

Immigrant Petition for Alien Worker

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

	Fee Stamp	Priority Date Consulate Action Block
Fo USC Us On	r CIS e	
	Classification	Certification
	03(b)(1)(A) Alien of 203(b)(2) Member of Professions with attraordinary Ability Advanced Degree/Exceptional Ability	□ National Interest Waiver (NIW)
	03(b)(1)(B) Outstanding	☐ Schedule A, Group I
l	rofessor or Researcher 03(b)(1)(C) Multinational	Schedule A, Group II
E	xecutive or Manager 203(b)(3)(A)(iii) Other Worker	Remarks
▶ S	START HERE - Type or print in black ink.	
Par		rganization Filing This Petition (If an individual is filing,
	use numbers 1.a 1.c. If a Company or (Organization is filing, use number 2).
1.a.	Family Name	Mailing Address
1.b.	(Last Name) Given Name	5.a. In Care of Name
	(First Name)	
1.c.	Middle Name	5.b. Street Number
2.	Company or Organization Name	and Name
	110011	5.c. Apt. Ste. Flr.
Oth	er Information	5.d. City or Town
3.	IRS Tax Number must be 9 digits; no dashes	5.e. State 5.f. Zip Code
		5.g. Postal Code
4.	U.S. Social Security Number (if any) must be 9 digits; no dashes	5.h. Province
		5.i. Country
	11/1	S.I. County
Par	t 2. Petition Type	
This	petition is being filed for: (Select only one box):	1.g. Any other worker (requiring less than 2 years of
1.a.	An alien of extraordinary ability.	training or experience).
1.b.	An outstanding professor or researcher.	1.h. (Reserved)
1.c.	A multinational executive or manager.	1.i. An alien applying for a National Interest Waiver (who IS a member of the professions holding an
1.d.	A member of the professions holding an advardegree or an alien of exceptional ability (who seeking a National Interest Waiver).	advanced degree or an alien of exceptional ability).
1.e.	A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivale U.S. bachelor's degree).	2.a. To amend a previously filed petition. Previous Petition Receipt Number: To amend a previously filed petition. Previous Petition Receipt Number:
1.f.	A skilled worker (requiring at least 2 years of specialized training or experience).	2.b. For the Schedule A, Group I or II designation.

Par	Part 3. Information About the Person for Whom You Are Filing		
1.a.	Family Name (Last Name)	9.	Country of Citizenship
1.b.	Given Name		
1.	(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		► 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.	If in	the United States, please provide the following
2.d.	City or Town	(com	plete all sections, as applicable):
2.e.	State 2.f. Zip Code	13.	Date of Arrival (mm/dd/yyyy) ▶
2.g.	Postal Code	14.a.	I-94 Arrival-Departure Record Number:
2.h.	Province		
2.i.	Country	14.b.	Passport Number
	Ranro	14.c.	Travel Document Number
Oth	er Information	14.d.	Country of Issuance for Passport or Travel Document
3.	E-mail Address (if any)		
		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	/ /	(mm/dd/yyyy) ►
			2013
8.	Country of Birth		
Par	t 4. Processing Information		
	plete the following for the person named in Part 3 : ck one)	1.b.	Alien is in the United States and will apply for adjustment of status to that of lawful permanent
1.a.	Alien will apply for a visa abroad at a U.S. Embassy		resident.
	or consulate at: City or Town		Alien's country of current residence or, if now in the 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:		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.		Form I-485
2.c. City or Town		Form I-131
		Form I-765
2.d. Postal Code		Other-Attach an explanation
2.e. Province		Is the person for whom you are filing in removal proceedings?
2.f. Country	•	1 es - Attach an explanation [] No
If the person's native alphabet is other than Roman letters, write		Has any immigrant visa petition ever been filed by or on behalf of this person?
the person's foreign name and address in the native alphabet: 3.a. Family Name	- 1	Yes - Attach an explanation No
(Last Name) 3.b. Given Name		Is the petition being filed without an original labor certification because the original labor certification was
(First Name)		previously submitted in support of another Form I-140?
3.c. Middle Name		Yes - Attach an explanation No
Mailing Address		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? Yes - Attach an explanation No
3.e. Apt.	T£ v.o	
3.f. City or Town	provid	answered "Yes" to any of questions 4 through 8, de the case number, office location, date of decision, lisposition of the decision on a separate sheet of paper.
3.g. Postal Code		
3.h. Province		
3.i. Country		
Part 5. Additional Information About the Petitioner		
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
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:	2 ~ 1	Labor Cartification DOI /ETA Coss Number
2.a. Type of Business	2.g. [Labor Certification DOL/ETA Case Number
	L	
2.b. Date Established (<i>mm/dd/yyyy</i>) ▶		

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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? Yes No
3.	Nontechnical Description of Job	8.	Wages: \$ per
	\	-	(Specify hour, week, month, or year)
		Addı Part	ress where the person will work if different from address in 1.
		9.a.	Street Number and Name
4.	Is this a full-time position? Yes No	9.b.	Apt. Ste. Flr.
5.	If the answer to Number 4 is "No," how many hours per	9.c.	City or Town
	week for the position?	9.d.	State 9.e. Zip Code
Par	t 7. Information on Spouse and All Children of th	e Per	rson 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 (Last Name)	2.a.	Family Name (Last 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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Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing (continued)			
Per	rson 3	Per	son 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?	5.h.	Applying for Visa Abroad?
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? Yes No	6.h.	Applying for Visa Abroad? Yes No
Par	t 8. Signature of Petitioner		
	ify, under penalty of perjury under the laws of the United States	2.	Daytime Phone Number ()
true a	merica, that this petition and the evidence submitted with it are all and correct. I authorize U.S. Citizenship and Immigration Services	3.	Mobile Phone Number ()
my U	CIS) to release to other government agencies any information from USCIS records, if USCIS determines that such action is necessary termine eligibility for the benefit sought.	4.	E-mail Address (if any)
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) ▶		E: If you do not fully complete this form or fail to submit equired documents listed in the instructions, a final decision

on your petition may be delayed or the petition may be denied.

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Part 9. Signature of Person Preparing This Petition, 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. Ste. Flr.	
Prov	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 (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 information of which I have knowledge, and that the information	
5.	Preparer's E-mail Address (if any)	 7.a. Signature of Preparer 7.b. Date of Signature (mm/dd/yyyy) ► 	

11/17/2015

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