



Immigrant Petition for Alien Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-140
OMB No. 1615-0015
Expires 02/28/2026

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
	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) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/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		
	Remarks			

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 1031341	Attorney or Accredited Representative USCIS Online Account Number (if any) N / A
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► **START HERE - Type or print in black ink.**

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition,

answer **Item Number 2.**

1.a. Family Name (Last Name)	Jimenez Montero
1.b. Given Name (First Name)	Oscar
1.c. Middle Name	N/A
2. Company or Organization Name	N/A

Mailing Address

3.a. In Care Of Name	Colombo & Hurd, PL
3.b. Street Number and Name	63 Putnam St.
3.c. <input type="checkbox"/> Apt. <input checked="" type="checkbox"/> Ste. <input type="checkbox"/> Flr.	202
3.d. City or Town	Saratoga Springs
3.e. State	NY
3.f. ZIP Code	12866
3.g. Province	N/A
3.h. Postal Code	N/A
3.i. Country	United States of America

Other Information

4. IRS Employer Identification Number (EIN)	► N / A
5. Are you a nonprofit organized as tax exempt or a governmental research organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. U.S. Social Security Number (SSN) (if any)	► N / A
8. USCIS Online Account Number (if any)	► N / A

Part 2. Petition Type

This petition is being filed for (select **only one** box):

- 1.a. ☐ An alien of extraordinary ability.
- 1.b. ☐ An outstanding professor or researcher.
- 1.c. ☐ A multinational executive or manager.
- 1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).
- 1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).



Part 2. Petition Type (continued)

- 1.f. ☐ A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. ☐ Any other worker (requiring less than two years of training or experience).
- 1.h. ☒ An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

This petition is being filed (select **only one** box):

- 2.a. ☐ To amend a previously filed petition.

Previous Petition Receipt Number

► N / A

- 2.b. ☐ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

- 1.a. Family Name (Last Name) Jimenez Montero
- 1.b. Given Name (First Name) Oscar
- 1.c. Middle Name N/A

Mailing Address

- 2.a. In Care Of Name Colombo & Hurd, PL
- 2.b. Street Number and Name 63 Putnam St.
- 2.c. ☐ Apt. ☒ Ste. ☐ Flr. 202
- 2.d. City or Town Saratoga Springs
- 2.e. State NY 2.f. ZIP Code 12866
- 2.g. Province N/A
- 2.h. Postal Code N/A
- 2.i. Country United States of America

Other Information

3. Date of Birth (mm/dd/yyyy) 04/02/1971
4. City/Town/Village of Birth Santiago de Puriscal
5. State or Province of Birth San Jose

6. Country of Birth Costa Rica
7. Country of Citizenship or Nationality Costa Rica
8. Alien Registration Number (A-Number) (if any) ► A- N / A
9. U.S. SSN (if any) ► N / A

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy) N/A
- 11.a. Form I-94 Arrival-Departure Record Number ► N / A
- 11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) N/A
- 11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled) N/A
12. Passport Number N/A
13. Travel Document Number N/A
14. Country of Issuance for Passport or Travel Document N/A
15. Expiration Date for Passport or Travel Document (mm/dd/yyyy) N/A

Part 4. Processing Information

Provide the following information for the person named in Part 3. (select **only one** box):

- 1.a. ☒ Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:
- 1.b. City or Town San Jose
- 1.c. Country Costa Rica
- 2.a. ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.



Part 4. Processing Information (continued)

- 2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

Costa Rica

If you provided a United States address in **Part 3.**, provide the person's foreign address in **Item Numbers 3.a. - 3.f.**:

- 3.a. Street Number and Name 100 West Public School, Mercedes North

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr. House N° 38

- 3.c. City or Town Puriscal

- 3.d. Province San Jose

- 3.e. Postal Code 10402

- 3.f. Country
Costa Rica

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in **Item Numbers 4.a. - 4.c.**:

- 4.a. Family Name (Last Name) N/A

- 4.b. Given Name (First Name) N/A

- 4.c. Middle Name N/A

Mailing Address

- 5.a. In Care Of Name
N/A

- 5.b. Street Number and Name N/A

- 5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

- 5.d. City or Town N/A

- 5.e. Province N/A

- 5.f. Postal Code N/A

- 5.g. Country
N/A

If you answer "Yes" to **Item Numbers 6.a. - 10.**, provide the case number, office location, date of decision, and disposition of the decision in the space provided in **Part 10. Additional Information.**

- 6.a. Are you filing any other petitions or applications with this Form I-140? ☐ Yes ☒ No

- 6.b. If you answered "Yes" to **Item Number 6.a.**, select all applicable boxes:

☐ Form I-485

☐ Form I-131

☐ Form I-765

☐ Other (Provide an explanation in **Part 10. Additional Information.**)

