



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block Use this example for as a general guide. Answer questions as they apply to your specific situation.
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► **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.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Check the box "Initial permission to accept employment" even if you have previously applied for pre-completion OPT or OPT at another degree level

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) | N/A |
| 2.b. Given Name (First Name) | N/A |
| 2.c. Middle Name | N/A |
| 3.a. Family Name (Last Name) | N/A |
| 3.b. Given Name (First Name) | N/A |
| 3.c. Middle Name | N/A |
| 4.a. Family Name (Last Name) | N/A |
| 4.b. Given Name (First Name) | N/A |
| 4.c. Middle Name | N/A |

Provide other names if applicable. Write "N/A" if you have not used another name

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Include your first, last and middle name if you have one. This should exactly match your passport

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name 215 C ST SE

5.c. ☒ Apt. ☐ Ste. ☐ Flr. 608

5.d. City or Town Washington

5.e. State DC 5.f. ZIP Code 20001

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. ☐ Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Complete this section if the mailing address you used above is different from where you currently live.

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?

Select "yes" for item 12 if you have previously applied for OPT.

☐ 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).

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.

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)

Hoya

16.b. Given Name (First Name)

Jack

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

Saxa

17.b. Given Name (First Name)

Rosa

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

India

18.b. Country

N/A

Everyone must answer 13.a. If you do not yet have a Social Security Number (SSN) you can apply using this I-765 Form. You can also request a replacement SSN if your original SSN card was lost or stolen. Applying for an SSN will not delay your OPT application.

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

Delhi

19.b. State/Province of Birth

Delhi

19.c. Country of Birth

India

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

05/30/1991

Information About Your Last Arrival in the United States

Look up your most recent admission (I-94) record number online for part 21.a

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 5 6 7 1 2 3 4 1 2 3 4

21.b. Passport Number of Your Most Recently Issued Passport

G000000

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

India

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

08/19/2026

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

08/20/2018

23. Place of Your Last Arrival Into the United States

Dulles International Airport

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

F-1 Status

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

F-1 Student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- 0000000000

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, (a)(8), (c)(17)(iii)).

Post-completion OPT: (c)(3)(B)

pre-completion OPT: (c)(3)(A)

(c) (3) (B)

28. (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 N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

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.

► N/A

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) 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.

► N/A

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
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 eligible for benefits under the ABC settlement agreement.

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.

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 the information I provided on this application is true and correct.

After you complete the entire form, print and sign your name in black ink. Do NOT type your name or sign with an electronic signature.

Make sure that your signature fits within the box provided.

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)

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

- 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

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 ay 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 all of the information 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

n/a

8.b. Date of Signature (mm/dd/yyyy)

n/a

Read the I-765 instructions carefully and complete this section only if:

(1) You have been approved for CPT in the past at any U.S. institution. List SEVIS ID, CPT dates, Employer Name, part-time or full-time, degree level.

(2) You have been approved for OPT in the past at any U.S. institution. List SEVIS ID, OPT Type (pre or post completion), OPT Dates, Employer Name, part-time or full-time, degree level

(3) You have used a different SEVIS ID in F-1 status in the U.S. (For example, you attended school for a while, left the U.S. to take a break from school, and returned with a new form I-20 with a different SEVIS ID. Your SEVIS ID is on the top right corner of your I-20 and starts with N00

(4) You wish to provide additional information for any section of the I-765 (for example, your name was too long to type into the field).

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. Previous SEVIS ID N000000000
09/08/13-05/20/16, Bachelor's

Previous SEVIS ID example

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. CPT Authorization
Part-time
N000000000,
Employer Name
01/28/19-4/26/19 Master's

CPT example

3 2 27

5.d. Post-completion OPT Authorization

Full-time
N000000000
Employer Name
05/21/16-05/20/17

Example of previous OPT

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. Family name did not fit in field 1.a.

Full Family Name: Hoya Saxa Hotung
McDonough Gewirz

Example of additional information

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.