

USCIS FORM I-765

Application for Employment Authorization

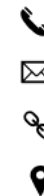
An application guide provided by the International Students & Programs Office at UC San Diego

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La Jolla, CA 92093-0018




Please note that the guidance provided within this application guide is an interpretation of the instructions published within the USCIS Instructions for Form I-765. As this guide is a supplement we have created to answer any questions that may arise while completing the Form I-765, we urge all students to also review the guidance provided by USCIS: <https://www.uscis.gov/i-765>. When downloading and filling out the application, make sure you are always using the most updated version of the form available on the USCIS website. If you are applying for your STEM Extension, please visit [STEMopt.ucsd.edu](https://stemopt.ucsd.edu).

How to Fill Out Form I-765

1. Fill Out Application Clearly

Type or print legibly in BLACK ink. Although this is a form fillable pdf, there may be sections that cannot be typed in, or after printing may not be filled in. It's best to use Google Chrome when viewing and typing in your responses. Thoroughly check after printing to ensure all fields are filled in accurately. In these cases, note it is acceptable to submit a form which is partially typed and hand written. Ensure you use black ink and print legibly when handwriting responses.

2. Part 6. Additional Information

If you need extra space to complete any item within this application, use the space provided in Part 6. Additional Information or attach a separate sheet of paper. If you are including any additional paper or supporting documents, type or print your name and SEVIS ID Number 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. Some questions within the Form I-765 will ask that additional information or evidence be included. ISPO has highlighted these questions in the app guide by inserting the  icon. More guidance and examples of what you will need to include along with types of supporting documentation is provided on Page 8.

Provide Additional Information



3. Part 6. Additional Information – Employment Authorization

If you have ever used any other SEVIS numbers and/or have been previously authorized for CPT or OPT, you will need to provide additional evidence within Part 6. This is not a question asked directly in the application but is referenced within the instructions guide by USCIS. More guidance and examples of what you will need to include along with types of supporting documentation is provided on Page 8.

4. Every Question Must Be Filled Out

Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse", type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed. See example below of what each field should look like:

Enter N/A for fields that do not apply

Enter NONE for numerical boxes that do not apply

FINAL NOTE: After printing, thoroughly check to ensure all fields are filled in accurately and that each section is filled out. If you are unable to type any part of this form, hand write the information with black ink after printing. It is okay for your form to have both typed and handwritten information. Ensure you use black ink and print legibly when handwriting responses.



Application For Employment Authorization
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-765
 OMB No. 1615-0040
 Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A-		
	Remarks		

LEAVE THIS SECTION BLANK

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)
--	--	--

▶ **START HERE** - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

START HERE →

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.)

Select 1.a.

Other Names Used

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) N/A

2.b. Given Name (First Name) N/A

2.c. Middle Name N/A

3.a. Family Name (Last Name) N/A

3.b. Given Name (First Name) N/A

3.c. Middle Name N/A

4.a. Family Name (Last Name) N/A

4.b. Given Name (First Name) N/A

4.c. Middle Name N/A

Only include any previous LEGAL names which you can provide proof of government issued identification. If you do not have any previous legal names, fill in with N/A.



Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) Triton

1.b. Given Name (First Name) Tammy

1.c. Middle Name N/A

Provide your Last, First, and Middle Name. This should match your most recently issued passport. If you do not have a middle name, fill in with N/A.



If you are using a mailing address of a family member or friend, include their name in 5.a. Otherwise, fill in with N/A. **DO NOT use a friend's UC San Diego On-Campus mailing address** (the campus mail services may not deliver to graduate/on campus housing if the student's name isn't listed as being a resident of that location).

Fill in with 'N/A' if no apartment number.

If your mailing address is the same as your CURRENT physical address, mark YES. Otherwise, Mark NO.

INCLUDE YOUR FULL ZIP CODE!
LOOK UP A ZIP CODE HERE
EXAMPLE: 92093-0018
Since you can only type 5 digits in this box, hand write the last 4 digits in black ink after printing.

If you answered YES to Item 6, fill in all sections for Item 7 with N/A.

If you answered NO to Item 6, fill out the U.S. Physical Address with the current address you are using AT THE TIME YOU ARE FILING THIS APPLICATION.

Fill in with 'NONE'.

Fill in with 'NONE'.

If you answer YES, provide additional information as well as supporting evidence such as an EAD Card. See Page 8 for details and examples.

