

For USCIS

Use Only Authorization/Extension Valid From

Authorization/Extension
Valid Through

Alien Registration Number A-

# Application For Employment Authorization

Department of Homeland Security U.S. Citizenship and Immigration Services

Fee Stamp

USCIS Form I-765 OMB No. 1615-0040 Expires 07/31/2022

Action Block

# YOU MUST TYPE THIS FORM

Please refer to the USCIS I-765 instructions for line by line guidance on how to fill out the form. (https://www.uscis.gov/i-765) If you feel you do not have enough space to answer any questions, use the space provided in Part 6.

feel you do not have enough s	·		Remarks	LEAVE	BLA	NK	
to answer any questions, use t space provided in Part 6.	he	Board	e completed by an attorney or of Immigration Appeals (BIA)- redited representative (if any).	I —		Form G-28	Attorney or Accredited Representativ USCIS Online Account Number (if an
		exan unle	uple, if you have never been married and ss otherwise directed. If your answer to a y children do you have" or "How many ti	the question asks a question which	s, "Provi requires	de the name a numeric re	arrately. If a question does not apply to you of your current spouse"), type or print "N/esponse is zero or none (for example, "Hov ates"), type or print "None" unless otherwise.
		Part 1.	Reason for Applying		Oth	ier Names	Used
1.a. Check this box for Pre/Pos	.+	I am app	olying for (select only one box):				names you have ever used, including aliase
OPT completion.	<b>—</b>		Initial permission to accept employment Replacement of lost, stolen, or damaged		comp		id nicknames. If you need extra space to ction, use the space provided in Part 6.
		authorization document, or correction of my	f my	my 2 a F	Family Nar	me	
			employment authorization document NO U.S. Citizenship and Immigration Servicerror.		2.b.	(Last Name Given Nam	ne
			NOTE: Replacement (correction) of an		2.c.	(First Name Middle Na	,
			authorization document due to USCIS e require a new Form I-765 and filing fee. Replacement for Card Error in the W	. Refer to	3.a.	Family Nar	
	$\neg$		Filing Fee section of the Form I-765 Instituted details.		3.b.	(Last Name Given Nam	ne
1.c. Check this box for STEM OPT.	-	1.c	Renewal of my permission to accept em		3.с.	(First Name Middle Name	
OP1.			(Attach a copy of your previous employ authorization document.)	ment	4.a.	Family Nar	me
		D 2	T-6		4 b	(Last Name Given Nam	7
		Part 2	Information About You			(First Name	e)
		Your F	Tull Legal Name		4.c.	Middle Na	me
			mily Name ast Name)				
		1.b. Gr	ven Name rst Name)				
Make sure the Edition is			ddle Name				

Form I-765 Edition 08/25/20

Make sure the Edition is 08/25/20

5. We highly recommend you	Part 2. Information About You (continued)	<ol> <li>Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15.,</li> </ol>	
use OIE's address. This address	Your U.S. Mailing Address (USPS ZIP Code Lookup)	Consent for Disclosure, to receive a card.)  Yes No	If you do <b>not</b> have an SSN and
is where USCIS will mail your	5.a. In Care Of Name (if any)	NOTE: If you answered "No" to Item Number 14., skip	would like to request one or need a replacement card, you
EAD card after your OPT is	UTA OIE	to Part 2., Item Number 18.a. If you answered "Yes" to	answer "yes" to 14 and 15 and
approved.	5.b. Street Number and Name PO Box 19028	Item Number 14., you must also answer "Yes" to Item Number 15.	complete 16 - 17.
	5.c. Apt. Ste. Flr.	<ol> <li>Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required</li> </ol>	Please note: you are not
6. Please check <b>NO</b>	5.d. City or Town Arlington	for the purpose of assigning me an SSN and issuing me a Social Security card.    Yes No	required to request SSN using
or reason and	5.e. State TX 5.f. ZIP Code 76019	NOTE: If you answered "Yes" to Item Numbers	this application.
	6. Is your current mailing address the same as your physical address?   ☐ Yes  No	<ol> <li>14 15., provide the information requested in Item Numbers 16.a 17.b.</li> </ol>	
	NOTE: If you answered "No" to Item Number 6.,	Father's Name	
7.a. – 7.d. Put the address of	provide your physical address below.	Provide your father's birth name.	
where you are sleeping. This	U.S. Physical Address	16.a. Family Name (Last Name)	
should match your physical	7.a. Street Number and Name	16.b. Given Name (First Name)	
address in MyMav.	7.b.	, , _	
		Mother's Name	
	7.c. City or Town	Provide your mother's birth name.	
8. This number is listed on your	7.d. State 7.e. ZIP Code	17.a. Family Name (Last Name)	
most recent EAD card. It can	Other Information	17.b. Given Name (First Name)	
be found under the "USCIS #"	Alien Registration Number (A-Number) (if any)		
area.	► A-	Your Country or Countries of Citizenship or Nationality	
	USCIS Online Account Number (if any)	List all countries where you are currently a citizen or national.	
12. If you answered "yes",		If you need extra space to complete this item, use the space provided in Part 6. Additional Information.	
provide copies of previous	10. Gender Male Female	18.a. Country	18.a. Put your Country of
EAD's with your application, if	11. Marital Status	·	Citizenship.
available. If unavailable, you	Single Married Divorced Widowed	18.b. Country	Citizensing.
can explain in part 6. Also,	12. Have you previously filed Form I-765?      ☐ Yes ☐ No		
please list the previous EAD	■ 13.a. Has the Social Security Administration (SSA) ever		13.a. Answer "No" if you were
card numbers (including start	officially issued a Social Security card to you?  ☐ Yes ☐ No ◀		never issued an SSN card. Skip
& end date) in part 6.	NOTE: If you answered "No" to Item Number 13.a.,		13b.
	skip to Item Number 14. If you answered "Yes" to Item		
13.a. Answer "Yes":	Number 13.a., provide the information requested in Item Number 13.b.		
	13.b. Provide your Social Security number (SSN) (if known).		
If you still have your SSN card.	<b>&gt;</b>		
Complete 13b, answer "No" to 14, and leave 15 -17 blank.	Form I-765 Edition 08/25/20	Page 2 of 7	
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If you had an SSN card and			

