

Immigrant Petition for Alien Worker

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-140 OMB No. 1615-0015 Expires 03/31/2016

Fo	or	Fee Stamp	Priority Date	Consulate	Action Block
USC	CIS				
Us On					
JI		C7 10 1	~		
	203(b)(1)(A) Alien of	Classification ☐ 203(b)(2) Member of Professions with	Certific		
	Extraordinary Ability 203(b)(1)(B) Outstandi	Advanced Degree/Exceptional Ability ng 203(b)(3)(A)(i) Skilled Worker	☐ National Intere		
_ I	Professor or Researcher	203(b)(3)(A)(ii) Professional	☐ Schedule A, G	-	
	203(b)(1)(C) Multination	Dnal 203(b)(3)(A)(iii) Other Worker	Remarks		
> ;	START HERE	- Type or print in black ink.	7 1		
Par			_		Petition (If an individual is filing,
		pers 1.a 1.c. If a Company or (Organization i	s filing, use	number 2).
1.a.	Family Name (Last Name)		1	Mailing Add	lress
1.b.	Given Name (First Name)		5	.a. In Care of	f Name
1.c.	Middle Name		71.	L Compare	
2.	Company or O	rganization Name	5	.b. Street Nu and Nam	
		<u>-</u>	5	.c. Apt.	Ste. Flr.
Oth	er Informatio	n	5	.d. City or T	own
3.	IRS Tax Numb		5	.e. State	5.f. Zip Code
4.		curity Number (if any)	5	.g. Postal Co	ode
	must be 9 digits; n		5	.h. Province	
		1/1//1	5	i. Country	
		TU/U		4	
Part 2. Petition Type					
This	petition is bein	g filed for: (Select only one box):	1	_	other worker (requiring less than 2 years of
1.a.	An alien o	f extraordinary ability.		train 	ing or experience).
1.b.	An outstar	nding professor or researcher.			erved)
1.c.	A multinat	tional executive or manager.	1		alien applying for a National Interest Waiver of IS a member of the professions holding an
1.d.		of the professions holding an advar			anced degree or an alien of exceptional ability).
	_	an alien of exceptional ability (who National Interest Waiver).	is NOT	check below i	f this petition is being filed:
1.e.	_	onal (at a minimum, possessing a	2		mend a previously filed petition.
		degree or a foreign degree equivale elor's degree).	nt to a	Prev	ious Petition Receipt Number:
1.f.		worker (requiring at least 2 years of)	
1.1.		d training or experience).	2	.b. For	the Schedule A, Group I or II designation.

Par	t 3. Information About the Person for Whom	You Are	Filing
1.a.	Family Name (Last Name)	9.	Country of Citizenship
1.b.	Given Name		
	(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	ſ	► A-
		12.	U.S. Social Security Number (if any)
2.b.	Street Number and Name		must be 9 digits; no dashes
2.c.	Apt. Ste. Flr.	A	
2.d.	City or Town		the United States, please provide the following plete all sections, as applicable):
2.e.	State 2.f. Zip Code	13.	Date of Arrival (mm/dd/yyyy) ▶
		14.a	I-94 Arrival-Departure Record Number:
2.g.	Postal Code		▶
2.h.	Province	- 1	
2.i.	Country	14.b	Passport Number
	1 101	14.c	Travel Document Number
Oth	er Information	14.d	. Country of Issuance for Passport or Travel Document
3.	E-mail Address (if any)		
	Kanro	14.e	Expiration Date for Passport or Travel Document
4.	Daytime Phone Number () -		(mm/dd/yyyy) ►
5.	Date of Birth (mm/dd/yyyy) ▶	15.	Current Nonimmigrant Status
6.	City/Town/Village of Birth		
		16.	Date Status Expires:
7.	State/Province of Birth	7/ 4	(mm/dd/yyyy) ►
8.	Country of Birth		
Par	t 4. Processing Information		
	plete the following for the person named in Part 3 :	1.b.	Alien is in the United States and will apply for
`	ck one)		adjustment of status to that of lawful permanent resident.
1.a.	Alien will apply for a visa abroad at a U.S. Embassy or consulate at:		Alien's country of current residence or, if now in the
	City or Town		United States, last country of permanent residence
			abroad.
	Country		

