U.S. Citizenship and Immigration Services

START HERE - Please type or print in black ink.	For USCIS Use Only	
Part 1. Information About Employer	Returned Receipt	
Sponsoring Company of Organization's Name	Date	
	Date	
Address - ATTN:	Resubmitted	
	Date	
Street Number and Name Room/Suite #	Date	
	Reloc Sent	
City or Town State or Province Country Zip/Postal Code	Date	
	Date	
	Reloc Sent	
Part 1A. Data Collection	Date	
	Date	
Does the petitioner employ 50 or more individuals in the U.S. ? Yes No	Petitioner Interviewed	
If yes, are more than 50% of those employees in H-1B or L Yes No	on	
nonimmigrant status?	Beneficiary	
Part 2. Information About Employment	Interviewed	
	Approved as:	
This alien will be a:	☐ Manager/executive	
a. Manager/Executive	Specialized knowledge	
b. Specialized knowledge professional	on	
Blanket petition approval number:	Validity Dates:	
	From:	
	To:	
Part 3. Information About Employee	Denied (Give reason)	
Family Name Given Name Middle Name		
Foreign Address: Street Number and Name Room/Suite #	Action Block	
City or Town State or Province		
Country Zip/Postal Code Date of Birth (mm/dd/yyyy)	To Be Completed by	
Exp, resum code and a constraint syppy	Attorney or Representative, if any. Fill in box if G-28 is attached to represent the petition.	
Country of Birth Country of Citizenship/Nationality		
Country of Birth Country of Citizenship/Nationality	ATTY State License #	

Part 4. Additional Inform	ation About the Emp	oloyment				
Address: Street Number and I		Room/Suite #	City or Town			
State or Province		Country		Zip/Postal Code		
Date of intended employment a	and Wage					
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Weekly Wage	Hours Per Week			
Title and detailed description	of duties to be perform	ned.				
Give the alien's dates of prior	periods of stay in the U	United States in a work authoriz	ed capacity and the	type of visa.		
-						
Give the alien's dates of empl	oyment and job duties	for the immediate prior 3 years.				
Summarize the alien's education and other work experience.						

Part 5. Signature	Read the information on penalties in the i	nstru	ctions before completing this section.
are all true and correct this petition is to exter approved petition. I au	. I am filing this on behalf of an organization, d a prior petition, I certify that the proposed e	and I mplo y reco	America, that this petition and the evidence submitted with it certify that I am empowered to do so by that organization. If yment is under the same terms and conditions as in the prior ords, or from the petitioning organizations records that U.S. he benefit being sought.
Signature		Prin	nt or Type Your Name
D-4- (/11/)			
Date (mm/dd/yyyy)	Daytime Telephone Number (with area co	de)	E-Mail Address (If any)
•	completely fill out this form or fail to submer e found eligible for the requested benefit an		quired documents listed in the instructions, the person(s) s petition may be denied.
Part 6. Signature of	f Person Preparing Form, If Other Tha	an A	bove (Sign below)
Signature of Preparer Print or Type Your Name			
Date (mm/dd/yyyy)	Daytime Telephone Number (with area co	de)	E-Mail Address (If any)
Firm Name and Add	lress		