Check this box (unless you are applying for a replacement EAD card).

Do not forget to check this box! USCIS will not review your application if you do not.

Enter name exactly as it appears in your passport.
Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name
   20 Sawyer Ave


5.d. City or Town
   Medford

5.e. State MA ▼ 5.f. ZIP Code 02155

U.S. Physical Address

7.a. Street Number and Name
   1148 E. Alejo Rd


7.c. City or Town
   Palm Springs

7.d. State CA ▼ 7.e. ZIP Code 92262

Other Information

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

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 6, provide your physical address below.

Enter your current U.S. residential address here, if different than the mailing address used above.

Check “yes” if you have applied for OPT previously – otherwise, check “no.”

If you already have an SSN, check “yes” here, fill out SSN on the next line, and skip questions 14 – 17b.

Otherwise, check “no.”

Please only use the I-Center address if you do not have any alternate stable address available in the U.S.

If using a personal address or address of a family member/friend, please be sure to enter the address completely and correctly.
If you already have an SSN, be sure to enter it here.

If you already have an SSN, leave questions 14 – 17.b. blank.

If you do not have an SSN, you may check “yes” here and fill out questions 14 – 17.b. if you would like to apply for an SSN at the same time you are applying for OPT.

If you do not wish to apply for an SSN while filing for OPT, you may check “no” and leave questions 14 – 17.b. blank.

Do not forget to fill in your citizenship country!
If you are a dual citizen, please be sure to fill in both countries.
Fill out your place and date of birth.

Download your most recent I-94 at: https://i94.cbp.dhs.gov and fill in the admission number exactly as it appears.

Fill in the Passport Number, Country of Issuance, and Expiration Date of your most recently issued passport.

Enter the date and city of your last entrance to the U.S. (can be verified on the most recent entry stamp in your passport).

Unless you have changed status from within the U.S., you should fill in “F-1 Student” for both questions 24 and 25.

If you have changed status, please check with your International Student Advisor before filling this in.

This is the SEVIS ID on the top left of your I-20 (N00...
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 number 1.a. or 1.b. If applicable, select 2.

1.a. [ ] I can read and understand English, and I have read and understood 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

6171234567

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

6171234567

5. Applicant’s Email Address (if any)

olblueeyes@franksinatra.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 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 confirming that:

1. I certify the information on this application is correct.

2. I authorize release of information contained in this application, in the 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 certify that I have, and will take, all steps necessary to ensure my eligibility and place me in a lawful immigration status, and that this application does not contain false or misleading statements.

The form must be physically signed in pen – do not use an electronic signature. Please make sure the signature does not cross the lines.

The rest of the form should be left blank.

Applicant’s Signature

7.a. Applicant’s Signature

[ ]

7.b. Date of Signature (mm/dd/yyyy) 09/24/2018

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)

* Interpreter’s Business or Organization Name (if any)

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.

Do not forget to sign and date!

Check this box.

Do not forget to fill in your contact information!

Do not forget to fill in your contact information!
These sections should be left blank.

If, however, you did use the assistance of an interpreter or professional preparer to help you complete the I-765, please check with I-Center before completing these sections.

### Part 4. Interpreter’s Contact Information, Certification, and Signature

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<td>3.g. Postal Code</td>
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**Interpreter’s Contact Information**
- Date of Interview (mm/dd/yyyy)

**Interpreter’s Signature**
- Signature

### 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)
- 1.b. Preparer’s Given Name (First Name)

#### 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 Domain Telephone Number
- 5. Preparer’s Mobile Telephone Number (if any)
- 6. Preparer’s Email Address (if any)

#### 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. Signature
- 8.b. Date of Signature (mm/dd/yyyy)
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**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)  
1. b. Given Name (First Name)  
1. c. Middle Name  
2. A-Number (if any) ▶ A-  

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