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

**USCIS** 

**Form I-566** OMB No. 1615-0027

Expires 06/30/2015

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

ct this box if	<b>Attorney State Bar Number</b>	Attorney or Accredited Representative
m G-28 is	(if applicable)	<b>USCIS Online Account Number</b> (if any)
ahad		

#### Fori attorney or accredited attached. representative (if any). ► START HERE - Type or print in black ink. Citizenship or Nationality Part 1. Information About You (The person seeking employment authorization or change/ adjustment of status.) Gender Male Female Full Name 8. Marital Status Single Married Divorced Family Name (Last Name) Widowed Legally Separated Given Name 1.b. (First Name) Marriage Annulled Other **1.c.** Middle Name Alien Registration Number (A-Number) (if any) **Physical** Address U.S. Social Security Number (if any) Street Number and Name DOS Personal Identification Number (PID) Flr. Apt. Ste. 2.c. City or Town USCIS Online Account Number (if any) 2.d. State 2.e. ZIP Code Form I-94 Arrival-Departure Record Number **Mailing Address** 3.a. In Care Of Name Passport or Travel Document Number **3.b.** Street Number 15. Country of Issuance for Passport or Travel Document and Name Apt. Ste. Flr. **Expiration Date for Passport or Travel Document** 16. 3.d. City or Town (mm/dd/yyyy) **3.e.** State 3.f. ZIP Code Date of Last Entry into United States (mm/dd/yyyy) 17. **Other Information** 18. **Current Immigration Status** 4. Date of Birth (mm/dd/yyyy) 19. 5. Country of Birth Relationship to Principal (if applicable)

Form I-566 06/12/13 N Page 1 of 7

Par	t 2. Information About Principal Alien	Par	t 3.	Type of Request
Ful	ll Name	1.		I am requesting employment authorization as (Select <b>one</b> ):
1.a.	Family Name (Last Name)	1.a.		Spouse
1.b.	Given Name (First Name)	1.b.		Son or daughter, age , who is:
1.c.				A full-time, post-secondary student
				Disabled
Phy	osical Address	1.c.		Other dependent recognized by the DOS
2.a.	Street Number and Name			-
2.b.	Apt. Ste. Flr.	2.		I am requesting change/adjustment of status (Select <b>one</b> ):
2.c.	City or Town	2.a.		Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to
2.d.	State 2.e. ZIP Code			
Oth	per Information	2.b.		Section 247(a), immigrant to A or G nonimmigrant.
3.	Date Tour of Duty Expected to End (mm/dd/yyyy)	2.c.		Change to other nonimmigrant status from A, G, or NATO - specifically to
4.	Citizenship or Nationality	2.d.		Adjustment from A, G, or NATO nonimmigrant to immigrant.
5.	Marital Status  Single Married Divorced	2.e.		A-1, A-2, G-1, or G-2 nonimmigrant applying under Section 13 of the Act of September 11, 1957.
	Single Married Divorced  Widowed Legally Separated			This request is not required if you have changed from
	Marriage Annulled Other	an A	or G	nonimmigrant to Asylum (protection) status.
6.	Job Title	Par	t 4.	Requestor's Statement, Contact
0.	JOD THE			ation, Certification, and Signature
7.	DOS Personal Identification Number (PID)			<b>Penalties</b> section of the Form I-566 Instructions mpleting this part.
8.	USCIS Online Account Number (if any)	Req	uesi	tor's Statement
				Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> ble, select the box for <b>Item Number 2.</b>
9.	Form I-94 Arrival-Departure Record Number  •	1.a.		I can read and understand English, and I have read and understand every question and instruction on this
10.	Passport or Travel Document Number			request and my answer to every question.
11.	Country of Issuance for Passport or Travel Document	1.b.		The interpreter named in <b>Part 5.</b> read to me every question and instruction on this request, and my answer to every question in
	22 250 250 250 250 250 250 250 250 250 2			The state of the s
12.	Expiration Date for Passport or Travel Document			a language in which I am fluent, and I understood everything.
	(mm/dd/yyyy)			

