



5. 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. Also, please list the previous EAD card numbers (including start & end date) 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.

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

*Your U.S. Mailing Address* [\(USPS ZIP Code Lookup\)](#)

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

5.b. Street Number and Name  
PO Box 19028

5.c.  Apt.  Ste.  Fir.

5.d. City or Town  
Arlington

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

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 below.

**U.S. Physical Address**

7.a. Street Number and Name

7.b.  Apt.  Ste.  Fir.

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.

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 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

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.

18.a. Put your Country of Citizenship.

13.a. Answer "No" if you were never issued an SSN card. Skip 13b.



**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.**

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

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

**LEAVE BLANK**

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

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.

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. **LEAVE BLANK**  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 who has entered into the ABC settlement agreement. **LEAVE BLANK**

**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.

1.a. Check this box.

3. Provide a U.S. phone number. You can use your mobile number here.

5. Please use a current email address.

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:

- 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 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

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)

