



EMBASSY OF THE
FEDERATED STATES OF MICRONESIA

1725 N STREET, N.W.
WASHINGTON, D.C. 20036

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INSTRUCTIONS FOR FSM CITIZENS APPLYING FOR
EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) FROM
US DEPARTMENT OF HOMELAND SECURITY

This is a summary of instructions that is provided to help FSM citizens in filing for the EAD card. The full instructions can be found on the FSM Embassy website at www.fsmembassydc.org or on the Homeland Security website at www.uscis.gov.

1. Fill out EAD application Form I765 – one page. All FSM citizens enter the US under the Compact of Free Association as “CFA/FSM” entrants. All FSM citizens are in the A8 category (see #16).
2. You must attach two passport pictures (frontal view)
3. You must also attach a copy of FSM passport and copy of I94
4. There is NO FEE for FSM citizens filing for an EAD card unless you are applying to replace a lost EAD card.
5. All FSM citizens, regardless of state of residence, must submit their complete application with all attachments to Homeland Security in Nebraska:

USCIS Service Center
P.O. Box 87765
Lincoln, NE 68501-7765

6. EAD cards for FSM citizens are now issued for four (4) years. Please attach copy of USCIS letter showing that EAD cards for FSM citizens are now 4 years.
7. Once you have submitted an application, expect to receive a “receipt” from Homeland Security stating that they have received your application. You may expect to receive your EAD card after 30 – 90 days after Homeland Security receives your application.
8. Please apply for renewal of your EAD at least 60 days prior to expiration of your card.

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 (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). <input type="checkbox"/> 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 as required in 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 previous employment authorization document).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No
2. Other Names Used (Include Maiden Name) _____	Which USCIS Office? _____ Date(s) _____
3. Address in the United States (Number and Street) _____ (Apt. Number) _____ (Town or City) _____ (State/Country) _____ (ZIP Code) _____	Results (Granted or Denied - attach all documentation) _____
4. Country of Citizenship/Nationality _____	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	13. Place of Last Entry into the U.S. _____
6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Manner of Last Entry (Visitor, Student, etc.) _____
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	15. Immigration Status (Visitor, Student, etc.) _____
9. Social Security Number (Include all numbers you have ever used) (if any) _____	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 () () ()
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____	

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 the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature _____ Telephone Number _____ Date _____

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 _____

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

U.S. Department of Homeland Security
425 I Street, NW
Washington, DC 20536



U.S. Citizenship
and Immigration
Services

OCT - 3 2005

Honorable Jesse B. Marehalau
Ambassador
Federated States of Micronesia
1725 N Street, N.W.
Washington, DC 20036

Dear Ambassador Marehalau,

Thank you for your letter of July 5, 2005 regarding the validity period of employment authorization documents for Micronesian citizens. Your letter has been forwarded to my office for response.

In your letter you requested that employment authorization documents for Micronesians be issued for periods longer than one year. I am pleased to inform you that the Nebraska Service Center, which processes employment authorization documents for Micronesians, has been instructed to begin issuing employment authorization documents valid for four years to nationals of the Federated States of Micronesia and the Republic of the Marshall Islands.

Please do not hesitate to contact me if you have further questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlos E. Iturrégui".

Carlos E. Iturrégui
Chief

Office of Policy and Strategy