**TIPS for completing the “Application for Employment Authorization (Form I-765)**

1. Make sure to answer all questions full and accurately and sign in blue or black ink. If a question does not apply to you, type or print “N/A” or Not Applicable unless otherwise directed.
2. Make sure to use Form I-765 05/31/2020 edition. The date USCIS receives an application controls. USCIS will reject prior editions of Form I-765 it receives on or after 09/17/2018, even if the prior edition was mailed before 09/17/2018.
3. Make sure to include all pages of the Form I-765 in your filing, even if the responses on those pages are not applicable to your situation. USCIS can deny or reject the application if it does not contain all pages.
4. Use Part 6 (page 7) for additional details or if you have space issues on any section.

**Please note that the Form I-765 Guide should not be considered legal advice. US Citizenship and Immigration Services ultimately provides the decision on your OPT application.**

**Helpful Resources**

   a. Form I-765
   b. Instructions for Form I-765
   c. I-765 Worksheet
   d. Form G-1145 (E-Notification of Application/Petition Acceptance)
Part 1. Reason for Applying:

1.a. Check the box “Initial permission to accept employment” for Pre & Post Completion OPT.

1.b. Check this box if you lost your EAD card and applying for a new card. (**NOT DUE to USCIS error)

1.c. Check this box if you are applying for STEM OPT Extension.

Part 2. Information About You:

1.a.-1.c. Enter your names exactly as they appear on your Form I-20.

**Note: Full Name**
If your full name does not fit in the box, write your full name on page 7 of the I-765 (Part 6. Additional Information). After a receipt number is received, an e-request at https://egov.uscis.gov/e-request/Intro.do can be submitted to ensure USCIS has the full name in their systems.
Your U.S. Mailing Address

This is the address where you will receive all correspondence from USCIS. Please be sure that this address is valid for at least 4 months in the future. You may list a U.S. Post Office address (PO Box) if that is how you receive your mail.

5.a. If you are using your own address, enter “N/A”. If you use someone else’s address, enter the person’s name in item “In Care of Name”.

U.S. Physical Address

If you check “Yes” in item 6, enter “N/A” in item 7.a. and leave blank in items 7.b-7.e.

If you check “No” in item 6, complete in items 7.a.-7.d.

8. If you were issued an EAD card, type or print it in this space. If you were issued more than one EAD card, enter A-Number (listed as the “USCIS #”) listed on the most recent EAD card in item 8 and provide all other number(s) in Part 6 Additional Information. If you do not have an A-Number or if you cannot remember it, leave this space blank.

Social Security (#13.a and 13.b.)

Answer ‘Yes’ if you have been issued a Social Security Number (SSN), complete 13.b. and skip items 14-17.

OPTIONAL: SSN (#14 - #17)

If you do not have a SSN or need a replacement Social Security card and would like to be issued a SSN or replacement card (will arrive about 2-4 weeks after your EAD approval), answer ‘Yes’ to items 14 and 15. Complete the information in items 16.a.-17.b.

If you do not wish to be issued a SSN or a replacement Social Security card, answer ‘No’ to item.

9. Refer to the USCIS I-765 Instruction “Item Number 9” on page 17. It can be found here: https://www.uscis.gov/i-765

12. If you have ever applied for OPT previously, check “Yes”, complete Part 6 Additional Information and provide copies of your previous EADs. If EADs unavailable, please explain in Part 6 Additional Information.
21.a. Form I-94 Number

Use your I-94 number, which can be found here: www.cbp.gov/i94

21.c. If you used travel document (not a passport) to travel to the United States, enter travel document number here.

22. Enter the last date you entered the U.S. It is usually the date stamped in your passport in your most recent entry to the U.S.

23-25 Use your I-94 Information. You may also refer to your most recent I-94 stamp in your passport.

Enter your SEVIS ID number which can be found on the top left of your most recent Form I-20.

If you were issued more than one SEVIS number, enter other SEVIS number(s) in Part 6 Additional Information.

27. Eligibility Category

Pre-Completion OPT: (c)(3)(A)

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

24-Month STEM Extension: (c)(3)(C)

** Note: If you have previously approved for CPT, please list your CPT approvals in Part 6 Additional Information.

28-28.c. (c)(3)(C) Eligibility Category ONLY: For STEM applicants only

28.a. Enter the degree for which you are requesting the STEM extension (Bachelor, Master, Doctorate, etc.)

28.b. Enter your employer’s name as listed in E-Verify

28.c. Enter your employer’s E-Verify Company Identification Number (usually 4-7 digits). Please note that the E-Verify number is NOT the employer’s EIN (11 digits).

Leave BLANK
Part 3. Applicant’s Statement:

1.a. Select the box applicable to your situation. If you check 1.a., enter “N/A” in the text boxes for items 1.b. and 2.

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 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)

Make sure to sign here in blue or black ink within the box since USCIS will scan your signature for your EAD. E-signatures or typewritten names are not acceptable.
**Page #5: Part 4. Interpreter's Contact Information, Certification, and Signature**

<table>
<thead>
<tr>
<th>Interpreter's Mailing Address</th>
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<tbody>
<tr>
<td>3.a. Street Number and Name</td>
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<td>3.b.</td>
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<tr>
<td>3.d. State</td>
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<td>3.f. Province</td>
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<tr>
<td>3.g. Postal Code</td>
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<tr>
<td>3.h. Country</td>
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</tbody>
</table>

**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.c. City or Town
3.d. State | 3.e. ZIP Code |
3.f. Province
3.g. Postal Code
3.h. Country

**Preparer'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 answers to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including for Applicant's Declaration and Certification, and has verified the accuracy of every answer.

7.a. Interpreter's Signature
7.b. Date of Signature (mm/dd/yyyy)

**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 representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Signature**

8.a. Preparer's Signature
8.b. Date of Signature (mm/dd/yyyy)
Part 6. Additional Information

Please complete the Part 6, if applicable,
1. All Previous Optional Practical Training (OPT) Approvals
2. All Previous SEVIS ID(s)
3. All Previous Curricular Practical Training (CPT) Approvals

Example-Previous OPT:
List all past OPT approvals
3.a. Page Number: 2
3.b. Part Number: 2
3.c. Item Number: 12
3.d. OPT Work Authorization
SEVIS Number
OPT Start and End Dates
Degree Level (i.e. Bachelor’s)

Example-Previous SEVIS IDs:
List all past SEVIS ID numbers
4.a. Page Number: 3
4.b. Part Number: 2
4.c. Item Number: 26
4.d. Previous SEVIS IDs
SEVIS Number
Program Start and End Dates
Degree Level (i.e. Bachelor’s)

Example-Previous CPT:
List all past CPT approvals
5.a. Page Number: 3
5.b. Part Number: 2
5.c. Item Number: 27
5.d. CPT Work Authorization
SEVIS Number
Employer’s Name
CPT Start and End Dates
Part Time or Full Time
Degree Level