

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 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> 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) _____ Which USCIS Office? _____ Date(s) _____

2. Other Names Used (include Maiden Name) _____ Results (Granted or Denied - attach all documentation) _____

3. Address in the United States (Number and Street) _____ (Apt. Number) _____ 12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____

LU-Marie Graham PDSO P.O. Box 10078
 (Town or City) _____ (State/Country) _____ (ZIP Code) _____
 Beaumont, TX 77710

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

4. Country of Citizenship/Nationality _____ 14. Manner of Last Entry (Visitor, Student, etc.) _____

5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____ 15. Current Immigration Status (Visitor, Student, etc.) _____

6. Date of Birth (mm/dd/yyyy) _____ 7. Gender Male Female

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.).

8. Marital Status Married Single
 Widowed Divorced

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

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

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-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

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

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 _____

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

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	