Form I-566 06/12/13 N Page 2 of 7

Inf	ormation, Certification, and Signature	Part Cert
(co	ntinued)	Provid
2.	At my request, the preparer named in <b>Part 6.</b> ,	Inter
	prepared this request for me based only upon information I provided or authorized.	1.a.
Reg	uestor's Contact Information	1.b.
3.	Requestor's Daytime Telephone Number	
		2.
4.	Requestor's Mobile Telephone Number (if any)	
		Inter
5.	Requestor's Email Address (if any)	3.a.
Req	uestor's Certification	3.b. [
		3.c.
of ur	the set of the fitter was a fit of the fitter HOOTS	3.d.
date.	Englishman I and a distribution of an information	3.f.
eligi	oility for the immigration benefit I seek.	3.g.
reque other	her authorize release of information contained in this est, in supporting documents, and in my USCIS records to entities and persons where necessary for the administration enforcement of U.S. immigration laws.	3.h.
all o	The information in my application I understand all of the	Inter
Reg	uestor's Signature	5 <b>.</b> [
6.a.	Requestor's Signature	Į
		Inter
6.b.	Date of Signature (mm/dd/yyyy)	I certi
NOT		I am f

**NOTE TO ALL REQUESTORS:** If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

# Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Flovide the following information about the interpreter.					
Inte	terpreter's Full Name				
1.a. Interpreter's Family Name (Last Name)					
					1.b.
2.	Interpreter's Business or Organization Name (if any)				
	<u> </u>				
Inte	erpreter's Mailing Address				
3.a.	Street Number and Name				
3.b.	Apt. Ste. Flr.				
3.c.	City or Town				
3.d.	State 3.e. ZIP Code				
3.f.	Province				
3.g.	Postal Code				
3.h.	Country				
Inte	erpreter's Contact Information				
4.	Interpreter's Daytime Telephone Number				
5.	Interpreter's Email Address (if any)				
Inte	erpreter's Certification				
I cert	ify, under penalty or perjury, that:				
I am fluent in English and, which is the same language specified in Part 4., Item Number 1.b., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the Applicant's Certification, and has verified the accuracy of every answer.					

Form I-566 06/12/13 N Page 3 of 7

Part 5. Interpreter's Contact Information,			Preparer's Contact Information			
Certification, and Signature (continued)			Preparer's Daytime Telephone Number			
Inte	erpreter's Signature					
6.a.	Interpreter's Signature	5.	Preparer's Fax Number (if any)			
6.b.	Date of Signature (mm/dd/yyyy)	6.	Preparer's Email Address (if any)			
	rt 6. Contact Information, Declaration, and nature of the Person Preparing this Request,	Pro	eparer's Statement			
if C	Other Than the Requestor ide the following information about the preparer.	7.a.	I am not an attorney or accredited representative but have prepared this form on behalf of the authorized individual and with the authorized individual's consent.			
Pre	eparer's Full Name	7.b.	I am an attorney or accredited representative and			
1.a.	Preparer's Family Name (Last Name)		have prepared this form on behalf of the authorized individual and with the authorized individual's consent.			
1.b.	Preparer's Given Name (First Name)					
	140	Pre	eparer's Certification			
2.	Preparer's Business or Organization Name (if any)	prep requ	my signature, I certify, under penalty of perjury, that I hared this request at the request of the requestor. The hestor then reviewed this completed request and informed that he or she understands all of the information contained			
Pre	eparer's Mailing Address		nd submitted with, his or her request, including the <b>clicant's Certification</b> , and that all of this information is			
3.a.	Street Number and Name	com	plete, true, and correct. I completed this request based only information that the requestor provided to me or authorized			
3.b.	Apt. Ste. Flr.	me t	o obtain or use.			
3.c.	City or Town	Pro	eparer's Signature			
3.d.	State 3.e. ZIP Code	8.a.	Preparer's Signature			
3.f.	Province	8.b.	Date of Signature (mm/dd/yyyy)			
3.g.	Postal Code					
3.h.	Country	l				