would like a replacement card. Answer "Yes" to 14 & 15 and

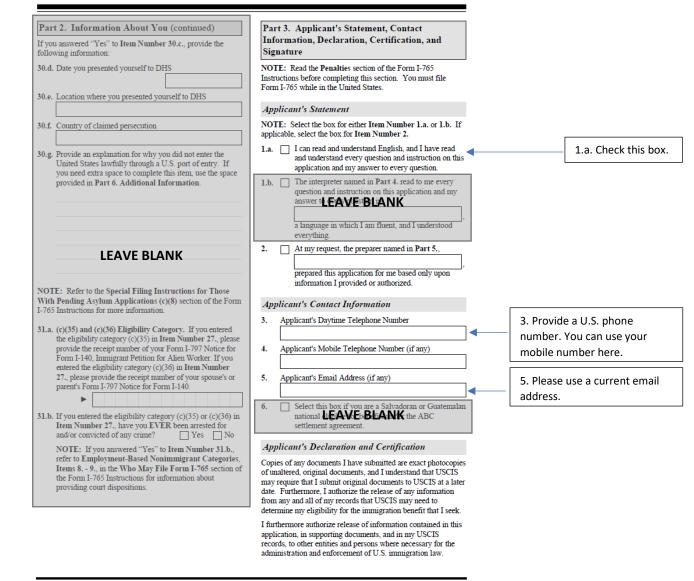
complete 16 -17.

	Part 2. Information About You (continued)	Information About Your Eligibility Category
	Place of Birth  List the city/town/village, state/province, and country where you were born.  19.a. City/Town/Village of Birth	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)).
20. Attention: Please enter mm/dd/yyyy.	19.b. State/Province of Birth  19.c. Country of Birth	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
21.a. Type your 11 -digit I-94	20. Date of Birth (mm/dd/yyyy)	28.b. Employer's Name as Listed in E-Verify
number from your most recent I-94. You can get your I-94 at:	Information About Your Last Arrival in the United States	28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
https://i94.cbp.dhs.gov	21.a. Form I-94 Arrival-Departure Record Number (if any)  21.b. Passport Number of Your Most Recently Issued Passport  21.c. Travel Document Number (if any)	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.
22. Indicate the last time you entered the US.	21.d. Country That Issued Your Passport or Travel Document	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.
23. This is where you last entered the U.S. and received your entry stamp from U.S. customs and border protection (CBP). List the city and state. If	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	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 Asy LEANE BLANK of the Form I-765 Instructions for information about providing court dispositions.
there is more than one airport in that city, please specify which airport.	24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)  25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no	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.)
26. Your SEVIS number is on top left of your I-20. If you have had previous SEVIS numbers, please list them in Part -6 with the dates the SEVIS record was valid.	status or category)  26. Student and Exchange Visitor Information System (SEVIS) Number (if any)  ▶ N-  Form I-765 Edition 08/25/20	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

27. "(c)(3)(A)" - Pre -Completion OPT "(c)(3)(B)" – Post -Completion OPT "(c)(3)(C)" - OPT STEM Extension

- 28. Complete this section ONLY if you are applying for 24 month STEM OPT.
- 28.a. Enter your Degree level (Bachelor's, Master's, Doctorate) followed by your major as listed on page 1 your I-20.
- 28.b. Be sure to put the company's name as listed in E -Verify.
- **28.c.** The E -Verify number is **not** the employer's EIN. The E - Verify number is usually 4 – 7 digits. The number does not contain any dashes.

Note: For any previous authorized CPT, please list dates of authorization and the academic level at which it was authorized on page - 7 (Part -6) in any section.



Use Page 7(Part 6) if you need extra space to answer any questions from Pages 1-4 You must print and include all 7 pages with your application to USCIS.

7.a. Sign here using blue or black ink.

E -Signatures are not acceptable.

7.b. Today's Date.

Part 4 - Leave this section blank.

## 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:

- I reviewed and understood all of the information contained in, and submitted with, my application; and
- 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 compete, true, and correct

## Applicant's Signature

7.a. Applicant's Signature

7.b. Date of Signature (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)

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

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

Interpreter's Mobile Telephone Number (if any)

5.	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)