CERTIFICATION
Return of Invalid Three-Year Employment Authorization Document Issued
To Recipient of Deferred Action for Childhood Arrivals (DACA)

Instructions: This Certification has three sections.

- **Section A** permits you to certify your return today of an erroneously issued three-year EAD.
- **Section B** provides you with an opportunity to explain your inability to return an erroneously issued three-year EAD today.
- **Section C** permits you to certify your return or inability to return your erroneously issued three-year I-821D approval notice or three-year I-765 approval notice.

You must complete all applicable sections of the Certification, and you must sign and date the Certification at the end. A U.S. Citizenship and Immigration Services (USCIS) officer will also sign and date the Certification.

As your receipt, you will be provided a copy of the signed and dated Certification, which will include as attachments copies of any erroneously issued three-year documents you have returned today, marked as CANCELLED.

Please keep your copy of this document, and any attachments, as you may need them in the future.
Section A:  Return of Invalid Three-Year EAD Issued to DACA Recipient

Please complete this section if you returned an erroneously issued three-year EAD (including a damaged EAD)

My full name is: ____________________________________________________ (please print clearly)

My A# is: ______________________________

My current address is: __________________________________________________________________

My Country of Nationality is: _____________________________  My Date of Birth is: _____________

I appeared in person today [date] _________________ and returned to USCIS the Employment Authorization Document (EAD), having a validity period of greater than two (2) years. I understand that this EAD is no longer valid and cannot be used for work eligibility or other purposes.

I returned the EAD at:

____________________________________________________________________________________

(address of USCIS office or location where collected)

The USCIS officer to whom I returned the EAD is _______________________________________

(name of USCIS officer who took the EAD).

By signing below, I certify that the information that I have provided in this Certification is true and correct to the best of my knowledge:

__________________________________________________________________

Signature

Date: _____________________________

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USCIS USE ONLY

Name and Title of USCIS Officer Who Received the Returned EAD (Please print):

__________________________________________________________________

Signature of USCIS Officer:

__________________________________________________________________

Date: _____________________________
Section B: Invalid Three-Year EAD Was Never Received, Was Lost, Stolen, Destroyed, or Otherwise Cannot Be Returned, or Has been Returned to USCIS by Mail

Please complete this section if for any reason you could not return your erroneously issued three-year EAD

My full name is: ____________________________________________________ (please print clearly)

My A# is: _______________________________

My current address is: __________________________________________________________________

My Country of Nationality is: _____________________________ My Date of Birth is: _____________

I appeared in person today [date] _________________ at the USCIS office identified below, but was unable to return the Employment Authorization Document (EAD), having a validity period of greater than two (2) years. I understand that this EAD is no longer valid and cannot be used for work eligibility or other purposes.

☐ I do not have an EAD with a validity period of longer than 2 years in my possession because the EAD was:

   ___ already mailed to USCIS,
   ___ lost,
   ___ stolen,
   ___ destroyed,
   ___ never received, or
   ___ other (briefly explain other good cause)

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   (please continue on the back of this page or on a separate piece of paper if necessary)

***SECTION B CONTINUES ON NEXT PAGE***
I gave this information to USCIS at:

___________________________________________________________________________________

(address of USCIS office or other location)

The USCIS officer to whom I gave this information is _________________________________
(name of USCIS officer who took your information).

If I receive or locate this invalid three-year EAD in the future I will immediately return it to USCIS as I have been instructed. I will not use the EAD for any purpose.

By signing below, I certify that the information that I have provided in this Certification is true and correct to the best of my knowledge:

________________________________________
Signature

Date: _____________________________

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USCIS USE ONLY

Name and Title of USCIS Officer Who Received the Foregoing Information (Please print):

________________________________________
Signature of USCIS Officer:

Date: _____________________________
Section C: Return of Three-Year I-821D And/Or Three-Year I-765 Approval Notices

Please complete this section to certify your return or inability to return your erroneously issued three-year I-821D approval notice or three-year I-765 approval notice

My full name is: ____________________________________________________ (please print clearly)

My A# is: _______________________________

My current address is: __________________________________________________________________

My Country of Nationality is: _____________________________ My Date of Birth is: ______________

I appeared in person today [date] _______________at the USCIS office identified below. I returned the following approval notice document(s) (please check all that apply):

Three-Year I-821D DACA Approval Notice: ____           Three-Year I-765 Approval Notice: ____

I was unable to return one or both of the identified approval notice documents: ____

I provided this information to USCIS at:
____________________________________________________________________________________

(address of USCIS office or other location)

The USCIS officer to whom I returned the notices and/or provided this information is:
_________________________________________ (name of USCIS officer)

By signing below, I certify that the information that I have provided in this Certification is true and correct to the best of my knowledge:
_______________________________________________________________________________

Signature

Date: _____________________________

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USCIS USE ONLY

Name and Title of USCIS Officer Who Received the Foregoing Information (Please print):

_______________________________________________________________________________

Signature of USCIS Officer:

_______________________________________________________________________________

Date: _____________________________