Be sure you are using the most recent form found at https://www.uscis.gov/i-765 and read the instructions!

FOLLOW THIS SAMPLE TO COMPLETE YOUR I-765.

Application For Employment Authorization

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

For USCIS Use Only

[ ] Authorization/Extension Valid From

[ ] Authorization/Extension Valid Through

Alien Registration Number: A-

Remarks

Fee Stamp

Action Block

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

[ ] Select this box if Form G-28 is attached.

Attorney or Accredited Representative

USCIS Online Account Number (if any)

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.

[ ] 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)

1.b. Given Name (First Name)

1.c. Middle Name

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

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Check this if USCIS ever issued you an EAD for OPT.
If you move, USCIS mail will not be forwarded. If you may be moving, consider using OIS’ address, as it is filled in.

**Your U.S. Mailing Address**

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

5.b. **Street Number and Name**
   3959 Fifth Avenue

5.c. [ ] Apt. [x] Ste. [ ] Flr. 708

5.d. **City or Town**
   Pittsburgh

5.e. **State** PA - 5.f. **ZIP Code** 15260

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

**U.S. Physical Address**

7.a. **Street Number and Name**


7.c. **City or Town**

7.d. **State** [ ] [ ] **ZIP Code**

**Other Information**

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

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

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 [ ] No

   **NOTE:** If you answered “No” to Item Number 14., skip to Part 2., Item Number 14.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**

This is the USCIS number printed on any previously issued EAD cards.
Even if you qualify for the STEM extension, you MUST apply for 12 months of Post-Completion OPT BEFORE you apply for the STEM Extension.

Not applicable for OPT applicants.
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

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.

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.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)

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


3.c. City or Town

3.d. State □ 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter’s Certification**

I certify, under penalty of perjury, that: I am fluent in English and [language].

which is the same language specified in Part 3, Item Number 1.a, 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

**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)

3. Preparer's Mailing Address


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)
If you have prepared your own application, you can leave this page blank. Be sure to send ALL pages to USCIS even if they are blank!
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  

If you need more space to answer a question, use this page. Be sure to send ALL pages to USCIS even if they are blank!