SAMPLE (if you 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.

<table>
<thead>
<tr>
<th>Other Names Used</th>
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<tbody>
<tr>
<td>Family Name</td>
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</tbody>
</table>

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.)

Part 2: Information About You

Your Full Legal Name

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

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).
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 it's 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>
</table>

**Your U.S. Mailing Address**

5.a. In Care Of Name (if any)

5.b. Street Number and Name


5.d. City or Town

5.e. State □ CA □ 6f. ZIP Code 92867

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.c. City or Town

7.d. State □ 7.e. ZIP Code ☐

**Other Information**

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

9. USCIS Online Account Number (if any)

10. Gender ☐ Male ☐ Female

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

12. Have you previously filed Form I-765?

☐ 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 14, you must also answer “Yes” to Item Number 15.

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

**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
### Information About You (continued)

<table>
<thead>
<tr>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the city/town/village, state/province, and country where you were born.</td>
</tr>
<tr>
<td>19.a. City/Town/Village of Birth</td>
</tr>
<tr>
<td>19.b. State Province of Birth</td>
</tr>
<tr>
<td>19.c. Country of Birth</td>
</tr>
<tr>
<td>20. Date of Birth (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Information About Your Last Arrival in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.a. Form I-94 Arrival-Departure Record Number (if any)</td>
</tr>
<tr>
<td>21.b. Passport Number of Your Most Recently Issued Passport</td>
</tr>
<tr>
<td>21.c. Travel Document Number (if any)</td>
</tr>
<tr>
<td>21.d. Country That Issued Your Passport or Travel Document</td>
</tr>
<tr>
<td>21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</td>
</tr>
<tr>
<td>22. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy)</td>
</tr>
<tr>
<td>23. Place of Your Last Arrival into the United States</td>
</tr>
<tr>
<td>24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)</td>
</tr>
<tr>
<td>25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parole, deferred action, or no status or category)</td>
</tr>
<tr>
<td>26. Student and Exchange Visitor Information System (SEVIS) Number (if say)</td>
</tr>
</tbody>
</table>

**NOTE:** If you answered “Yes” to Item Number 36, 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.

### Information About Your Eligibility Category

<table>
<thead>
<tr>
<th>Information About Your Eligibility Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)(2), (c)(17)(x)(3))</td>
</tr>
<tr>
<td>28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27, please provide the information requested in Item Numbers 28.a. - 28.c.</td>
</tr>
<tr>
<td>28.a. Degree</td>
</tr>
<tr>
<td>28.b. Employer’s Name is Listed in E-Verify</td>
</tr>
<tr>
<td>28.c. Employer’s E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number</td>
</tr>
<tr>
<td>29. (c)(4) Eligibility Category. If you entered the eligibility category (c)(4) in Item Number 27, please provide the receipt number of your Form I-140, Nonimmigrant Worker Petition for a Nonimmigrant Worker</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>31. (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.</td>
</tr>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

**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.
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**

3.a. Street Number and Name  
3.b.  
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.  
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 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