

DRAFT - Not For Distribution

I-566, Interagency Record of Request - A, G, or NATO Dependent Employment Authorization or Change/Adjustment To/From A, G, or NATO Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE - Type or print in black ink.

Part 1. Information About You (The person seeking employment authorization or change/adjustment of status.)

1. Family Name Given Name Middle Name
2. Home Address - Street Number and Name Apt. # City State Zip Code
3. Mailing Address - Street Number and Name Apt. # C/O (in care of): City State Zip Code Daytime Phone # (with area code)
4. Date of Birth (mm/dd/yyyy) 5. Country of Birth 6. Country of Citizenship
7. Gender 8. Marital Status 9. A-Number (if any)
10. U.S. Social Security # (if any) 11. I-94 # (Arrival-Departure Document) 12. DOS Personal Identification # (PID)
13. Date of Last Entry into the U.S. (mm/dd/yyyy) 14. Current Immigration Status 15. Relationship to Principal (if applicable)

Part 2. Information About Principal Alien

1. Family Name Given Name Middle Name
2. Home Address - Street Number and Name Apt. # City State Zip Code
3. Date Tour of Duty Expected to End (mm/dd/yyyy) 4. Country of Citizenship 5. Marital Status
6. Job Title 7. I-94 # (Arrival-Departure Document) 8. DOS Personal Identification # (PID)

Part 3. Type of Request (See instructions for complete information on the different types of requests.)

1. I am requesting employment authorization as (select one):
a. spouse. b. son or daughter, age: , who: is a full-time, post-secondary student is disabled
c. other dependent recognized by the DOS
2. I am requesting change/adjustment of status (Select one)
a. Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to:
b. Section 247(a), immigrant to A or G nonimmigrant.
c. Change to other nonimmigrant status from A, G, or NATO - specifically to:
d. Adjustment from A, G, or NATO nonimmigrant to immigrant.
e. A-1, A-2, G-1, or G-2, nonimmigrant applying under Section 13 of the Act of September 11, 1957.

Part 4. Certification (Submit two copies with original signatures - Page 2 must also be attached.)

I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial or termination of the benefit requested and for other penalties provided by law and regulation. If I am requesting employment authorization, I further certify that I do not have a criminal record. I have not violated United States immigration and/or visa laws, I have not worked illegally in the United States, and I have paid Social Security and all applicable taxes on all employment in the United States.

Signature of Applicant

Date (mm/dd/yyyy)

Signature line

Date line

**Part 5. Your Personal Information**

Your Name ( <i>family, given, middle</i> )	Date of Birth ( <i>mm/dd/yyyy</i> )	DOS Personal Identification # ( <i>PID</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>

**For Official Use Only**

**Part 6. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State** (*Certifying official must have this information and page to complete process.*)

I certify that the information provided on the first page of this Form I-566 is true and correct to the best of my knowledge and according to our official records.

As an applicant for employment authorization, I further certify that his or her eligibility has been verified under the provisions of:

A bilateral agreement with:   A *de facto* agreement with:

Check each of the following that apply:

Without a numerical limit  Based on principal alien's G-4 status

With a numerical limit and this applicant is within the limit; and

As an applicant for status as a principal alien, I further certify that he or she is being offered the position of:  and was notified to the DOS on (*date*):

Signature of Certifying Officer or Official	Printed Name
<input type="text"/>	<input type="text"/>

<b>Official Seal</b>

Name and Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State

Duty/Title	Phone Number ( <i>include area code</i> )	Date ( <i>mm/dd/yyyy</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 7. DOS, NATO/HQ SACT, and/or USUN Use Only**

1. The Department of State, NATO/HQ SACT, and/or USUN:

Recommends the request be granted  Recommends the request be denied

If the recommendation is for denial, provide a reason(s) for such recommendation:

2. Date (*mm/dd/yyyy*)  3. Phone Number (*include area code*)  4. Office:

Protocol  USUN  NATO/HQ SACT  Visa

4. Signature 1  Signature 2

**Part 8. USCIS Use Only**

1. From:

Adjudicator's Identification #	USCIS Office	Office Phone Number ( <i>with area code</i> )	A-Number / File No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. To:

Protocol  USUN  NATO/HQ SACT  Visa Office (Subject filed under Section 13. Please advise USCIS of your findings.)

