
Section 1. Complete This Section if Filing for O or P Classification (continued)**7.b.** Explanation

8. Does an appropriate labor organization exist for the petition?
☐ Yes ☐ No. If no, proceed to **Part 9.** and type or print your explanation.
9. Is the required consultation or written advisory opinion being submitted with this petition?
☐ Yes ☐ No - copy of request attached ☐ N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability**10.a.** Name of Recognized Peer/Peer Group or Labor Organization**10.b.** Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

10.c. Date Sent (mm/dd/yyyy)**10.d.** Daytime Telephone Number**O-1 Extraordinary achievement in motion pictures or television****11.a.** Name of Labor Organization**11.b.** Complete Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

11.c. Date Sent (mm/dd/yyyy)**11.d.** Daytime Telephone Number**12.a.** Name of Management Organization**12.b.** Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

12.c. Date Sent (mm/dd/yyyy)**12.d.** Daytime Telephone Number