Form I-566 06/12/13 N Page 4 of 7

Par	t 7. Additional Information	5.a.	Page Number	<b>5.b.</b>	Part Number	<b>5.c.</b>	Item Number
within space to condof part of each Item	n need extra space to provide any additional information in this request, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this request or attach a separate sheet per. Include your name and A-Number (if any) at the top is sheet; indicate the Page Number, Part Number, and Number to which your answer refers; and sign and date sheet.	5.d.					
1.a.	Family Name (Last Name)	]					
1.b.	Given Name (First Name)	] /	-				
1.c.	Middle Name	6.a.	Page Number	<b>6.b.</b>	Part Number	<b>6.c.</b>	Item Number
2.	A-Number (if any) ► A-	6.d.					
3.a.	Page Number 3.b. Part Number 3.c. Item Number						
3.d.			Of				
4.a.	Page Number 4.b. Part Number 4.c. Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		- - - -					
		-					

	For Offici	ial Use	Only
Inte	t 8. Certification by Diplomatic Mission, ernational Organization, NATO/HQ SACT, NATO Member State	8.	Name of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State
	<b>TE:</b> Certifying official must have this information and page mplete process.		ress of Diplomatic Mission, International Organization, CO/HQ SACT, or NATO Member State
<b>l.</b>	☐ 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	9.a.	In Care Of Name
2.	records.  I further certify that the requestor's eligibility for employment authorization was verified under the	9.b. 9.c.	Street Number and Name  Apt. Ste. Flr.
2.a.	provisions of:  A bilateral agreement with	9.d.	City or Town
		9.e.	State 9.f. ZIP Code
2.b.	A de facto agreement with	9.g.	Province
2.c.	Select all that apply	9.h.	Postal Code
2.0.	Without a numerical limit	9.i.	Country
	Based on principal alien's G-4 status		
	With a numerical limit and this requestor is within the limit	1	rtion
3.	☐ I further certify that the requestor for status as a principal alien is being offered the position below and DOS was notified.		JUUII
	Position  DOS Notification Date (mm/dd/yyyy)		2016
1.a.	Certifying Officer or Official's Last Name		
<b>1.</b> b.	Certifying Officer or Official's First Name		Official Seal
5.	Certifying Officer or Official's Duty/Title		CALCUL DOM
•	Colonying Officer of Official's Daty/ Hite		
5.a.	Certifying Officer or Official's Signature		
<b>5.b.</b>	Date of Signature (mm/dd/yyyy)		

Form I-566 06/12/13 N Page 6 of 7

Telephone Number (including area code)

7.

For	Offici	ial U	se C	nl
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Part 10. USCIS USE ONLY

# Part 9. DOS, NATO/HQ SACT, and/or USUN USE ONLY

		1.	From		
1.	The Department of State, NATO/HQ SACT, and/or USUN		Adjudicator's ID Number		
	Recommends the request be granted				
	Recommends the request be denied		USCIS Office		
	If the recommendation is for denial, provide a reasons for such a recommendation.				
			Office Telephone Number (including area code)		
			A-Number/File Number		
		2.	To Protocol USUN NATO/HQ SACT		
	Not		Visa Office (Subject filed under Section 13. Advise USCIS of findings.)		
		3.	Adjustment or Change of Status		
			Granted Denied  Date of Decision (mm/dd/yyyy)		
	Produ 05/09/		If change of status granted, print new status		
		4.	Request for Employment Authorization		
			Granted Denied		
		/	Date of Decision (mm/dd/yyyy)		
			Date Valid Until (mm/dd/yyyy)		
			Classification		
		5.	DOS, USUN, NATO/HQ SACT, or Visa Office		
2.	Date of Decision (mm/dd/yyyy)		Office Notified Yes No		
3.	Telephone Number (including area code)		Date of Notification (mm/dd/yyyy)		
4.	Office				
4.	Protocol USUN NATO/HQ SACT Visa				
5.	Signature 1				
٥.	Digitature 1				
6.	Signature 2				
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Form I-566 06/12/13 N Page 7 of 7