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Part 4. Processing Information (continued)		
If you provided a United States address in Part 3 , provide the person's foreign address:	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. Fir.		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 proceedings?
2.f. Country		1 cs - Attach an explanation 110
If the person's native alphabet is other than Roman letters, write the person's foreign name 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
(Last Name) 3.b. 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
Mailing 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.	_	Yes - Attach an explanation No
3.f. City or Town	provi	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		2015
Part 5. Additional Information About the Petitione	r	
Type of petitioner (Select only one box):	2.c.	Current Number of U.S. Employees
1.a. Employer		
1.b. Self	2.d.	Gross Annual Income
1.c. Other (Explain, e.g., Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)	2.e.	Net Annual Income
	2.f.	NAICS Code
If a company, give the following:	•	Labor Contifue to DOL (ETA Con No. 1
2.a. Type of Business	2.g.	Labor Certification DOL/ETA Case Number
2.b. Date Established (<i>mm/dd/yyyy</i>) ▶		

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Par	Part 5. Additional Information About the Petitioner (continued)			
2.h.	Labor Certification DOL/ETA Filing Date	If an	individual, give following:	
	(mm/dd/yyyy) ▶	3.a.	Occupation	
2.i.	Labor Certification Expiration Date			
	(mm/dd/yyyy) ►	3.b.	Annual Income	
Par	t 6. Basic Information About the Proposed Emplo	ymei	nt	
1.	Job Title	6.	Is this a permanent position?	
2.	SOC Code	7.	Is this a new position?	
3.	Nontechnical Description of Job	8.	Wages: \$ per	
			(Specify hour, week, month, or year)	
		Addr Part	ess where the person will work if different from address in 1.	
		9.a.	Street Number and Name	
4	Latin Ciliano di Santa	9.b.	Apt. Ste. Flr.	
 4. 5. 	Is this a full-time position? Yes No If the answer to Number 4 is "No," how many hours per	9.c.	City or Town	
3.	week for the position?			
		9.a.	State 9.e. Zip Code	
	Donkoo	L	notion	
Par	t 7. Information on Spouse and All Children of th	e Per	son 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	Per	son 2	
1.a.	Family Name	2.a.	Family 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 (mm/dd/yyyy) ▶	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	
1.h.	Applying for Visa Abroad? Yes No	2.h.	Applying for Visa Abroad?	

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Par	t 7. Information on Spouse and All Children of	the Per	rson for Whom You Are Filing (continued)		
Person 3			Person 5		
3.a.	Family Name (Last Name)	5.a.	Family Name (Last Name)		
3.b.	Given Name (First Name)	5.b.			
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 No	5.g.	Applying for Adjustment of Status? Yes No		
3.h.	Applying for Visa Abroad? Yes No	5.h.	Applying for Visa Abroad? Yes No		
Per	son 4	Per	son 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 No	6.g.	Applying for Adjustment of Status? Yes No		
4.h.	Applying for Visa Abroad?	6.h.	Applying for Visa Abroad? Yes No		
Par	t 8. Signature of Petitioner				
I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all			Daytime Phone Number ()		
true and correct. I authorize U.S. Citizenship and Immigration Services			Mobile Phone Number ()		
(USCIS) to release to other government agencies any information from my USCIS records, if USCIS determines that such action is necessary			E-mail Address (if any)		
to det	ermine eligibility for the benefit sought.				
1.a.	Signature of Petitioner	5.	Job Title of Position with Petitioning Employer, If the Petition Is Being Filed by an Employer		
1.b.	Date of Signature (mm/dd/yyyy) ▶				
		NOT	E: 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.

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Par	ct 9. Signature of Person Preparing This Petition	n, If Other Than the Petitioner
1.	Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by e-mail?	Preparer's Mailing Address
	Yes No	6.a. Street Number and Name
Pre	parer's Full Name	6.b. Apt.
Provi	ide the following information concerning the preparer:	6.c. City or Town
2.a.	Preparer's Family Name (Last Name)	6.d. State 6.e. Zip Code
2.b.	Preparer's Given Name (First Name)	6.f. Postal Code
3.	Preparer's Business or Organization Name	6.g. Province 6.h. Country
Pre	parer's Contact Information	Declaration
4.	Preparer's Daytime Phone Number Extension	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
5.	Preparer's E-mail Address (if any)	information of which I have knowledge, and that the information is true to the best of my knowledge.
		7.a. Signature of Preparer
		7.b. Date of Signature (<i>mm/dd/yyyy</i>) ►
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