## OMB No. 1615-0040; Expires 08/31/08 **I-765, Application for Employment Authorization**

Do not write in this block.								
Remarks	Action Block			Fee Sta	mp			
A#								
Applicant is filing under §274a.12								
Application Approved. Employment Auth	orized / Extended	(Circle One)	until _				_ (Date).	
Subject to the following conditions:			_				_ (Date).	
Application Denied.  Failed to establish eligibility under 8	CEP 274e 12 (e)	or (a)					_	
Failed to establish economic necessit			14), (18) and	8 CFR 214.2	(f)			
I am applying for: Permission to acce	pt employment.							
Replacement (of lo				1		1		
1. Name (Family Name in CAPS) (First)		ment (attach previous employment authorization document).  11. Have you ever before applied for employment authorization from USCIS?						
1. Name (Family Name in CAPS) (First) (Middle)			Yes (If yes, complete below) No					
2. Other Names Used (Include Maiden Name)		Wh	ich USCIS Off			Date(s)		
3. Address in the United States (Number and Street)	(Apt. Nur	nber) Res	sults (Granted	or Denied - atta	ich all documen	tation)		
(Town or City) (State/Country) (ZIP Code) 12. Date of Last Entry into the U.S. (mm/dd/yyyy)								
(Sime estably) (Entertainty)			2. Date of Last Entry into the C.S. (initial day)					
4. Country of Citizenship/Nationality			13. Place of Last Entry into the U.S.					
5 Pl (P) (P) (C) (C)		1436	CI . E	. (17)	1			
5. Place of Birth (Town or City) (State/Province	(Country)	<b>14</b> . Mai	nner of Last Er	ntry (Visitor, St	udent, etc.)			
6. Date of Birth (mm/dd/yyyy) 7. Gender Male Female			15. Current Immigration Status (Visitor, Student, etc.)					
8. Marital Status Married Widowed	Single Divorced	the lette		of the category	Eligibility Categ you selected fro		ace below, place ions (For	
9. Social Security Number (Include all numbers you have ever used) (if any)			Eligibility under 8 CFR 274a.12					
10. Alien Registration Number (A-Number) or I-94								
10.7 men registration (an itemper) of 1971	vanioer (ir airy)	(	)	( )	( )			
Certification.								
Your Certification: I certify, under penal	ty of perjury und	ler the laws of t	he United S	tates of Ame	erica, that the	e foregoing i	s true and	
correct. Furthermore, I authorize the release	se of any informa	ation that the U	.S. Citizensl	hip and Imm	igration Serv	vices needs t	o determine	
eligibility for the benefit I am seeking. I have Block 16.	ave read the Insti	ructions in <b>Part</b>	t 2 and have	identified th	ne appropriat	e eligibility	category in	
Signature	Telephone Number Date							
	- Seption Changes							
Signature of person preparing for	rm if other t	han ahove• I	declare that	t this docum	ent was nren	ared by me s	at the	
request of the applicant and is based on all	information of v	which I have an	y knowledg	e.	ent was prep	area by me a	it the	
Print Name Address			Signature Date					
Time Name Au	uress		Signaiu	76		Date		
Remarks	Initial Receipt	Resubmitted	bmitted Relocated Completed					
	тими посотра	Resubmitted	Rec'd	Sent	Approved	Denied	Returned	