

## Section 1. Complete This Section if Filing for O or P Classification (continued)

### O-2 or P beneficiary

**13.a.** Name of Labor Organization

**13.b.** Complete Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

**13.c.** Date Sent (mm/dd/yyyy)

**13.d.** Daytime Telephone Number

## Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

### 1. Name of Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

### 2. Signature and Date

Signature of Petitioner



Date of Signature (mm/dd/yyyy)

### 3. Petitioner's Contact Information

Daytime Telephone Number

Email Address (if any)