

Immigrant Petition for Alien Worker

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-140 OMB No. 1615-0015 Expires 04/30/2018

For USCIS Use Only		Fee Stamp	Priority Date	Consulate	Action Block
Extrac 203(b) Profes 203(b)	Clas)(1)(A) Alien of ordinary Ability)(1)(B) Outstanding ssor or Researcher)(1)(C) Multinational tive or Manager	 ssification 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 	Certifie National Intere Schedule A, G Schedule A, G Remarks	st Waiver (NIW) roup I	
Part 1.	 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). a. Family Name 				

	(Last Name)	maning Address
1.b.	Given Name (First Name)	5.a. In Care of Name
 1.c. 2. Oth 3. 4. 	Middle Name Company or Organization Name eer Information IRS Tax Number must be 9 digits; no dashes U.S. Social Security Number (if any) must be 9 digits; no dashes	5.b. Street Number and Name 5.c. Apt. Ste. Flr. S.d. City or Town 5.e. State 5.f. Zip Code 5.g. Postal Code 5.h. Province 5.i. Country
Par	rt 2. Petition Type	
	petition is being filed for: (Select only one box):	1.g. Any other worker (requiring less than 2 years of training or experience).
1.a. 1.b.	An alien of extraordinary ability.An outstanding professor or researcher.	1.h. (Reserved)
1.c. 1.d.	 A multinational executive or manager. A member of the professions holding an advanced 	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).
	degree or an alien of exceptional ability (who is NOT seeking a National Interest Waiver).	Check below if this petition is being filed:
1.e.	A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).	 2.a. ☐ To amend a previously filed petition. Previous Petition Receipt Number:
1.f.	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	t 3. Information About the Person for Whom Y	ou Are	Filing
1.a.		9.	Country of Citizenship
1.b.	(Last Name) Given Name		
1.0.	(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		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
2.1.		14.c.	Travel Document Number
Oth	er Information	14.d.	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 ((<i>mm/dd/yyyy</i>) ►
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 : ck one)	1.b.	Alien is in the United States and will apply for adjustment of status to that of lawful permanent
1.a.	Alien will apply for a visa abroad at a U.S. Embassy		resident.
	or consulate at: City or Town		Alien's country of current residence or, if now in the 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
	-			Form I-131
2.c.	City or Town			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 une 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 certification, are you requesting that USCIS request a
3.d.	Street Number and Name			duplicate labor certification from the Department of Labor?
3.e.	Apt. Ste.	🗌 Flr. 🗌	-0	
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	2.e.	Net Annual Income
	or any other	person filing on behalf of the alien)		
Ifac	ompany, give the	following:	2.f.	NAICS Code
2.a.	Type of Busines	-	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, mon	th, or year)	
		Add Part	ress where the person will work if diffe	erent from ad	ldress 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 (<i>mm/dd/yyyy</i>) ►	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	I
1.h.	Applying for Visa Abroad? Yes No	2.h. Applying for Visa Abroad? Yes No	

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

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.

Ev Prepa Provide	ttorney or Representative: In the event of a Required vidence (RFE), may USCIS contact you by e-m	nail?	Preparer's Mailing Address
Prepa Provide			
Provide		= · · ~	6.a. Street Number and Name
	rer's Full Name	(6.b. Apt. Ste. Flr.
2.a. Pr	the following information concerning the prep	parer:	6.c. City or Town
	reparer's Family Name (Last Name)		6.d. State 6.e. Zip Code
2.b. Pr	reparer's Given Name (First Name)		6.f. Postal Code
			6.g. Province
3. Pi	reparer's Business or Organization Name		6.h. Country
Prepa	rer's Contact Information]	Declaration
4. Pr	reparer's Daytime Phone Number		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.
	reparer's E-mail Address (<i>if any</i>)		7.a. Signature

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