

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
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Company or Organization Name

Address - Attn:

Street Number and Name	Apt. #
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City	State or Province
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Country	ZIP/Postal Code
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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 number 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
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Date of Birth (Month/Day/Year)	Country of Birth
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Social Security #	A #
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If in the United States, complete the following:

Date of Arrival (Month/Day/Year)	I-94 #
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Current Nonimmigrant Status	Expires (Month/Day/Year)
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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 _____

Classification Approved

Consulate/POE/PFI Notified

At: _____

Extension Granted

COS/Extension Granted

Partial Approval (explain)

Action Block

To Be Completed by Attorney or Representative, if any

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 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 7 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 the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being requested.

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 petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature	Print Name	Date
Firm Name and Address		