

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

**I-765, Application For
Employment Authorization**

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). _____ (Date). Subject to the following conditions: _____ Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: Permission to accept employment.
 Replacement (*of lost employment authorization document*).
 Renewal of my permission to accept employment (*attach a copy of your previous employment authorization document*).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
AGRAWAL	Manisha	Devi	
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
None			
3. U.S. Mailing Address (Street Number and Name)		12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy)	
123 Park Avenue		11/29/2005	
(Town or City) (State/Country) (ZIP Code)		13. Place of Last Entry into the U.S.	
Edison NJ 08837		Washington Dulles International Airport, VA	
4. Country of Citizenship/Nationality		14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	
India		H-1B Temporary Worker	
5. Place of Birth (Town or City) (State/Province) (Country)		15. Current Immigration Status (Visitor, Student, etc.)	
Mumbai Maharashtra India		H-1B Temporary Worker	
6. Date of Birth (mm/dd/yyyy)		16. Go to the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.).	
11/20/1975		(c) (9) (P)	
7. Gender			
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
8. Marital Status			
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single			
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
9. Social Security Number (Include all numbers you have ever used, if any)		17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
998-76-5432		Degree: _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)		Employer's Name as listed in E-Verify: _____	
470593705		Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____	
11. Have you ever before applied for employment authorization from USCIS?			
<input type="checkbox"/> Yes (Complete the following questions.) <input checked="" type="checkbox"/> No (Proceed to Question 12.)			

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Signature	Telephone Number	Date
	(732) 481-3053	11/29/2011

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
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Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Received	Sent	Approved	Denied	Returned