

START HERE - Please Type or Print

Part 1. Information about the employer filing this petition.

If the employer is an individual, use the top name line. Organizations should use the second line.

Family Name	Given Name	Middle Initial
Company or Organization Name		
Address - Attn:		
Street Number and Name	Apt. #	
City	State or Province	
Country	Zip/Postal Code	
IRS Tax #		

Part 2. Information about this Petition.

(See instructions to determine the fee)

- Requested Nonimmigrant classification:**
(write classification symbol at right)
- Basis for Classification** (check one)
 - New employment
 - Continuation of previously approved employment without change
 - Change in previously approved employment
 - New concurrent employment
- Prior Petition.** If you checked other than "New Employment" in item 2 (above) give the most recent prior petition numbers for the worker(s):
- Requested Action:** (check one)
 - Notify the office in Part 4 so the person(s) can obtain a visa or be admitted (NOTE: a petition is not required for an E-1, E-2, or R visa)
 - Change the person(s) status and extend their stay since they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in item 2, above.
 - Extend or amend the stay of the person(s) since they now hold this status.
- Total number of workers in petition:**
(See instructions for where more than one worker can be included)

Part 3. Information about the person(s) you are filing for.

Complete the blocks below. Use the continuation sheet to name each person included in this petition.

If an entertainment group, give their group name.

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	
Social Security #	A #	
If in the United States, complete the following:		
Date of Arrival (Month/Day/Year)	I-94 #	
Current Nonimmigrant Status	Expires (Month/Day/Year)	

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Interviewed	
<input type="checkbox"/> Petitioner	
<input type="checkbox"/> Beneficiary	
Class: _____	
# of Workers: _____	
Priority Number: _____	
Validity Dates: From _____ To _____	
<input type="checkbox"/> Classification Approved	
<input type="checkbox"/> Consulate/POE/PFI Notified	
At: _____	
<input type="checkbox"/> Extension Granted	
<input type="checkbox"/> COS/Extension Granted	
Partial Approval (explain)	
Action Block	
To be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 4. Processing Information

- a. If the person named in Part 3 is outside the U.S. or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want to be notified if this petition is approved.

Type of Office (check one):	<input type="checkbox"/> Consulate	<input type="checkbox"/> Pre-flight inspection	<input type="checkbox"/> Port of Entry
Office Address (City)	U.S. State or Foreign Country		
Person's Foreign Address			

- b. Does each person in this petition have a valid passport?
 Not required to have passport No - explain on separate paper Yes
- c. Are you filing any other petitions with this one? No Yes - How many? _____
- d. Are applications for replacement/Initial I-94's being filed with this petition? No Yes - How many? _____
- e. Are applications by dependents being filed with this petition? No Yes - How many? _____
- f. Is any person in this petition in exclusion or deportation proceedings? No Yes - explain on separate paper
- g. Have you ever filed an immigrant petition for any person in this petition? No Yes - explain on separate paper
- h. If you indicated you were filing a new petition in Part 2, within the past seven years has any person in this petition:
- 1) ever been given the classification you are now requesting? No Yes - explain on separate paper
 - 2) ever been denied the classification you are now requesting? No Yes - explain on separate paper
- i. If you are filing for an entertainment group, has any person in this petition not been with the group for at least 1 year?
 No Yes - explain on separate paper

Part 5. Basic Information about the proposed employment and employer.

Attach the supplement relating to the classification you are requesting.

Job Title	Nontechnical Description of Job		
Address where the person(s) will work if different from the address in Part 1.			
Is this a full-time position?		Wages per week or per year	
<input type="checkbox"/> No - Hours per week		<input type="checkbox"/> Yes	
Other Compensation (Explain)	Value per week or per year	Dates of Intended employment From: To:	
Type of petitioner - check one	<input type="checkbox"/> U.S. citizen or permanent resident	<input type="checkbox"/> Organization	<input type="checkbox"/> Other - explain on separate paper
Type of business	Year established		
Current number of employees	Gross Annual Income	Net Annual Income	

Part 6. Signature.

Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature and title	Print Name	Date
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Please note: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for the requested benefit, and this petition may be denied.

Part 7. Signature of person preparing form if other than above.

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Name	Date
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Firm Name and Address