Sample of I-765 | Application for OPT Employment Authorization

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

I am applying for:

1. Full Name
   Family Name        First Name        Middle Name
   Doe                Jane              Mark

2. Other Names Used (include Maiden Name)
   Family Name        First Name        Middle Name

3. U.S. Mailing Address
   Street Number and Name          Apt. Number
   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. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
   Yes          No

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

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.
    Yes          No

12. Father’s Name
    Doe

13. Given Name
    Mark

Leave Blank

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. If there is not enough space, use first initial, last name, such as c/o J. Smith.

You must write by hand. Please print clearly.

If you have an SSN, you must answer Items 9a, 9b, 10.

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

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

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


15. Have you ever before applied for employment authorization from USCIS?
   - Yes
   - No

   Start date of most recent EAD
   - 01/01/2017

   End date:

   Results (Granted or Denied - attach all documentation)
   - Granted
   - Write in Granted, Denied, or Withdrawn

   No (Proceed to Item Number 16.)

16. Date of Your Last Arrival or Entry Into the U.S. On or About
   - 01/01/2017

17. Place of Your Last Arrival or Entry Into the U.S.
   - JFK, New York, NY

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

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

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, (c)(1), (c)(17)(iv), etc.

21. (c)(3)(C) Eligibility Category (c)(3)(C) in Item 19 degree, your employer's E-Verify or a valid E-Verify Company Identification Number in the space below.
   - Degree
   - Employer's Name as listed in E-Verify

   The E-Verify number is not the employer's EIN number. The E-verify number is usually 4-7 digits in length.

   Leave Blank