

Immigrant Petition for Alien Worker

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-140 OMB No. 1615-0015 Expires 03/31/2016

		Fee Stamp	Priority Date	Consulate	Action Block
For					
USCIS	5				
Use					
Only					
Classification		Certification			
203(b)(1)(A) Alien of 203(b)(2) Member of Professions with Extraordinary Ability Advanced Degree/Exceptional Ability		National Interest Waiver (NIW)			
2030	b)(1)(B) Outstanding	203(b)(3)(A)(i) Skilled Worker	Schedule A, Group I		
	essor or Researcher	203(b)(3)(A)(ii) Professional	Schedule A, Group II		
203(b)(1)(C) Multinational 203(b)(3)(A)(iii) Other Worker Executive or Manager 203(b)(3)(A)(iii) Other Worker		Remarks			
► ST	► START HERE - Type or print in black ink.				
Part 1	Part 1. Information About the Person or Organization Filing This Petition (If an individual is filing,				

use numbers 1.a 1.c.	If a Company on Orga	nization is filing	usa mumban 2)
use numbers La LC.	$\Pi a Company or Orga$	m_2 $a mon is ming.$	use number 21.

1 . a.	Family Name (Last Name)	Mailing Address
1.b.	Given Name (First Name)	5.a. In Care of Name
1.c. 2.	Middle Name Company or Organization Name	5.b. Street Number and Name 5.c. Apt. Ste. Flr.
Oth	er Information	5.d. City or Town
3. 4.	IRS Tax Number must be 9 digits; no dashes U.S. Social Security Number (<i>if any</i>) must be 9 digits; no dashes	5.e. State 5.f. Zip Code 5.g. Postal Code 5.h. Province
Par	rt 2. Petition Type	5.i. Country
This	petition is being filed for: (Select only one box):	1.g. Any other worker (requiring less than 2 years of
1.a. 1.b. 1.c. 1.d. 1.e.	 An alien of extraordinary ability. An outstanding professor or researcher. A multinational executive or manager. A member of the professions holding an advanced degree or an alien of exceptional ability (who is NOT seeking a National Interest Waiver). A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a 	 training or experience). 1.h. (Reserved) 1.i. An alien applying for a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability). Check below if this petition is being filed: 2.a. To amend a previously filed petition. Previous Petition Receipt Number:
1.f.	 U.S. bachelor's degree). A skilled worker (requiring at least 2 years of specialized training or experience). 	2.b. For the Schedule A, Group I or II designation.

Par	rt 3. Information About the Person for Whom Y	ou Are	Filing
1.a.		9.	Country of Citizenship
1.b.	(Last Name) Given Name		
1.01	(First Name)	10.	Country of Nationality
1.c.	Middle Name		
Ma	iling Address	11.	Alien Registration Number (A-Number)
2.a.	In Care of Name		► A-
		12.	U.S. Social Security Number (<i>if any</i>)
2.b.	Street Number and Name	12.	must be 9 digits; no dashes
2.c.	Apt. Ste. Flr.	If in	the United States, please provide the following
2.d.	City or Town		plete all sections, as applicable):
2.e.	State 2.f. Zip Code	13.	Date of Arrival (<i>mm/dd/yyyy</i>) ►
2.g.	Postal Code	14. a.	I-94 Arrival-Departure Record Number:
	Province		
2.i.	Country	14.b.	Passport Number
<i>2</i> .1.		14.c.	Travel Document Number
Oth	ner Information		Country of Issuance for Passport or Travel Document
3.	E-mail Address (<i>if any</i>)		
		14.e.	Expiration Date for Passport or Travel Document
4.	Daytime Phone Number ((mm/dd/yyyy) ►
5.	Date of Birth (<i>mm/dd/yyyy</i>) ►	15.	Current Nonimmigrant Status
6.	City/Town/Village of Birth		
		16.	Date Status Expires:
7.	State/Province of Birth		(mm/dd/yyyy) ►
8.	Country of Birth		
Par	t 4. Processing Information		
	plete the following for the person named in Part 3 :	1.b.	Alien is in the United States and will apply for
(Che 1.a.	ck one)		adjustment of status to that of lawful permanent resident.
1.111	or consulate at:		Alien's country of current residence or, if now in the
	City or Town		United States, last country of permanent residence
			abroad.
	Country		

Part 4.	Processing	Information	(continued)	
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•	u provided a Unit on's foreign addre	ed States address in Part 3 , provide the ss:	4.	Are any other petition(s) or application(s) being filed with this Form I-140?
2.a.	Street Number and Name			If you answered "Yes," check any applicable boxes:
2.b.	Apt. 🗌 Ste.	🗌 Flr. 🗌		Form I-485
2.c.	City or Town			Form I-131
				Form I-765
2.d.	Postal Code			Other-Attach an explanation
2.e.	Province		5.	Is the person for whom you are filing in removal
2.f.	Country			proceedings? Yes - Attach an explanation No
If the	e person's native a	Iphabet is other than Roman letters, write and address in the native alphabet:	6.	Has any immigrant visa petition ever been filed by or on behalf of this person?
3.a.	Family Name			Yes - Attach an explanation No
3.b.	(Last Name) Given Name (First Name)		7.	Is the petition being filed without an original labor certification because the original labor certification was previously submitted in support of another Form I-140?
3.c.	Middle Name			Yes - Attach an explanation No
Ma	iling Address		8.	If the petition is being filed without an original labor
3.d.	Street Number and Name			certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor?
3.e.	Apt. Ste.	🗌 Flr. 🔲		Yes - Attach an explanation No
3.f.	City or Town		prov	u answered "Yes" to any of questions 4 through 8, ide the case number, office location, date of decision, disposition of the decision on a separate sheet of paper.
3.g.	Postal Code			
3.h.	Province			
3.i.	Country			
Par	t 5. Addition	al Information About the Petitioner		
Туре	of petitioner (Se	lect only one box):	2.c.	Current Number of U.S. Employees
1.a.	Employer			
1.b.	Self		2.d.	Gross Annual Income
1.c.		ain, e.g., Permanent Resident, U.S. citizen person filing on behalf of the alien)	2.e.	Net Annual Income
		person ming on contait of the then)	2.f.	NAICS Code
If a c	ompany, give the	following:	<i></i> 010	
2.a.	Type of Busines	s	2.g.	Labor Certification DOL/ETA Case Number
2.b.	Date Established	ł (<i>mm/dd/yyyy</i>) ►		

