SAMPLE (if you do not have SSN)

It is best to type the form; however, some fills will not allow you to type so you can hand write using BLACK ink. You will also hand write the signature within the box.

For any item you do not complete, write “NA” (short for “Not applicable”) or, if the question asks for a number response, write “None.”

OPT: Check the “Initial Permission” box

Share any other way your name is given on your legal documents. This includes “FNU,” multiple last names you may sometimes use, or previous names you used if you changed your name for any reasons, such as marriage.
Check YES if you are currently in the same address you just gave as the place to send your documents, in item 5. If you check yes, you do NOT have to complete Item 7. If you check NO, please complete item 7.

Please give the address where you currently live. USCIS will NOT mail documents here, and its okay if this will change over the course of your application processing. Just use the address where you live today.

8. If you previously had an EAD card, provide the A number here (also called USCIS number)

9. USCIS Online Account Number should be filled with “none”

<table>
<thead>
<tr>
<th>Part 2: Information About You (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your U.S. Mailing Address</td>
</tr>
<tr>
<td>6.a. In Care Of Name (if any)</td>
</tr>
<tr>
<td>6.b. Street Number and Name</td>
</tr>
<tr>
<td>6.c. City or Town</td>
</tr>
<tr>
<td>6.d. State</td>
</tr>
<tr>
<td>6.e. S.f. ZIP Code</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>U.S. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.a. Street Number and Name</td>
</tr>
<tr>
<td>7.b. City or Town</td>
</tr>
<tr>
<td>7.c. State</td>
</tr>
</tbody>
</table>

Other Information

<table>
<thead>
<tr>
<th>8. Alien Registration Number (A-Number) (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A: NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. USCIS Online Account Number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ NONE</td>
</tr>
</tbody>
</table>

10. Gender  ☐ Male  ☐ Female

11. Marital Status  ☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed

12. Have you previously filed Form I-755?  
☐ Yes  ☐ No

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)  
☐ NONE

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 15.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.

Father’s Name

Provide your father's birth name.

16.a. Family Name (Last Name)  Tanaka

16.b. Given Name (First Name)  Koji

Mother’s Name

Provide your mother's birth name.

17.a. Family Name (Last Name)  Tanaka

17.b. Given Name (First Name)  Yuki

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  Japan

18.b. Country  NA
Write “NA” if you have a passport. For almost everyone, this will be “NA.”

<table>
<thead>
<tr>
<th>Part 2. Information About You (continued)</th>
</tr>
</thead>
</table>

**Place of Birth**

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

19.a. City/Town/Village of Birth
Aichi (Japan)

19.b. State Province of Birth
Aichi

19.c. Country of Birth
Japan

20. Date of Birth (mm/dd/yyyy)
07/10/1998

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival/Departure Record Number (if any)
12345678901

21.b. Passport Number of Your Most Recently Issued Passport
T21186820

21.c. Travel Document Number (if any)

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

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
08/13/2016

22. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy)
09/02/2018

23. Place of Your Last Arrival into the United States
Los Angeles

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

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

26. Student and Exchange Visitor Information System (SEVIS) Number (if say)
N-001234567

**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)(3), (C)(17)(32))

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 Items Numbers 28.a - 28.c.

28.a. Degree
NA

28.b. Employer’s Name is Listed in E-Verify
NA

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

29. (c)(4) Eligibility Category. If you entered the eligibility category (c)(4) 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.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27, have you EVER been arrested for, or convicted of, any crime?

   - Yes
   - No

NOTE: If you answered “Yes” to Item Number 29.a, 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.

   - NONE

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27, have you EVER been arrested for or convicted of any crime?

   - Yes
   - No

NOTE: If you answered “Yes” to Item Number 31.b, refer to Employment-Based Nonimmigrant Categories, Item 8. - 9. in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.
Part 3. Applicant’s Statement, Contact Information, Declaration, 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.

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. [X] 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 [NA], a language in which I am fluent, and I understood everything.

2. [ ] At my request, the preparer named in Part 5, [NA], prepared this application for me based only upon information provided or authorized.

