

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

		Fee Stamp	Priority Date	Consula	ite	Actio	n Block
Fo		_					
USC Us							
On							
		Classification	Certific	ration	_		
_		(1)(A) Alien of 203(b)(2) Member of Professions with			W)		
		rdinary Ability Advanced Degree/Exceptional Ability (1)(B) Outstanding 203(b)(3)(A)(i) Skilled Worker	Schedule A, G		"		
۱ _ ،		sor or Researcher (1)(C) Multinational 203(b)(3)(A)(ii) Professional	Schedule A, Gr	roup II			
	. ,	tive or Manager 203(b)(3)(A)(iii) Other Worker	Remarks				
▶ 5	STA	RT HERE - Type or print in black ink.					
Par	t 1.	Information About the Person or O	rganization]	Filing T	his Petit	ion (If an indiv	ridual is filing,
		use numbers 1.a 1.c. If a Company or	Organization i	s filing, ı	ise numbe	er 2).	, o
1.a.		nily Name	7	Mailing 1	Addross		
1 h	1	ven Name		U			
1.0.		rst Name)		.a. In Ca	re of Name		
1.c.	Mic	ddle Name		L C4	NT1		
2.	Coı	mpany or Organization Name		.b. Street and N	Number Vame		
		Fig. 2 - Su - mark - m	5.	.c. Apt.	Ste.	☐ Flr. ☐	
041.	7			d City	ъ. Толи		
Oth		Information	5.	.d. City	or rown		
3.		S Tax Number t be 9 digits; no dashes	5.	e. State		5.f. Zip Code	
			5.	.g. Posta	l Code		
4.		S. Social Security Number (if any) t be 9 digits; no dashes					
			5.	.h. Provi	nce		
			5.	.i. Coun	try		
Dan	+ 2	Potition Type					
Part 2. Petition Type							
	peti	tion is being filed for: (Select only one box):	1.	_	-	worker (requiring experience).	gless than 2 years of
1.a.		An alien of extraordinary ability.	1		Reserved)	1 /	
1.b.		An outstanding professor or researcher.	1.		ŕ	onlying for a Nati	onal Interest Waiver
1.c.		A multinational executive or manager.		_ (who IS a r	nember of the pro	ofessions holding an
1.d.		A member of the professions holding an adva degree or an alien of exceptional ability (who		а	dvanced d	legree or an alien	of exceptional ability).
		seeking a National Interest Waiver).	15 1401 C	heck belo	w if this p	petition is being	filed:
1.e.		A professional (at a minimum, possessing a	2.			a previously filed	
		bachelor's degree or a foreign degree equivale	ent to a	F	revious Pe	etition Receipt N	umber:
10		U.S. bachelor's degree).			>		
1.f.		A skilled worker (requiring at least 2 years of specialized training or experience).	2.	.b. 🗌 I	For the Sch	nedule A, Group l	or II designation.

Part 3. Information About the Person for Whom You Are Filing			
1.a.		9.	Country of Citizenship
1.b.	(Last Name) 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		► 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.	T£:	the United States where manife the following
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:
	Postal Code		>
	Province	14 h	Passport Number
2.i.	Country		
			Travel Document Number
Oth	per 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:
_		10.	(mm/dd/yyyy) ►
7.	State/Province of Birth		
8.	Country of Birth		
٥.			
Dox	t A Dungaging Information		
	t 4. Processing Information	1.b.	Alian is in the United States and will apply for
	Complete the following for the person named in Part 3 : (Check one)		Alien is in the United States and will apply for 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. Processin	g Information (continued)		
	provided a Unit 's foreign addre	ed States address in Part 3 , provide the ss:	4.	Are any other petition(s) or application(s) being filed with this Form I-140?
	Street Number and Name			If you answered " Yes ," check any applicable boxes:
	Apt. Ste.	☐ Flr. ☐		Form I-485
	•			Form I-131
2.c. (City or Town			Form I-765
2.d. F	Postal Code			Other-Attach an explanation
2.e. F	Province		5.	Is the person for whom you are filing in removal proceedings? Yes - Attach an explanation No
2.f. (Country		6	
		lphabet is other than Roman letters, write me and address in the native alphabet:	6.	Has any immigrant visa petition ever been filed by or on behalf of this person?
	Family Name [Last Name]		7	Yes - Attach an explanation No
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. N	Middle Name			Yes - Attach an explanation No
Maili	ing Address		8.	If the petition is being filed without an original labor
3.d. S	Street Number and Name			certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor?
3.e. A	Apt. Ste.	☐ Flr. ☐		Yes - Attach an explanation No
	City or Town		prov	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. F	Postal Code			
3.h. F	Province			
3.i. (Country			
Part	5. Addition:	al Information About the Petitioner		
Type o	of petitioner (Sel	ect only one box):	2.c.	Current Number of U.S. Employees
1.a. [Employer			
1.b. [Self		2.d.	Gross Annual Income
1.c. [ain, e.g., Permanent Resident, U.S. citizen	2.e.	Net Annual Income
	or any other	person filing on behalf of the alien)		
If a common sing the following:			2.f.	NAICS Code
If a company, give the following: 2.a. Type of Business			2.g.	Labor Certification DOL/ETA Case Number
2.a. T	Type of Busilies	0		
2.b. I	Date Established	1 (mm/dd/yyyy) ▶		

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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	et 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	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		
Part 7. Information on Spouse and All Children of the Person 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.			
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)				
Person 3			rson 5	
3.a.	Family Name (Last Name)		Family Name (Last Name)	
3.b.	Given Name (First Name)	5.b.	Given Name (First Name)	
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	rson 4	Per	rson 6	
4.a.	Family Name (Last Name)	6.a.	Family Name (Last Name)	
4.b.	Given Name (First Name)	6.b.		
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	Part 8. Signature of Petitioner			
	ify, under penalty of perjury under the laws of the United States nerica, that this petition and the evidence submitted with it are all	2.	Daytime Phone Number ()	
true and correct. I authorize U.S. Citizenship and Immigration Services			Mobile Phone Number () -	
my U	CIS) to release to other government agencies any information from ISCIS 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	
11.	Data of Cionatura (www/11/www)			
1.0.	Date of Signature (mm/dd/yyyy) ▶		TE: If you do not fully complete this form or fail to submit equired documents listed in the instructions, a final decision	

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

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.			
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			
		6.g. Province			
3.	Preparer's Business or Organization Name	6.h. Country			
Pre	parer's Contact Information	Declaration			
4. 5.	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 information of which I have knowledge, and that the information is true to the best of my knowledge.			
٥.	Preparer's E-mail Address (if any)	is true to the best of my knowledge. 7.a. Signature of Preparer			
		7.b. Date of Signature (mm/dd/yyyy) ▶			

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