

Guidance for Paper Filing the Form I-765 for Optional Practical Training (OPT)

Use this general guide to help you complete the Form I-765. The information contained herein is not intended to replace the Form I-765 Guide provided by USICS. This guide can be found [here](#).

When paper filing, use the most recent version of the Form I-765 provided by USCIS. Click [here](#) to download the most recent version.

Sections must be visible.

	Application For Employment Authorization Department of Homeland Security U.S. Citizenship and Immigration Services	USCIS Form I-765 OMB No. 1615-0040 Expires 10/31/2025	
For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<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"/>	

Leave blank.
This section is used for USCIS record purposes.

Section to be completed by an attorney or BIA accredited representative, if any. Leave blank otherwise.

Select **1.a.** if you are applying for pre-completion or post-completion OPT.

Select **1.b.** if your OPT was authorized, but your EAD card was lost, stolen, damaged, or needs to be corrected.

Select **1.c.** if you are applying for STEM OPT extension.

1.a-c. Provide your full name as shown on your passport. Type N/A in box 1.b. if you do not have a middle name.

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). Select this box if Form G-28 is attached. Attorney or Accredited Representative USCIS Online Account Number (if any)

▶ **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.)

Other Names Used

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)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle 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

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2.a-4.c. Type any other name that has been used on any official records or documents including maiden names, preferred names, etc. Type N/A if you have not used any other names.

Sections must be visible on each page of the Form I-765. Use the most recent edition of the Form I-765.

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

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State

5.f. ZIP Code

[\(USPS ZIP Code Lookup\)](#)

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

5.a.-e. Your U.S. mailing address is where all USCIS receipts (I-797), approval notice, and physical EAD card will be mailed. This address should be valid for at least 5 months into the future. You may provide the address of a person you can trust if you plan on moving within the next 5 months. You may also change your U.S. address using your [USCIS portal](#).

6. If your physical address is the same as your mailing address, select ‘YES’ in #6 and leave #7 blank. If your physical address is different from your mailing address, select ‘NO’ in #6 and complete #7.

7.a-d. Provide your U.S. physical address in #7, if you answered ‘NO’ in #6.

Other Information

8. Alien Registration Number (A-Number) (if any)

▶ A-

9. USCIS Online Account Number (if any)

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10. Gender Male Female

11. Marital Status

Single Married Divorced Widowed

12. Have you previously filed Form I-765?

Yes No

8. Add your alien registration number (A-Number), if you have one.

9. Add your USCIS Online Account Number, if any.

10. Indicate your gender.

11. Indicate your marital status.

12. Answer 'YES' if you have previously filed a Form I-765.

Answer 'NO' if this is your first time filing a Form I-765.

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).

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14. 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.**

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.**

13.a. Answer ‘YES’ if you have been issued a social security number by the SSA.

Answer ‘No’ if you have not been issued a social security number by the SSA.

13.b. Add your social security number, if you were previously issued a SSN.

14. Check ‘YES’ if you would like SSA to issue you a social security card or a replacement card if you have already been issued an SSN and it was damaged or lost.

Check ‘NO’ if you already have a SSN and do not need a replacement card.

15. If you answered ‘NO’ to #14., skip to # 18.A
If you answered ‘YES’ to #14., answer ‘YES’ for #15 and complete # 16.a-17.b.

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

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

18.b. Country

16.a. – 17.b. Fill out this section if you indicated 'YES' to #14.

18.a-b. List all the countries where you are a citizen or national.

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

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

21.c. Travel Document Number (if any)

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

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

19.a-c. Provide the city/town/village of birth, state/province of birth, and country of birth.

20. Provide your date of birth (DOB).

21.a. Provide the record number found on your most recent Form I-94. You may generate your Form I-94 [here](#) to complete this section. (If the information on your I-94 record is incorrect, please reach out to the [deferred inspection center](#) to have corrections made.)

21.b-e. Provide passport information your most recently issued passport information.

- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
- 23. Place of Your Last Arrival Into the United States
- 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
- 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
- 26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
 - ▶ N-

- 22. Provide the latest arrival date to the U.S. Refer to your most recent [Form I-94](#).
- 23. Provide the location where you most recently entered the U.S.
- 24. Provide the status of your last arrival (e.g. F-1 status).
- 25. Provide your current status (e.g. F-1 status).
- 26. Provide your SEVIS number. Refer to your Form I-20.

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)).
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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

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

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

27. Provide the eligibility category based on the employment benefit you are requesting.

- Pre-completion OPT: **(C)(3)(A)**
- Post-completion OPT: **(C)(3)(B)**
- STEM OPT Extension: **(C)(3)(C)**

28. Complete if you will be applying for a STEM OPT Extension.

28.a. Provide the degree information (degree level, program name) in which you will be applying for STEM OPT extension employment benefits.

28.b. Provide the **name** of your employer as listed in [E-Verify](#).

28.c. Provide your employer's E-Verify company ID number or a valid E-Verify client company ID number.

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.

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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.

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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.

29.c.-3 1.b. Leave blank.

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.

- 1.a. Check off the box.
- 1.b. Provide the interpreter's name, if any.
- 2. Provide the preparer's name, if any.
- 3-5. Provide your contact information.

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)

7.a-b. Sign and date

Par 4. 1.a-2. Provide the interpreter's information, 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 representative, you may 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
- 8.b. Date of Signature (mm/dd/yyyy)

Part 4-5. Fill out, if any.

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.

Part 6. Use this extra space to provide any information you consider relevant.