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

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block

Classification

- ☐ 203(b)(1)(A) Alien of Extraordinary Ability
- ☐ 203(b)(1)(B) Outstanding Professor or Researcher
- ☐ 203(b)(1)(C) Multinational Executive or Manager
- ☐ 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability
- ☐ 203(b)(3)(A)(i) Skilled Worker
- ☐ 203(b)(3)(A)(ii) Professional
- ☐ 203(b)(3)(A)(iii) Other Worker

Certification

- ☐ National Interest Waiver (NIW)
- ☐ Schedule A, Group I
- ☐ Schedule A, Group II

Remarks

► **START HERE - Type or print in black ink.**

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 or Organization is filing, use number 2).*

1.a. Family Name *(Last Name)*

1.b. Given Name *(First Name)*

1.c. Middle Name

2. Company or Organization Name

Other Information

3. IRS Tax Number
must be 9 digits; no dashes ►

4. U.S. Social Security Number *(if any)*
must be 9 digits; no dashes ►

Mailing Address

5.a. In Care of Name

5.b. Street Number and Name

5.c. Apt. ☐ Ste. ☐ Flr. ☐

5.d. City or Town

5.e. State **5.f.** Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

Part 2. Petition Type

This petition is being filed for: (Select **only one** box):

1.a. ☐ An alien of extraordinary ability.

1.b. ☐ An outstanding professor or researcher.

1.c. ☐ A multinational executive or manager.

1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver).

1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).

1.f. ☐ A skilled worker (requiring at least 2 years of specialized training or experience).

1.g. ☐ Any other worker (requiring less than 2 years of 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:
►

2.b. ☐ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name *(Last Name)*

1.b. Given Name *(First Name)*

1.c. Middle Name

Mailing Address

2.a. In Care of Name

2.b. Street Number and Name

2.c. Apt. ☐ Ste. ☐ Flr. ☐

2.d. City or Town

2.e. State **2.f.** Zip Code

2.g. Postal Code

2.h. Province

2.i. Country

Other Information

3. E-mail Address *(if any)*

4. Daytime Phone Number ( ) -

5. Date of Birth *(mm/dd/yyyy)* ►

6. City/Town/Village of Birth

7. State/Province of Birth

8. Country of Birth

9. Country of Citizenship

10. Country of Nationality

11. Alien Registration Number (A-Number)

► **A-**

12. U.S. Social Security Number *(if any)*
must be 9 digits; no dashes

►

If in the United States, please provide the following (complete all sections, as applicable):

13. Date of Arrival *(mm/dd/yyyy)* ►

14.a. I-94 Arrival-Departure Record Number:

►

14.b. Passport Number

14.c. Travel Document Number

14.d. Country of Issuance for Passport or Travel Document

14.e. Expiration Date for Passport or Travel Document

(mm/dd/yyyy) ►

15. Current Nonimmigrant Status

16. Date Status Expires:

(mm/dd/yyyy) ►

Part 4. Processing Information

Complete the following for the person named in **Part 3**:
(Check one)

1.a. ☐ Alien will apply for a visa abroad at a U.S. Embassy or consulate at:

City or Town

Country

1.b. ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Alien's country of current residence or, if now in the United States, last country of permanent residence abroad.

Part 4. Processing Information *(continued)*

If you provided a United States address in **Part 3**, provide the person's foreign address:

2.a. Street Number and Name

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town

2.d. Postal Code

2.e. Province

2.f. Country

If the person's native alphabet is other than Roman letters, write the person's foreign name and address in the native alphabet:

3.a. Family Name *(Last Name)*

3.b. Given Name *(First Name)*

3.c. Middle Name

Mailing Address

3.d. Street Number and Name

3.e. Apt. ☐ Ste. ☐ Flr. ☐

3.f. City or Town

3.g. Postal Code

3.h. Province

3.i. Country

4. Are any other petition(s) or application(s) being filed with this Form I-140? ☐ Yes ☐ No

If you answered "**Yes**," check any applicable boxes:

☐ Form I-485

☐ Form I-131

☐ Form I-765

☐ Other-Attach an explanation

5. Is the person for whom you are filing in removal proceedings? ☐ Yes - Attach an explanation ☐ No

6. Has any immigrant visa petition ever been filed by or on behalf of this person? ☐ Yes - Attach an explanation ☐ No

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? ☐ Yes - Attach an explanation ☐ No

8. If the petition is being filed without an original labor certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor? ☐ Yes - Attach an explanation ☐ No

If you answered "Yes" to any of questions 4 through 8, provide the case number, office location, date of decision, and disposition of the decision on a separate sheet of paper.

