



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
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) <input type="checkbox"/> Applicant is filing under section 274a.12 _____		Approved A# _____ Denied

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

I am applying for:

- ☒ 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
Write your name exactly as it is on your passport

2. Other Names Used (include Maiden Name)

Family Name First Name Middle Name

3. U.S. Mailing Address

Street Number and Name Apt. Number
3601 N. Military Trail
Town or City State ZIP Code
Boca Raton FL 33431

4. Country of Citizenship or Nationality

5. Place of Birth

Town or City State/Province Country

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

7. Gender ☐ Male ☐ Female

8. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

9. Social Security Number (Include all numbers you have ever used, if any)

Write your SS# if you have one, otherwise leave blank

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

Write your I-94 number

11. Have you ever before applied for employment authorization from USCIS?

☐ Yes (Complete the following questions.)

Which USCIS Office?

Dates

Results (Granted or Denied - attach all documentation)

☐ No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)

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

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

F-1 Student

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


F-1 Student

16. 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.

(C) (3) (B)

17. **(c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 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.

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

18. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** 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.

19. **(c)(35) and (c)(36) Eligibility Category**

- a. If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** 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 Numbers 19.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.

Certification

I certify, under penalty of perjury, 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 **"Who May File Form I-765?"** section of the instructions and have identified the appropriate eligibility category in **Question 16.**

Applicant's Signature

Don't forget to sign! Sign here

Date of Signature (mm/dd/yyyy)

Telephone Number

Signature of Person Preparing Form, If Other Than Applicant

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



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2016

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS)**], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
E-mail Address		Mobile Phone Number (Text Message)