LEAVE BLANK

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (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.
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) [DOE]
1.b. Given Name (First Name) [JANE]
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) [NA]
2.b. Given Name (First Name) [NA]
2.c. Middle Name [NA]

3.a. Family Name (Last Name) [NA]
3.b. Given Name (First Name) [NA]
3.c. Middle Name [NA]

4.a. Family Name (Last Name) [NA]
4.b. Given Name (First Name) [NA]
4.c. Middle Name [NA]
USCIS will send your Receipt Notice and EAD card to this mailing address.

<table>
<thead>
<tr>
<th>Part 2. Information About You (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your U.S. Mailing Address</strong></td>
</tr>
<tr>
<td>5.a. In Care Of Name (if any)</td>
</tr>
<tr>
<td>5.b. Street Number and Name</td>
</tr>
<tr>
<td>5.d. City or Town</td>
</tr>
<tr>
<td>5.e. State</td>
</tr>
</tbody>
</table>

**U.S. Physical Address**

| 7.a. Street Number and Name |
| 7.c. City or Town |
| 7.d. State | Z. | ZIP Code |

**Other Information**

| 8. Alien Registration Number (A-Number) (if any) |
| 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 |

**Your Country or Countries of Citizenship or Nationality**

| 18.a. Country |
| 18.b. Country |

If you are requesting an SSN card, be sure to list your father’s and mother’s names at birth.

Only complete Item 5.a if you are sending your documents to someone other than yourself. List that person’s name.

If you answer YES, skip Items 7.a—7.e.

Only complete this if you answered NO to the previous question 6.

Mark YES if you want an SSN card or need a replacement SSN card.

Only complete Items 15, 16, and 17 if you marked YES to Item 14.

If you answer YES, provide a copy of your previous EAD card.

If you answer YES, skip to Item Number 14. If you answered “Yes” to Item Number 13.a, provide the information requested in Item Number 13.b.

NOTE: If you answered “No” to Item Number 13.a, skip to Item Number 14. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

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—16, provide the information requested in Item Numbers 16.a—17.b.
### 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**: VANCOUVER
- **19.b. State/Province of Birth**: BRITISH COLUMBIA
- **19.c. Country of Birth**: CANADA
- **20. Date of Birth (mm/dd/yyyy)**: 01/02/2000

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

21.a. **Form I-94 Arrival-Departure Record Number (if any)**: 1 2 3 4 5 6 7 8 9 0 1

21.b. **Passport Number of Your Most Recently Issued Passport**: C123456

21.c. **Travel Document Number (if any)**: 

21.d. **Country That Issued Your Passport or Travel Document**: CANADA

21.e. **Expiration Date for Passport or Travel Document (mm/dd/yyyy)**: 01/01/2030

22. **Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)**: 01/01/2020

23. **Place of Your Last Arrival Into the United States**: SEATTLE WA

24. **Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)**: P-1 STUDENT

25. **Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)**: P-1 STUDENT

26. **Student and Exchange Visitor Information System (SEVIS) Number (if any)**: N-00123456789

### Information About Your Eligibility Category

27. **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, 6(8), 8(17), 11(17)):

- **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(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.

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) 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 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
   [ ] 1234567890

4. Applicant’s Mobile Telephone Number (if any)
   [ ] 1234567890

5. Applicant’s Email Address (if any)
   [ ] JANEDOE@SW.EDU

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 original, 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 any 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.

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)
   [ ] 11/08/2022

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.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)

### 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**

1.a. Street Number and Name
3.c. City or Town
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 Entry of Appearance as Attorney or Accredited Representative with this application.

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 and accepts the contents 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)
List any previous OPT authorizations, including the dates of authorization and the degree level.

List any previous SEVIS ID numbers, including the degree level, if applicable.

List any previous CPT authorizations, including the employer, degree level, part-time or full-time, and the dates of authorization.