You must type this form. Please refer to the USCIS I-765 instructions for the 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.

**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.)

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

#### Your U.S. Mailing Address

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

5.b. Street Number and Name  
PO Box 19028

5.c.  

5.d. City or Town  
**Arlington**

5.e. State  
**TX**  
ZIP Code  
76019

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address?  
[ ] Yes  [x] 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.  

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.

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 purposes 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.

#### Your Father’s Name

Provide your father’s birth name.

16.a. Family Name  
(First Name)

16.b. Given Name  
(First Name)

#### Your Mother’s Name

Provide your mother’s birth name.

17.a. Family Name  
(First 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

---

**5.a.** We highly recommend you use OIE’s address. This address is where USCIS will mail your EAD card after your OPT is approved.

**6.** Please check NO

**7.a.** - 7.d. Put the address of where you are sleeping. This should match your physical address in MyMav.

**8.** This number is listed on your most recent EAD card. It can be found under the “USCIS #” area.

**12.** If you answered “yes”, provide copies of previous EAD’s with your application, if available. If unavailable, you can explain in part 6.

**13.a.** Answer “Yes”: If you still have your SSN card. Complete 13b, answer “No” to 14, and leave 15 - 17 blank.

If you had an SSN card and would like a replacement card. Answer “Yes” to 14 & 15 and complete 16-17.

If you do not have an SSN and would like to request one or need a replacement card, you answer “yes” to 14 and 15 and complete 16 - 17.

**Please note:** you are not required to request SSN using this application.

**13.a.** Answer “No” if you were never issued an SSN card. Skip 13b.
### 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**
- **19.c. Country of Birth**

#### Date of Birth (mm/dd/yyyy)

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

- **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)**
- **21.d. Country That Issued Your Passport or Travel Document**
- **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**
- **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 status or category)**
- **26. Student and Exchange Visitor Information System (SEVIS) Number (if any)**

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### Information About Your Eligibility Category

#### 27. Eligibility Category
- **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)).

#### 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)(36) Eligibility Category
- If you entered the eligibility category (c)(36) 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.

#### 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?  
  - 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.

#### 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.**

<table>
<thead>
<tr>
<th>1.a.</th>
<th>X</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b.</td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

| 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 to indicate that you entered 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)