


Sample of I-765 | Application for OPT Employment Authorization

Use this sample form as a guide when filling out your application.



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted	
			Relocated		
			Received	Sent	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		Completed			
		Approved	Denied	A#	

Leave Blank

1 **START HERE - Type or print in black ink.**

I am applying for:

2 Permission to accept employment.

Replacement (of lost employment authorization document).

Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. Full Name

Family Name	First Name	Middle Name
Doe	Jane	Middlename

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name

3. U.S. Mailing Address

Street Number and Name	Apt. Number
c/o J. Smith 123 Main Street	Apt 10A
Town or City	State ZIP Code
New York	NY 10027

4. Country of Citizenship or Nationality

China

5. Place of Birth

Town or City	State/Province	Country
Beijing		China

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

01/01/1990

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

9.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? **5**

Yes No

NOTE: If you answered "Yes" to **Item Number 9.a.**, provide the information requested in **Item Number 9.b.**

9.b. Provide your Social Security number (SSN) (if known)

▶ 1 2 4 7 3 6 3 7 1 **6**

10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 11.**, **Consent for Disclosure**, to receive a card.)

Yes No

NOTE: If you answered "No" to **Item Number 10.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 10.**, you must also answer "Yes" to **Item Number 11.**

11. 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. **7**

Yes No

NOTE: If you answered "Yes" to **Item Numbers 10. - 11.**, provide the information requested in **Item Numbers 12.a. - 13b.**

Father's Name

12.a. Family Name (Last Name) DOE

12.b. Given Name (First Name) MARK

We strongly recommend to type this form

Check this box for all types of OPT

This name should match your I-20. The name should be in the correct order (Family Name, First Name, and Middle Name). If your name does not fit in the space provided, please include a separate piece of paper with your full name.

This section is where USCIS will mail your EAD card after your OPT is approved. If you will not live at this address for at least 4 months, use another address (e.g. a friend's address).

If you use someone else's address, be sure to write "c/o" and his/her name in the address line **before** the address. If there is not enough space when doing this, use their first initial with last name, such as "c/o J. Smith."

It is acceptable to **neatly handwrite** the address **within the box** if the typed address does not fit.

Questions 9-13 are about an SSN.

If you already have an SSN, answer "No" to item 10, and leave items 11, 12, and 13 blank **unless** you would like a replacement card or have lost your card.

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

You must write by hand.
Please print clearly.

If you do **not** have an SSN, but would like to apply for one, you must answer 11-13b.

You must write 11 - 13b by hand.
Please print clearly.

Check this and complete the following boxes only if you have applied directly to USCIS for authorization before and received an EAD. This does NOT refer to on-campus employment or CPT authorization. Enter the most recent EAD information. If you have been issued more than one EAD, please attach a separate letter with explanation.

Based on your previous EAD, write the first 3 letters indicated under the EAD Card Number. **EAC, LIN, YSC, SRC, or WAC.** EAC (Vermont Service Center), LIN (Nebraska Service Center), YSC (Potomac Service Center), SRC (Texas Service Center), WAC (California Service Center).

Indicate the last date you entered the US. Sometimes the I-94 record may not capture this information if you traveled by land border. The date you indicate here and the date printed out on the electronic I-94 record may not match exactly.

This is where you last entered the U.S. and received your entry stamp from U.S. Customs and Border Protection (CBP). List the City and State. If there is more than one airport in that city, please specify which airport. If you went through CBP Preclearance before departure, indicate the name of the city, such as Toronto Preclearance. Preclearance locations: <http://bit.ly/cbppreclear>.

Complete this section ONLY if you are applying for a 24-month extension of OPT for STEM majors. "Degree" should be entered as:
- Bachelor's
- Master's
- Doctorate

Be sure to include the employer's E-Verify number.

Mother's Name (Provide your mother's birth name.)

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

14. Alien Registration Number (if any) 8. Type your 11-digit I-94 number from your most recent I-94 at: <https://i94.cbp.dhs.gov/i94>.

15. Have you ever before applied for employment authorization from USCIS?
9. Yes (Complete the following)
Which USCIS Office? 10. Start date of most recent EAD 11.
Results (Granted or Denied, attach all documentation)
 Granted 12. Write in Granted, Denied, or Withdrawn
 No (Proceed to Item 13)

16. Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy) 13.

17. Place of Your Last Arrival or Entry Into the U.S. 14.

18. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

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

20. Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc. 15.

21. (c)(3)(C) Eligibility Category (c)(3)(C) degree, your employer's degree, your employer's (c)(3)(C) - Pre-Completion OPT
22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 20. above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.
(c)(35) and (c)(36) Eligibility Category
a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.
b. Have you EVER been arrested for and/or convicted of any crime? Yes No
NOTE: If you answered "Yes" to Item Number 23.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

26. Degree
Employer's Name as listed in E-Verify

27. Employer's E-Verify Company Identification Number or a Valid 17. The E-verify number is **not** the employer's EIN number. The E-verify number is usually 4- 7 digits in length.

Certification
I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of that U.S. Citizenship and Immigration Services determine eligibility for the benefit I am seeking the Who May File Form I-765 section of the I have identified the appropriate eligibility category Number 20.
Your **original ink signature**, using dark blue or black ink. Use a web browser that eliminates the "Don't forget to sign" reminder.
Applicant's Signature 18. E-signatures are **not** acceptable.
Date of Signature (mm/dd/yyyy)

Preparer's Signature
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.
Preparer's Signature
Date of Signature (mm/dd/yyyy)
Printed Name
Address