

I-140, Immigrant Petition for Alien Worker

START HERE - Please Type or Print in Black Ink.

Part 1. Information about the person or organization filing this petition.

If an individual is filing, use the top name line. Organizations should use the second line.

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company or Organization Name		
<input type="text"/>		
Address: (Street Number and Name)		Suite #
<input type="text"/>		<input type="text"/>
Attn:		
<input type="text"/>		
City	State/Province	
<input type="text"/>	<input type="text"/>	
Country	Zip/Postal Code	
<input type="text"/>	<input type="text"/>	
IRS Tax #	Social Security # (if any)	E-Mail Address (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2. Petition type.

This petition is being filed for: (Check one)

- a. ☐ An alien of extraordinary ability.
b. ☐ An outstanding professor or researcher.
c. ☐ A multinational executive or manager.
d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver).
e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree) or a skilled worker (requiring at least two years of specialized training or experience).
f. ☐ (Reserved.)
g. ☐ Any other worker (requiring less than two years of training or experience).
h. ☐ Soviet Scientist.
i. ☐ An alien applying for a National Interest Waiver (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

Part 3. Information about the person you are filing for.

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: (Street Number and Name)		Apt. #
<input type="text"/>		<input type="text"/>
C/O: (In Care Of)		
<input type="text"/>		
City	State/Province	
<input type="text"/>	<input type="text"/>	
Country	Zip/Postal Code	E-Mail Address (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone # (with area/country code)		Date of Birth (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>
City/Town/Village of Birth	State/Province of Birth	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Nationality/Citizenship	A # (if any)	Social Security # (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
IF IN THE U.S.	Date of Arrival (mm/dd/yyyy)	I-94 # (Arrival/Departure Document)
	<input type="text"/>	<input type="text"/>
	Current Nonimmigrant Status	Date Status Expires (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	

FOR CIS USE ONLY

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Classification:	
<input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability	
<input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher	
<input type="checkbox"/> 203(b)(1)(C) Multi-National Executive or Manager	
<input type="checkbox"/> 203(b)(2) Member of Professions w/Adv. Degree or Exceptional Ability	
<input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker	
<input type="checkbox"/> 203(b)(3)(A)(ii) Professional	
<input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker	
Certification:	
<input type="checkbox"/> National Interest Waiver (NIW)	
<input type="checkbox"/> Schedule A, Group I	
<input type="checkbox"/> Schedule A, Group II	
Priority Date	Consulate
Concurrent Filing:	
<input type="checkbox"/> I-485 filed concurrently.	
Remarks	
Action Block	
To Be Completed by Attorney or Representative, if any.	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License #	

Part 4. Processing Information.

1. Please complete the following for the person named in Part 3: *(Check one)*

- ☐ Alien will apply for a visa abroad at the American Embassy or Consulate at:

City

Foreign Country

- ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Alien's country of current residence or, if now in the U.S., last permanent residence abroad.

2. If you provided a U.S. address in Part 3, print the person's foreign address:

3. If the person's native alphabet is other than Roman letters, write the person's foreign name and address in the native alphabet:

4. Are any other petition(s) or application(s) being filed with this Form I-140?

☐ No

☐ Yes-(check all that apply)

☐ Form I-485

☐ Form I-765

☐ Form I-131

☐ Other - attach explanation

5. Is the person you are filing for in removal proceedings?

☐ No

☐ Yes-attach an explanation

6. Has any immigrant visa petition ever been filed by or on behalf of this person?

☐ No

☐ Yes-attach an explanation

If you answered yes to any of these questions, please provide the case number, office location, date of decision and disposition of the decision on a separate sheet(s) of paper.

Part 5. Additional information about the petitioner.

1. Type of petitioner *(Check one)*.

☐ Employer

☐ Self

☐ Other (Explain, e.g., Permanent Resident, U.S. Citizen or any other person filing on behalf of the alien.)

2. If a company, give the following:

Type of Business

Date Established (mm/dd/yyyy)

Current Number of Employees

Gross Annual Income

Net Annual Income

NAICS Code

DOL/ETA Case Number

3. If an individual, give the following:

Occupation

Annual Income

Part 6. Basic information about the proposed employment.

1. Job Title

2. SOC Code

3. Nontechnical Description of Job

4. Address where the person will work if different from address in Part 1.

5. Is this a full-time position?

☐ Yes ☐ No

6. If the answer to Number 5 is "No," how many hours per week for the position?

7. Is this a permanent position?

☐ Yes ☐ No

8. Is this a new position?

☐ Yes ☐ No

9. Wages per week

\$

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. Provide an attachment of additional family members, if needed.

Name (First/Middle/Last)	Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth

Part 8. Signature. *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 9.*

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 true and correct. I authorize the U.S. Citizenship and Immigration Services to release to other government agencies any information from my CIS (or former INS) records, if the CIS determines that such action is necessary to determine eligibility for the benefit sought.

Petitioner's Signature

Daytime Phone Number (Area/Country Code)

E-mail Address

Print Name

Date (mm/dd/yyyy)

Please Note: *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.*

Part 9. Signature of person preparing form, if other than above. *(Sign below)*

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have knowledge.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the BCIS contact you by Fax or E-mail? ☐ Yes ☐ No

Signature

Print Name

Date (mm/dd/yyyy)

Firm Name and Address

Daytime Phone Number (Area/Country Code)

Fax Number (Area/Country Code)

E-mail Address