If you answered NO, no additional evidence is required.

If you answered YES to Item 13.a., include your SSN if you know it.

If you answered NO to item 13.a., fill in 13.b. with 'NONE'.

Part 2. Information About You (continued)

Your U.S. Mailing Address *(USPS ZIP Code Lookup)*

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

5.b. Street Number and Name
1234 Street Name

5.c. Apt. Ste. Flr. N/A

5.d. City or Town
San Diego

5.e. State CA 5.f. ZIP Code 92093 - 0018

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
1250 Oceano Drive

7.b. Apt. Ste. Flr. 123

7.c. City or Town
San Diego

7.d. State CA 7.e. ZIP Code 92093 - 0018

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N O N E

9. USCIS Online Account Number (if any)
▶ N O N E

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 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).
▶ N O N E

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

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)
Triton

16.b. Given Name (First Name)
Daddy

Mother's Name
Provide your mother's birth name.

17.a. Family Name (Last Name)
Mermaid

17.b. Given Name (First Name)
Mommy

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
Atlantica

18.b. Country
N/A

Select YES to request for a Social Security Card to be issued to you upon approval of OPT. If you already have an SSN but lost the card, select YES to receive a Replacement card.

If you answered YES to Item 14, fill in Items 15,16, and 17 correctly.

If you answered NO to Item 14, skip item 15 and fill in items 16 and 17 with 'N/A'.

Fill in Item 18.a. with the country of your most current passport. Ensure the passport matches the Passport Biographical Page you are including within your OPT application.

If you hold dual citizenship, fill in 18.b. with country name. If you do not, fill in with N/A. If you hold dual citizenship, provide supporting evidence such as country issued passport.



Ensure the passport number matches the copy of the Passport Biographical Page you are including within your OPT application. Use the same passport to respond to items 18.a., 21.b., and 21.d. If it does not match, provide additional evidence in Part 6. Additional Information, explaining why.

Fill in with 'N/A'.

Ensure the passport info for items 21.d. and 21.e. matches the Passport Biographical Page you are including within your application.

Items 22 and 23 should match your Form I-94.

If it does not match because you travelled through a land border, such as Mexico, and I-94 does not reflect entry, include Travel History Page of Form I-94 within additional evidence. If it does not match due to another reason, see an ISPO Advisor for assistance.

Status at last entry, should match Form I-94.

Write 'F-1 Student'.

Should match your most recently issued SEVIS ID Number. If you have been issued multiple SEVIS ID Numbers and have not engaged in ANY employment through CPT or OPT, list them in Part 6. Additional Information.

Part 2. Information About You (continued)

Place of Birth

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

19.a. City/Town/Village of Birth
Oceano

19.b. State/Province of Birth
Seastate

19.c. Country of Birth
Atlantica

20. Date of Birth (mm/dd/yyyy) 07/24/1980

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 2 3 4 5 6 7 8 9 1 0

21.b. Passport Number of Your Most Recently Issued Passport
T1Z1111

21.c. Travel Document Number (if any)
N/A

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

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 07/24/2050

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 07/01/2018

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

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 any)
▶ N-0011111111

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)).

(C) (3) (B)

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 N/A

28.b. Employer's Name as Listed in E-Verify
N/A

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

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.

▶ N O N E

30. (c)(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

Yes No

NOTE: If you answered "Yes" to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)

Yes No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

Yes No

Fill in Item 27 with (C) (3) (B) to indicate post-completion OPT.

Fill in Items 28.a. through 28.c. with 'N/A'.

Fill in Item 29 with 'NONE'.

Leave Items 30.a. through 30.c. blank.



Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS
N/A

30.e. Location where you presented yourself to DHS
N/A

30.f. Country of claimed persecution
N/A

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.
N/A

Fill in Items 30.d. through 30.g. with 'N/A'.

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

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.

Fill in Item 31.a. with 'NONE'.

▶ N O N E

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

Leave Item 31.b. blank.

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.

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. 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
N/A
a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 5.,
N/A
prepared this application for me based only upon information I provided or authorized.

Select 1.a.

Fill in with 'N/A'.

Fill in with 'N/A'.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
8581011111

4. Applicant's Mobile Telephone Number (if any)
8581011112

5. Applicant's Email Address (if any)
tammytriton123@gmail.com

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

Fill in with your daytime phone number.

Fill in with your cell phone number, this can be the same as your daytime phone number.

