



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 10/31/2025

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	<p>Please Note: The i-765 is a personal application; ISSS advisors cannot review your form for accuracy.</p> <p>The model provided by ISSS is provided only as an example. You MUST use USCIS' instructions to fill out this form: https://www.uscis.gov/sites/default/files/files/form/i-765instr.pdf</p>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **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.)

Select 1.a. if this is your first time applying for OPT/an EAD card.

Select 1.c. if you have previously held an EAD card.

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	Doc

Item 1. Fill in your name as it matches your passport. If you do not have a middle name, leave that space BLANK. Do NOT use N/A in Item 1.

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

Item 2. If you have any other name, include it here. If not, mark "N/A" for 2.a., 3.a., and 4.a., and leave the others blank.

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

Your U.S. Mailing

5.a. In Care Of Name

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State

5.f. ZIP Code

[\(USPS ZIP Code Lookup\)](#)

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.

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

Items 8 & 9. If you have these numbers, include them here. If you do not have them, leave these blank.

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.**

Item 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.

Item 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.

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

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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

18.b. Country

Item 18. If you only have one, write "N/A" in 18.b. as shown.

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



Item 27. Code for the type of work authorization you're applying for:
Pre-completion OPT: (c)(3)(A)
Post-completion OPT: (c)(3)(B)
STEM Extension: (c)(3)(C)

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

19.b. State/Province of Birth

Fill out 19-20 with the correct information.

19.c. Country of Birth

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

Information About United States

Item 21.a. You can find this number here: <https://i94.cbp.dhs.gov/i94/#/home>

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

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

21.c. Travel Document Number (if

Item 21.c. If you do not have a travel document, write "N/A."

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

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

23. Place of Your Last Arrival Into the United States

24. Immigrant B-2

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.

25. Your B-2

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N-

Item 26. Find this near the top left of your I-20.

Information About You

27. Eligibility Category

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)).

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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

If you're applying for a STEM Extension, fill out 28.a.-c. For example:

28.b. Employer's Name &

28.a. Master's Degree in Biology
28.b. Biology Laboratories, Inc.

28.c. Employer's E-Verify

Valid E-Verify Client Company Identification Number

28.c. E-Verify: 123456

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., have you EVER been arrested for and/or convicted of any crime?

Items 30-31b. Leave blank.

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, 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.

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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

Part 3. Select 1.a.

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
5. Applicant's Email Address
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Items 3-5. Fill out your contact information as shown. U.S. telephone number only.

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 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 **7.a. Sign your name in blue ink.**
7.b. Type/write the date in black or blue.
- 7.b. Date of Signature (mm/dd/yyyy) **Do NOT use a digital signature!**

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 **Put a line through this page and leave it otherwise blank.**

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)



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 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 Appearance as Attorney or Accredited Representative, with this application. **Put a line through this page and leave it otherwise blank.**

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)

Fill out your name in 1.a-1.c. If you do not have a middle name, you can leave that space blank.

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. **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)

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.

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

7.d.

