



# 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		Approved	Denied
<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

**FOLLOW INSTRUCTIONS for documents. OGI STRONGLY suggests that you TYPE all forms and do NOT handwrite-no matter how neat your handwriting is!**

**▶ 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).

7. Gender  Male  Female

8. Marital Status

- Single  Married  Divorced  Widowed

**Check this box for STEM OPT Applications**

### 1. Full Name

Family Name	First Name	Middle Name
SIMPSON	Roner	Jay

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

- Yes  No

**If your full name does not fit in the space provided, change the text size/font in the box, or, type your full name on a separate sheet of paper and attach to your application.**

### 2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name

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)

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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.

### 3. U.S. Mailing Address

Street Number and Name	Apt. Number
123 Main Street	4A
Town or City	State ZIP Code
Newark	NJ 07102

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

**Enter the address where you will receive your EAD card and all other USCIS mail regarding this application.**

### 4. Country of Citizenship or Nationality

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### 5. Place of Birth

Town or City	State/Province	Country

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

### Father's Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

**Be sure to enter your address in the correct U.S. format.**

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 (A-Number) or Form I-94 Number (if any)

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

Yes (Complete the following questions.)

Which USCIS Office?	Dates
Potomac Service Center	<input type="text"/>
Results (Granted or Denied - attach all documentation)	
Granted	

No (Proceed to Item Number 16.)

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

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

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: (c)(1)(i)(ii), etc.

21. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 20, 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
<input type="text"/>	<input type="text"/>
Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number	
<input type="text"/>	

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.

23. (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.

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 Item Number 20.

Applicant's Signature

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

Check your EAD card to verify this.  
YSC = Potomac Service Center  
EAC = Vermont Service Center  
Enter the start date as listed on your OPT EAD card.

Complete this section ONLY if your Form is prepared by an individual other than yourself (ie: an attorney).

Correct STEM Extension employment code for Item 20 indicated here.

Enter degree code as listed on I-20 under "Major 1" Code will be in the format xx.xxxx

Enter your employers E-VERIFY number, NOT their EIN. These are two different numbers, be sure to enter to correct one here.