Applicant’s Contact Information

3. Applicant’s Daytime Telephone Number
7147442110

4. Applicant’s Mobile Telephone Number (if any)
7147442110

5. Applicant’s Email Address (if any)
tanaka123@hotmail.com

6. [ ] Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant’s Declaration and Certification

Copies of any documents I have submitted are exact photocopies of 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 further 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 understood all of the information contained in, and submitted with, my application; and

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

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and 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

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) 
NA

1.b. Interpreter’s Given Name (First Name) 
NA

2. Interpreter’s Business or Organization Name (if any) 
NA

Sign your name in black ink within the box. This should be an original signature, and cannot be typed or stamped.
### Part 4. Interpreter’s Contact Information, Certification, and Signature

**Interpreter’s Mailing Address**

<table>
<thead>
<tr>
<th>3.a. Street Number and Name</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c. City or Town</td>
<td>NA</td>
</tr>
<tr>
<td>3.d. State</td>
<td>3.e. ZIP Code</td>
</tr>
<tr>
<td>3.f. Province</td>
<td>NA</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
<td>NA</td>
</tr>
<tr>
<td>3.h. Country</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Interpreter’s Contact Information**

| 4. Interpreter’s Daytime Telephone Number | NA |
| 5. Interpreter’s Mobile Telephone Number (if any) | NA |
| 6. Interpreter’s Email Address (if any) | NA |

**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 | NA |
| 7.b. Date of Signature (mm/dd/yyyy) | NA |

---

### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

**Preparer’s Full Name**

| 1.a. Preparer’s Family Name (Last Name) | NA |
| 1.b. Preparer’s Given Name (First Name) | NA |
| 2. Preparer’s Business or Organization Name (if any) | NA |

**Preparer’s Mailing Address**

<table>
<thead>
<tr>
<th>3.a. Street Number and Name</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c. City or Town</td>
<td>NA</td>
</tr>
<tr>
<td>3.d. State</td>
<td>3.e. ZIP Code</td>
</tr>
<tr>
<td>3.f. Province</td>
<td>NA</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
<td>NA</td>
</tr>
<tr>
<td>3.h. Country</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Preparer’s Contact Information**

| 4. Preparer’s Daytime Telephone Number | NA |
| 5. Preparer’s Mobile Telephone Number (if any) | NA |
| 6. Preparer’s Email Address (if any) | NA |
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 agent, you 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

    NA

8.b. Date of Signature (mm/dd/yyyy)

    NA
Complete this section only if:

- You have been approved for CPT in the past
- You have been approved for OPT in the past
- You have used a different SEVIS ID in F-1 status in the US (for example, you attended school for a while, left the US to take a break from school, and returned with a new I-20, you would have a SEVIS ID from your first period of attendance that is different than your current SEVIS ID). Your SEVIS ID is on the top right corner of your I-20, and starts with N00.
- You have to provide additional evidence

<table>
<thead>
<tr>
<th>Part 6. Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

1. a. Family Name (Last Name) Tanaka  
1. b. Given Name (First Name) Makiko  
1. c. Middle Name NA

2. A-Number (if any) ➤ A: NONE

3. a. Page Number 3  
3. b. Part Number 2  
3. c. Item Number 27

3. d. N001234567  
OPT authorization  
01/07/12-01/06/13  
Bachelor’s  
See I-94 attached

4. a. Page Number 3  
4. b. Part Number 2  
4. c. Item Number 27

4. d. N001234567  
CPT authorization  
08/30/2017-12/15/2018, FT, Master’s  
01/15/2018-05/10/2018, FT, Master’s

5. a. Page Number 3  
5. b. Part Number 2  
5. c. Item Number 22

5. d. The accurate date of my last arrival is not reflected on my Form I-94.  
However, it shows on Travel History page. Please see the Travel History page attached along with the stamp of entry date.

6. a. Page Number 3  
6. b. Part Number 2  
6. c. Item Number 27

6. d. Previous SEVIS ID N00112233  
Associate  
08/27/2007-05/16/2009  
No CPT or OPT was authorized on this SEVIS number.

7. a. Page Number  
7. b. Part Number  
7. c. Item Number  
7. d. NA