OMB No. 1615-0040; Expires 09/30/11

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

I-765, Application For Employment Authorization

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		

☐ Application Approved. Employment Authorized / Extended *(Circle One)* until _____ (Date).
_____ (Date).
Subject to the following conditions: _____
Application Denied.
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
☐ Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for:
☒ Permission to accept employment.
☐ Replacement *(of lost employment authorization document)*.
☐ Renewal of my permission to accept employment *(attach previous employment authorization document)*.

1. Name (Family Name in CAPS) (First) (Middle)

2. Other Names Used (include Maiden Name)

3. Address in the United States (Number and Street) (Apt. Number)
UAH DSO, P.O. Box 5616

(Town or City) (State/Country) (ZIP Code)
Huntsville, AL 35814-5616

4. Country of Citizenship/Nationality

5. Place of Birth (Town or City) (State/Province) (Country)

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

7. Gender ☐ Male ☐ Female

8. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

9. Social Security Number (include all numbers you have ever used) (if any)

10. Alien Registration Number (A-Number) or I-94 Number (if any)

11. Have you ever before applied for employment authorization from USCIS?
☐ Yes (If "Yes," complete below) ☐ No

Which USCIS Office? Date(s)

Results (Granted or Denied - attach all documentation)

12. Date of Last Entry into the U.S. (mm/dd/yyyy)

13. Place of Last Entry into the U.S.

14. Manner of Last Entry (Visitor, Student, etc.)

15. Current Immigration Status (Visitor, Student, etc.)

16. Go to **Part 2** of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).

Eligibility under 8 CFR 274a.12 (C) (3) (C)

17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verfy, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree: _____
Employer's Name as listed in E-Verify: _____
Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature Telephone Number Date

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name Address *Signature* Date

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned