name (First Name) Ritchie

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. CPT: 08/27/2018-12/10/2018, full-time,  
Master's, I-20 attached.

CPT: 01/14/2019-05/07/2019, full-time,  
Master's, I-20 attached.

No previous SEVIS ID.

No previous OPT.