3. Adjustment or Change of Status:  Granted  Denied Date of Decision (*mm/dd/yyyy*)  If change of status granted, give new status:

4. Request for Employment Authorization:  Granted  Denied Date of Decision (*mm/dd/yyyy*):  Valid to (*mm/dd/yyyy*):  Classification:

5. DOS/NATO/HQ SACT/USUN/Visa Office Notified:  Yes  No Date of Notification (*mm/dd/yyyy*):

Department of Homeland Security  
U.S. Citizenship and Immigration Services

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or Change/Adjustment To/From A, G, or NATO Status**

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**Part 1. Information About You** *(The person seeking employment authorization or change/adjustment of status.)*

1. Family Name  Given Name  Middle Name

2. Home Address - Street Number and Name  Apt. #   
City  State  Zip Code

3. Mailing Address - Street Number and Name  Apt. #  C/O (in care of):   
City  State  Zip Code  Daytime Phone # (with area code)

4. Date of Birth (mm/dd/yyyy)  5. Country of Birth  6. Country of Citizenship

7. Gender  Male  Female 8. Marital Status  Married  Not Married 9. A-Number (if any)

10. U.S. Social Security # (if any)  11. I-94 # (Arrival-Departure Document)  12. DOS Personal Identification # (PID)

13. Date of Last Entry into the U.S. (mm/dd/yyyy)  14. Current Immigration Status  15. Relationship to Principal (if applicable)

**Part 2. Information About Principal Alien**

1. Family Name  Given Name  Middle Name

2. Home Address - Street Number and Name  Apt. #  City  State  Zip Code

3. Date Tour of Duty Expected to End (mm/dd/yyyy)  4. Country of Citizenship  5. Marital Status  Married  Not Married

6. Job Title  7. I-94 # (Arrival-Departure Document)  8. DOS Personal Identification # (PID)

**Part 3. Type of Request** *(See instructions for complete information on the different types of requests.)*

1.  I am requesting employment authorization as (select one):  
 a.  spouse.    b.  son or daughter, age: , who:  is a full-time, post-secondary student  is disabled  
 c.  other dependent recognized by the DOS

2.  I am requesting change/adjustment of status (Select one)  
 a.  Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to:   
 b.  Section 247(a), immigrant to A or G nonimmigrant.  
 c.  Change to other nonimmigrant status from A, G, or NATO - specifically to:   
 d.  Adjustment from A, G, or NATO nonimmigrant to immigrant.  
 e.  A-1, A-2, G-1, or G-2, nonimmigrant applying under Section 13 of the Act of September 11, 1957.

**Part 4. Certification** *(Submit two copies with original signatures - Page 2 must also be attached.)*

I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial or termination of the benefit requested and for other penalties provided by law and regulation. If I am requesting employment authorization, I further certify that I do not have a criminal record. I have not violated United States immigration and/or visa laws, I have not worked illegally in the United States, and I have paid Social Security and all applicable taxes on all employment in the United States.

**Signature of Applicant**

**Date (mm/dd/yyyy)**

**Part 5. Your Personal Information**

Your Name (family, given, middle)  Date of Birth (mm/dd/yyyy)  DOS Personal Identification # (PID)

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**Part 6. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State** (Certifying official must have this information and page to complete process.)

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 A bilateral agreement with:   A de facto agreement with:

Check each of the following that apply:

Without a numerical limit  Based on principal alien's G-4 status  
 With a numerical limit and this applicant is within the limit; and  
 As an applicant for status as a principal alien, I further certify that he or she is being offered the position of:  and was notified to the DOS on (date):

Signature of Certifying Officer or Official  Printed Name

**Official Seal**

Name and Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State

Duty/Title  Phone Number (include area code)  Date (mm/dd/yyyy)

**Part 7. DOS, NATO/HQ SACT, and/or USUN Use Only**

1. The Department of State, NATO/HQ SACT, and/or USUN:  
 Recommends the request be granted  Recommends the request be denied  
If the recommendation is for denial, provide a reason(s) for such recommendation:   
2. Date (mm/dd/yyyy)  3. Phone Number (include area code)  4. Office:  
 Protocol  USUN  NATO/HQ SACT  Visa  
4. Signature 1  Signature 2

**Part 8. USCIS Use Only**

1. From:  
Adjudicator's Identification #  USCIS Office  Office Phone Number (with area code)  A-Number / File No.   
2. To:  
 Protocol  USUN  NATO/HQ SACT  Visa Office (Subject filed under Section 13. Please advise USCIS of your findings.)  
3. Adjustment or Change of Status:  Granted  Denied Date of Decision (mm/dd/yyyy)  If change of status granted, give new status:   
4. Request for Employment Authorization:  Granted  Denied Date of Decision (mm/dd/yyyy):  Valid to (mm/dd/yyyy):  Classification:   
5. DOS/NATO/HQ SACT/USUN/Visa Office Notified:  Yes  No Date of Notification (mm/dd/yyyy):