Butterfly Dreamers and Their Families Support Network

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☐ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**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 www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): YOUR LAST NAME

1.b. Given Name (First Name): YOUR FIRST NAME

1.c. Middle Name: YOUR MIDDLES NAME

Other Names Used

If you have used other names like Maiden, Married Name, Name Change ETC.

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

Created By Cindy Garcia

Your Mailing address where you want to receive you notices

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

If you have a physical address different from you mailing address

Other Information

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

AKA USCIS # on EAD card (If Any) ▶ **A-**

9. USCIS Online Account Number (if any)

If any ▶

10. Sex — Choose one ☐ Male ☐ Female

11. Marital Status — Choose one

☐ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?

Choose one, If you have DACA its YES ☐ Yes ☐ No

13. Provide your Social Security number (SSN) (if known).

Your Social Security# (If Any) ▶

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**.

14.a. Country

14.b. Country

Country you are citizen or national to EX:Mexico, Guatemala, El Salvador, Nicaragua, Venezuela,ETC
And **Yes** if you have more than one use 14b. to put the other coutnry that applies

Created By Cindy Garcia

Part 2. Information About You (continued)

Place of Birth

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

15.a. City/Town/Village of Birth

City Of Birth

15.b. State/Province of Birth

State where you were Born

15.c. Country of Birth

Mexico China Guatemala El Salvador ETC

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

Your Date Of Birth

Information About Your Last Arrival in the United States

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

Look up your I-94

▶

18. Passport Number of Your Most Recently Issued Passport

Passport #

19. Travel Document Number (if any)

Usually Not For You

20. Country That Issued Your Passport or Travel Document

Mexico China Guatemala El Salvador ETC

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

Expiration date on the passport
Remember to READ the correct date

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

Information on you I-94 Go to I-94 website to find yours

23. Place of Your Last Arrival Into the United States

Information on you I-94

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

Information on you I-94
Should be: DA

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Usually NLS

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N

Usually Not for you but if applies enter information

Information About Your Eligibility Category

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)).

Category for AOS ONLY

(c) (09) ( )

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~~ Does Not Apply

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

Does Not Apply

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

Does Not Apply

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.~~

▶ 0 0 0 0 0 0 0 0 0 0 0 0 0

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.~~

▶ 0 0 0 0 0 0 0 0 0 0 0 0 0

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.~~

Created By Cindy Garcia

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Check this if you understand English If not Choose 1B. and if someone prepared your form choose 1.C.

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.

Make sure to add your contact information, this is for the beneficiary the person applying for the Work Permit

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Black Ink Only

7.b. Date of Signature (mm/dd/yyyy) Date you sign

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)

Created By Cindy Garcia

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 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)

Only fill If you are the Preparer

Created By Cindy Garcia

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 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)

Continue if needed

Created By Cindy Garcia

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) YOUR LAST NAME

1.b. Given Name (First Name) YOUR FIRST NAME

1.c. Middle Name YOUR MIDDLES NAME

2. A-Number (if any) ► **A-** AKA USCIS # on EAD

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. Add any additional Information that did fit on the spaces provided above

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.

Created By Cindy Garcia