Par	rt 5. Additional Information About the Petition	er (cont	inued)	
2.h.	Labor Certification DOL/ETA Filing Date (mm/dd/yyyy) ►	If an 3.a.	individual, give following: Occupation	
2.i.	Labor Certification Expiration Date (mm/dd/yyyy) ►	3.b.	Annual Income	
Par	rt 6. Basic Information About the Proposed En	nployme	nt	
1.	Job Title	6.	Is this a permanent position?	Yes No
2.	SOC Code – –	7.	Is this a new position?	Yes No
3.	Nontechnical Description of Job	8.	Wages: \$ per (Specify hour, week, month)	h, or year)
		Add Part	ress where the person will work if differ	ent from address in
		9.a.	Street Number and Name	
4.	Is this a full-time position?	9.b.	Apt. Ste. Flr.	
5.	If the answer to Number 4 is "No," how many hours per week for the position?	9.c. 9.d.	City or Town State 9.e. Zip Code	

Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing

List husband/wife and all children related to the individual for whom the petition is being filed. Also, note if the individual will be applying for a visa abroad or for adjustment of status as the dependent of the individual for whom the petition is filed. Provide an attachment of additional family members, if needed.

Per	son 1	Person 2
1.a.	Family Name (Last Name)	2.a. Family Name (Last Name)
1.b.	Given Name (First Name)	2.b. Given Name (First Name)
1.c.	Middle Name	2.c. Middle Name
1.d.	Date of Birth $(mm/dd/yyyy)$	2.d. Date of Birth $(mm/dd/yyyy)$
1.e.	Country of Birth	2.e. Country of Birth
1.f.	Relationship	2.f. Relationship
1.g.	Applying for Adjustment of Status? Yes No	2.g. Applying for Adjustment of Status? Yes No
1.h.	Applying for Visa Abroad?	2.h. Applying for Visa Abroad?

Per	rson 3		Per	ison 5
3.a. 3.b. 3.c.	Family Name (Last Name) Given Name (First Name) Middle Name] 5.b.	Family Name (Last Name) Given Name (First Name) Middle Name
3.d.	Date of Birth $(mm/dd/yyyy)$		5.d.	Date of Birth $(mm/dd/yyyy)$
3.e.	Country of Birth			Country of Birth
3.f.	Relationship		5.f.	Relationship
3.g.	Applying for Adjustment of Status?	Yes No	5.g.	Applying for Adjustment of Status? Yes No
3.h.	Applying for Visa Abroad?	Yes No	5.h.	Applying for Visa Abroad?
Per	rson 4		Per	son 6
4.a. 4.b. 4.c.	Family Name (Last Name) Given Name (First Name) Middle Name] 6.b.	Family Name (Last Name) Given Name (First Name) Middle Name
4.d.	Date of Birth (<i>mm/dd/yyyy</i>) ►		6.d.	Date of Birth $(mm/dd/yyyy)$
4.e.	Country of Birth		6.e.	Country of Birth
4.f.	Relationship		6.f.	Relationship
4.g.	Applying for Adjustment of Status?	Yes No	6.g.	Applying for Adjustment of Status? Yes No
4.h.	Applying for Visa Abroad?	Yes No	6.h.	Applying for Visa Abroad? Yes No
Par	t 8. Signature of Petitioner			
of Aı true a	I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I authorize U.S. Citizenship and Immigration Services (USCIS) to release to other government agencies any information from			Daytime Phone Number () - Mobile Phone Number () -

- 4. E-mail Address (*if any*)
- 5. Job Title of Position with Petitioning Employer, If the Petition Is Being Filed by an Employer

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

my USCIS records, if USCIS determines that such action is necessary

to determine eligibility for the benefit sought.

1.b. Date of Signature (mm/dd/yyyy) >

1.a. Signature of Petitioner

Pa	rt 9. Signature of Person Preparing This Petition	a, If Other Than the Petitioner
1.	Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by e-mail?	Preparer's Mailing Address
	Yes No	6.a. Street Number and Name
Pre	eparer's Full Name	6.b. Apt. Ste. Flr.
Prov	vide the following information concerning the preparer:	6.c. City or Town
2.a.	Preparer's Family Name (Last Name)	6.d. State 6.e. Zip Code
2.b.	Preparer's Given Name (First Name)	6.f. Postal Code
		6.g. Province
3.	Preparer's Business or Organization Name	6.h. Country
Pre	eparer's Contact Information	Declaration
4. 5.	Preparer's Daytime Phone Number Extension ())	To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this petition at the request of the petitioner, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.
5.		7.a. Signature of Preparer

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