## OMB No. 1615-0040; Expires 04/30/2016 **I-765, Application For Employment Authorization**

Do not write in this block.									
Remarks	Action Block				Fee Sta	ımp			
A#									
Applicant is filing under §274a.12									
Application Approved. Employment Au	thorized / Extended (	Circle Oi	ne)	until				(Date).	
Subject to the following conditions:				_				_ (Date). _	
Application Denied.  Failed to establish eligibility under	8 CFR 274a 12 (a) o	r (c)							
Failed to establish economic necess			4), (18)	and 8 CFR 2	14.2(f)				
I am applying for: Permission to acc									
	ost employment auth ermission to accept e				our previou	s employment	authorization	n document)	
1. Name (Family Name in CAPS) (First)	(Middle)	тртојте		ich USCIS Offic		s emproyment	Date(s)		
2. Other Names Used (include Maiden Name)			Results (Granted or Denied - attach all documentation)						
3. U.S. Mailing Address (Street Number and Name	) (Apt. Nu	mber)	12. Date	e of Last Entry i	nto the U.S.,	on or about: (m	m/dd/yyyy)		
(Town or City) (State/Cou	ntry) (ZIP Code)		13. Plac	ce of Last Entry	into the U.S.				
4. Country of Citizenship/Nationality			14. Stat	tus at Last Entry	(B-2 Visitor.	F-1 Student, N	o Lawful Status	s. etc.)	
. Country of Citizonsmp/Nationality					(= = : ::::::	,		-,,	
5. Place of Birth (Town or City) (State/Province	e) (Country)		15. Cur	rent Immigratio	n Status (Visi	itor, Student, etc	:.)		
6. Date of Birth (mm/dd/yyyy) 7. C	Gender  Male Female	e	spa	to the "Who Mace below, place ected from the in	the letter and	number of the	eligibility categ	ory you	
8. Marital Status Married Widowed	Single Divorced				(	) (	)	( )	
9. Social Security Number (Include all numbers you	ı have ever used, if any	7)	deg	ou entered the e	yer's name as	listed in E-Ver	ify, and your er	nployer's E-	
10. Alien Registration Number (A-Number) or I-94 Number (if any)			Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.						
11. Have you ever before applied for employment a		700	Degree						
Yes (Complete the following	No (Proc			yer's Name as li		-	har or a valid	E Vorify	
questions.) Question 12.)				Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number					
Certification									
Your Certification: I certify, under pen	alty of perjury und	er the la	ws of t	the United St	ates of Am	erica, that th	e foregoing	is true and	
correct. Furthermore, I authorize the release	•				_				
eligibility for the benefit I am seeking. I l the appropriate eligibility category in <b>Qu</b>		o May F	île Fo	rm 1-765?" s	section of t	the instructio	ns and have	identified	
Signature			Te	elephone Numbe	er		Date		
2.6			-				Duit		
Signature of Person Preparing F						cument was j	prepared by	me at the	
request of the applicant and is based on a		mich I ha	ive an	y knowledge. Signature			D-4		
Print Name A	ddress			Signature			Date		
Remarks	Initial Receipt	Resubm	itted	Reloc			Completed		
				Received	Sent	Approved	Denied	Returned	