Department of Homeland Security

U.S. Citizenship and Immigration Services

## FT - Not Foldage Adjustment To/From A, G, or NATO Status

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 Zip Code Daytime Phone # (with area code) State **4.** Date of Birth (mm/dd/yyyy) 5. Country of Birth 6. Country of Citizenship **9.** A-Number (*if any*) 7. Gender 8. Marital Status Male Female Married Not Married **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 Family Name Given Name Middle Name Home Address - Street Number and Name City State Zip Code Apt. # **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.) 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 other dependent recognized by the DOS ☐ I am requesting change/adjustment of status (Select one) a. Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to: Section 247(a), immigrant to A or G nonimmigrant. Change to other nonimmigrant status from A, G, or NATO - specifically to: Adjustment from A, G, or NATO nonimmigrant to immigrant. 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. **Date** (*mm/dd/yyyy*) Signature of Applicant

Copy 1:USCIS

<u> </u>	of For Produ	uction
Part 5. Your Personal Information		
Your Name (family, given, middle)	Date of Birth (mm/dd/yyyy)	DOS Personal Identification # (PID)
Eor	n Official Has Only	
Part 6. Certification by Diplomatic Mission, Inter	r Official Use Only	HOSACT or
NATO Member State (Certifying official must		
I certify that the information provided on the first page		
according to our official records.		,
As an applicant for employment authorization, I further	r certify that his or her eligibility has	been verified under the provisions of:
A bilateral agreement with:	A de facto agreem	ent 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 furthe	and was notified to the	DOS on (date):
certify that he or she is being offered the position of:	and was notified to the	DOS on (uate).
Signature of Certifying Officer or Official P	rinted Name	Official Seal
Name and Address of Diplomatic Mission, Internation NATO Member State	nal Organization, NATO/HQ SAC	Γ, or
NATO Member State		
Duty/Title Phone Number (in	clude area code) Date (mm/dd/yy	
Thone Number (in	Ciude area code)	]
Part 7. DOS, NATO/HQ SACT, and/or USUN Us	se Only	
1. The Department of State, NATO/HQ SACT, and/or U	JSUN:	
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 as	<i>rea code)</i> <b>4.</b> Office:	
	Protocol US	SUN 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	•	on 13. Please advise USCIS of your findings.)
, ,	cision (mm/dd/yyyy) If change	of status granted, give new status:
Granted Denied		
	cision (mm/dd/yyyy): Valid to	(mm/dd/yyyy): Classification:
5 DOCALATORIO CACTRICINATICA		
Office Notified:  Date of Not	tification (mm/dd/yyyy):	
☐Yes ☐No		

Copy 1: USCIS

## OMB No. 1615-0027; Expires 03/31/11 - Note 11-566, Interagency Record of Request - A, G, or NATO Dependent Employment Authorization

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

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

Part 1. Information About You (The person seeking employment authorization or change/adjustment of the person seeking employment authorization or change and the person seeking employment authoriza			
1. Family Name   Given Name   Middle Name	of status.)		
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 Pl	none # (with area code)		
4. Date of Birth (mm/dd/yyyy) 5. Country of Birth 6. Country of Citi	zenshin		
Goding of Britis	Zensinp		
7. Gender 8. Marital Status 9. A-Number (if a	any)		
Male Female Married Not Married			
	Identification # (PID)		
11. 1-54 # (Millian Declarity Declarity 12. DOST CISONAL)			
13. Date of Last Entry into the U.S. (mm/dd/yyyy) 14. Current Immigration Status 15. Relationship to	Principal (if applicable)		
13. Date of East Entry into the O.S. (mm/add/yyyy)	Timeipai (ij applicable)		
Dout 2. Information About Duinging Alian			
Part 2. Information About Principal Alien  1. Family Name Given Name Middle Name			
1. Fainity Name Wildle Name			
2. Home Address - Street Number and Name Apt. # City State	Zip Code		
Apt. π City State	Zip code		
3. Date Tour of Duty Expected to End (mm/dd/yyyy) 4. Country of Citizenship 5. Marital	Status		
Mai			
	al Identification # (PID)		
300 Title 17 11 (ITTVIII Departure Document) 3. Dob Fersonic	in Identification ii (11D)		
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):			
<b>a.</b> spouse. <b>b.</b> son or daughter, age: , who: sa full-time, post-secondary stu	dent is disabled		
	dent is disdored		
c. other dependent recognized by the DOS  2. I am requesting change/adjustment of status (Select one)			
T an requesting change adjustment of status (select one)	]		
<ul> <li>a. Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to:</li> <li>b. Section 247(a), immigrant to A or G nonimmigrant.</li> </ul>			
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.)			
1	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		
I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial			
I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial benefit requested and for other penalties provided by law and regulation. If I am requesting employment authorization, I f	urther certify that I do not		
I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial	urther certify that I do not		

Part	5. Your Personal Information		
Your	Name (family, given, middle)  Date of Birth (mm/dd/yyyy)  DOS Personal Identification # (PID)		
	For Official Use Only		
Part	For Official Use Only 6. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or		
1 411	NATO Member State (Certifying official must have this information and page to complete process.)		
	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		
	cording to our official records.		
∐ A	s 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:		
C	heck 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		
1 1	s an applicant for status as a principal alien, I further ertify that he or she is being offered the position of:  and was notified to the DOS on (date):		
	entity that he of she is being offered the position of.		
Ciama	ture of Contifuing Officer on Official Puint I Name		
Signa	ture of Certifying Officer or Official Printed Name Official Seal		
	e and Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or O Member State		
	S NACINOST SHAVE		
Duty/	Title Phone Number (include area code) Date (mm/dd/yyyy)		
	Those remove (memae area code)		
<u></u>			
Part	7. DOS, NATO/HQ SACT, and/or USUN Use Only		
1. Th	ne Department of State, NATO/HQ SACT, and/or USUN:		
It _	Recommends the request be granted  Recommends the request be denied		
	the recommendation is for denial, provide a reason(s) for such recommendation:		
2. Da	ate (mm/dd/yyyy)  3. Phone Number (include area code) 4. Office:		
	Protocol USUN NATO/HQ SACT Visa		
<b>4.</b> Sig	gnature 1 Signature 2		
Part	8. USCIS Use Only		
1. Fr	·		
A	djudicator's Identification # USCIS Office Office Phone Number (with area code) A-Number / File No.		
2. <u>To</u>			
2 1	Protocol USUN NATO/HQ SACT Visa Office (Subject filed under Section 13. Please advise USCIS of your findings.)		
3. Ad	ljustment or Change of Status:  Date of Decision (mm/dd/yyyy)  If change of status granted, give new status:  Granted Denied		
L. Re			
7. Ke	quest for Employment Authorization:    Granted   Denied   Denied   Valid to (mm/dd/yyyy):   Classification:		
5. DO	DS ANA TO ALO. S A CTALISTINA/:		
	Date of Notification (mm/dd/yyyy):		
	Yes No		