Provide a NON-UCSD Email Address. Ensure that you have access to this email address that you provide.

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.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

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 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)

Fill in ENTIRE Part 4 with 'N/A'.

Sign your name in black ink after printing.

Use the date you signed. Format using MM/DD/YYYY.

Fill the ENTIRE Part 4 with 'N/A'.



FILL IN ENTIRE PAGE WITH 'N/A'. Do not make any selections for 7.a. and 7.b.

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)

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



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-

EXAMPLE
A

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

3.d. I-765 Filed on MM/DD/YYYY.
I did not pursue my I-765 Application because I transferred to another institution before my application was adjudicated. Please see my receipt notice of pending I-765.
- OR -
My I-765 application was denied on MM/DD/YYYY. Please see receipt notice of pending I-765 and my notice of denial.

EXAMPLE
B

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

4.d. N001111111 - Bachelor Level
OPT authorized from MM/DD/YYY to MM/DD/YYYY. See EAD card attached.

N001111111 - Master Level
OPT authorized from MM/DD/YYY to MM/DD/YYYY. See EAD card attached.

EXAMPLE
C

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

5.d. N001111111 - Bachelor Level
CPT authorized from MM/DD/YYYY to MM/DD/YYYY. See CPT I-20 reflecting authorization.

EXAMPLE
D

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


6.d. N0022222222 - Associate Level
No CPT or OPT was authorized on this SEVIS number.

EXAMPLE
E

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

7.d. I renewed my passport at an embassy/consulate here in the United States after the date of my last entry. Please see a copy attached of my new passport.

Part 6. Additional Information

Note that within this guide, sections that reflect the  icon may require that you provide additional evidence within Part 6. Additional Information. See the checklist below of additional information required. If any of these apply to you, you must fill in Part 6 as indicated within the examples below **and also** attach supporting documents.

- A. **If you have ever previously filed a Form I-765 Application for Employment Authorization and received a receipt notice but were denied or did not pursue your application:**
- **Refers to:** Page 2, Part 2, Item 12
 - **Attach:** Form I-797 Receipt Notice and written explanation regarding why you did not pursue OPT, Form I-797 Notice of Action showing denial and reason for denial.
 - **See Example A.**
- B. **If you have ever been approved for OPT and received an EAD card.**
- **Refers to:** Page 2, Part 2, Item 12
 - **Attach:** All copies of EAD cards
 - **See Example B**
- C. **If you have ever been approved for CPT**
- **Refers to:** Page 3, Part 2, Item 26
 - **Attach:** All copies of CPT I-20 or any other proof of authorized employment.
 - **See Example C**
- D. **If you have ever been issued a different SEVIS ID Number that did not have any authorized CPT or OPT.**
- **Refers to:** Page 3, Part 2, Item 26
 - **Attach:** A copy of the Form I-20 or DS-2019 showing your SEVIS ID Number.
 - **See Example D**



Continue to next page...

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-

EXAMPLE
F

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

3.d. My last port of entry was through Mexico. This is not reflected on my Form I-94, but shows on the Travel History page. Please see the Travel History page attached along with the stamp of entry in my passport.

EXAMPLE
G

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

4.d. Please see the foreign government issued documentation attached which shows my previous legal name and/or new name change.

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

EXAMPLE
H

5.d. I am a dual citizen fro both the countries of Oceano and Pacifica. Please see copies of my passport from both countries attached.

EXAMPLE
I

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

6.d. N/A

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

7.d. N/A

E. If your most recently issued passport is not the passport your last used to enter the U.S.

- Refers to: Page 3, Part 2, Item 21.b.
- Attach: A copy of your most recently issued passport
- See Example E.

F. If your last date and port of entry was through a land border, such as Mexico or Canada, and I-94 does not reflect the entry.

- Refers to: Page 3, Part 2, Item 23
- Attach: Travel History Page of your electronic Form I-94 reflecting land border entry and, if available, copy of entry stamp within passport matching same date/port of entry.
- See Example F

G. If you have had any previously used legal names.

- Refers to: Page 1, Part 2, Item 2
- Attach: Copy of government or foreign government issued documentation showing legal name or name change.
- See Example G

H. If you hold dual citizenship.

- Refers to: Page 2, Part 2, Item 18.b.
- Attach: Attach copy of passport of foreign government issued documentation showing citizenship.
- See Example H

For any blank spaces within the rest of Part 6 that do not apply, please fill in with N/A. See Example I