Part 5. Additional Information About the Petitioner

Type of petitioner (Select **only one** box):

1.a. ☐ Employer

1.b. ☐ Self

1.c. ☐ Other (Explain, e.g., Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company, give the following:

2.a. Type of Business

2.b. Date Established *(mm/dd/yyyy)* ►

2.c. Current Number of U.S. Employees

2.d. Gross Annual Income

2.e. Net Annual Income

2.f. NAICS Code ►

2.g. Labor Certification DOL/ETA Case Number

Part 5. Additional Information About the Petitioner *(continued)*

2.h. Labor Certification DOL/ETA Filing Date

(mm/dd/yyyy) ►

2.i. Labor Certification Expiration Date

(mm/dd/yyyy) ►

If an individual, give following:

3.a. Occupation

3.b. Annual Income

Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code ► -

3. Nontechnical Description of Job

4. Is this a full-time position? ☐ Yes ☐ No

5. If the answer to **Number 4** is "No," how many hours per week for the position?

6. Is this a permanent position? ☐ Yes ☐ No

7. Is this a new position? ☐ Yes ☐ No

8. Wages: **$** per

(Specify hour, week, month, or year)

Address where the person will work if different from address in **Part 1.**

9.a. Street Number and Name

9.b. Apt. ☐ Ste. ☐ Flr. ☐

9.c. City or Town

9.d. 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.

Person 1

1.a. Family Name *(Last Name)*

1.b. Given Name *(First Name)*

1.c. Middle Name

1.d. Date of Birth *(mm/dd/yyyy)* ►

1.e. Country of Birth

1.f. Relationship

1.g. Applying for Adjustment of Status? ☐ Yes ☐ No

1.h. Applying for Visa Abroad? ☐ Yes ☐ No

Person 2

2.a. Family Name *(Last Name)*

2.b. Given Name *(First Name)*

2.c. Middle Name

2.d. Date of Birth *(mm/dd/yyyy)* ►

2.e. Country of Birth

2.f. Relationship

2.g. Applying for Adjustment of Status? ☐ Yes ☐ No

2.h. Applying for Visa Abroad? ☐ Yes ☐ No

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

Person 3

3.a. Family Name *(Last Name)*

3.b. Given Name *(First Name)*

3.c. Middle Name

3.d. Date of Birth *(mm/dd/yyyy)* ►

3.e. Country of Birth

3.f. Relationship

3.g. Applying for Adjustment of Status? ☐ Yes ☐ No

3.h. Applying for Visa Abroad? ☐ Yes ☐ No

Person 4

4.a. Family Name *(Last Name)*

4.b. Given Name *(First Name)*

4.c. Middle Name

4.d. Date of Birth *(mm/dd/yyyy)* ►

4.e. Country of Birth

4.f. Relationship

4.g. Applying for Adjustment of Status? ☐ Yes ☐ No

4.h. Applying for Visa Abroad? ☐ Yes ☐ No

Person 5

5.a. Family Name *(Last Name)*

5.b. Given Name *(First Name)*

5.c. Middle Name

5.d. Date of Birth *(mm/dd/yyyy)* ►

5.e. Country of Birth

5.f. Relationship

5.g. Applying for Adjustment of Status? ☐ Yes ☐ No

5.h. Applying for Visa Abroad? ☐ Yes ☐ No

Person 6

6.a. Family Name *(Last Name)*

6.b. Given Name *(First Name)*

6.c. Middle Name

6.d. Date of Birth *(mm/dd/yyyy)* ►

6.e. Country of Birth

6.f. Relationship

6.g. Applying for Adjustment of Status? ☐ Yes ☐ No

6.h. Applying for Visa Abroad? ☐ Yes ☐ No

Part 8. Signature of Petitioner

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 my USCIS records, if USCIS determines that such action is necessary to determine eligibility for the benefit sought.

1.a. Signature of Petitioner

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

2. Daytime Phone Number ( ) -

3. 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.*

Part 9. Signature of Person Preparing This Petition, 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?

☐ Yes ☐ No

Preparer's Full Name

Provide the following information concerning the preparer:

2.a. Preparer's Family Name *(Last Name)*

2.b. Preparer's Given Name *(First Name)*

3. Preparer's Business or Organization Name

Preparer's Contact Information

4. Preparer's Daytime Phone Number ( ) - Extension

5. Preparer's E-mail Address *(if any)*

Preparer's Mailing Address

6.a. Street Number and Name

6.b. Apt. ☐ Ste. ☐ Flr. ☐

6.c. City or Town

6.d. State **6.e.** Zip Code

6.f. Postal Code

6.g. Province

6.h. Country

Declaration

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.

7.a. Signature of Preparer

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