7. Is the person for whom you are filing in removal proceedings? ☐ Yes ☒ No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? ☐ Yes ☒ No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☒ No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☒ No

Part 5. Additional Information About the Petitioner

Type of petitioner (select **only one** box):

- 1.a. ☐ Employer

- 1.b. ☒ Self

- 1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

N/A

If a company or an organization is filing this petition, provide the following information:

2. Type of Business

N/A (Self-Petition)

3. Date Established (mm/dd/yyyy) N/A

4. Current Number of U.S. Employees N/A

5. Gross Annual Income \$ N/A

6. Net Annual Income \$ N/A

7. NAICS Code ▶ N / A

8. Labor Certification DOL Case Number

N/A

Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

N/A

10. Labor Certification Expiration Date (mm/dd/yyyy)

N/A

If an individual is filing this petition, provide the following information.

11. Occupation

Systems Engineering & Artificial Intelligence Specialist

12. Annual Income

\$ N/A

Part 6. Basic Information About the Proposed Employment

1. Job Title

Systems Engineering & Artificial Intelligence Specialist

2. SOC Code



1

7

-

2

0

7

2

3. Nontechnical Job Description

To develop training programs and comprehensive optimization

strategies for process automation and data-driven decision making

by integrating streamlined business processes with Robotics

Process Automation (RPA) (Continues in Page 7, Part 10)

4. Is this a full-time position?

☒ Yes

☐ No

5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?

N/A

6. Is this a permanent position?

☒ Yes

☐ No

7. Is this a new position?

☒ Yes

☐ No

8. Wages (Specify hour, week, month, or year):

\$ N/A

per

N/A

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

9.a. Street Number and Name

N/A

9.b. ☐ Apt.

☐ Ste.

☐ Flr.

N/A

9.c. City or Town

N/A

9.d. State

9.e. ZIP Code

N/A

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 10. Additional Information.**

Person 1

1.a. Family Name (Last Name)

Guzman Mora

1.b. Given Name (First Name)

Katherine

1.c. Middle Name

N/A

2. Date of Birth (mm/dd/yyyy)

01/17/1980

3. Country of Birth

Costa Rica

4. Relationship

Spouse

5. Is he or she applying for adjustment of status?

☐ Yes

☒ No

6. Is he or she applying for a visa abroad?

☒ Yes

☐ No

Person 2

7.a. Family Name (Last Name)

Jimenez Guzman

7.b. Given Name (First Name)

Emily

7.c. Middle Name

Melissa

8. Date of Birth (mm/dd/yyyy)

05/01/2004

9. Country of Birth

United States of America

10. Relationship

Daughter

11. Is he or she applying for adjustment of status?

☐ Yes

☒ No

12. Is he or she applying for a visa abroad?

☐ Yes

☒ No

Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
14. Date of Birth (mm/dd/yyyy)
15. Country of Birth
16. Relationship
17. Is he or she applying for adjustment of status?
☐ Yes ☒ No
18. Is he or she applying for a visa abroad?
☒ Yes ☐ No

Person 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Date of Birth (mm/dd/yyyy)
21. Country of Birth
22. Relationship
23. Is he or she applying for adjustment of status?
☐ Yes ☐ No
24. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 5

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
26. Date of Birth (mm/dd/yyyy)
27. Country of Birth
28. Relationship
29. Is he or she applying for adjustment of status?
☐ Yes ☐ No
30. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 6

- 31.a. Family Name (Last Name)
- 31.b. Given Name (First Name)
- 31.c. Middle Name
32. Date of Birth (mm/dd/yyyy)
33. Country of Birth
34. Relationship
35. Is he or she applying for adjustment of status?
☐ Yes ☐ No
36. Is he or she applying for a visa abroad?
☐ Yes ☐ No



Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information


- 1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)
- 1.b. Petitioner's or Authorized Signatory's Given Name (First Name)
2. Petitioner's or Authorized Signatory's Title
3. Petitioner's or Authorized Signatory's Daytime Telephone Number
4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)
5. Petitioner's or Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

- a. I reviewed and provided or authorized all of the responses and information in my petition;
- b. I understood all of the responses and information contained in, and submitted with, my petition; and
- c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 6.a. Petitioner's or Authorized Signatory's Signature

- 6.b. Date of Signature (mm/dd/yyyy)

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English

and ,

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

- 6.a. Interpreter's Signature
- 6.b. Date of Signature (mm/dd/yyyy)



Part 10. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)
Given Name (First Name)
Middle Name
2. IRS EIN

3.

Page Number	Part Number	Item Number
4	6	3

and AI technologies, specifically tailored for American and Latino owned small and medium-sized enterprises (SMEs), to empower U.S. companies and their workforce by enhancing their competitiveness through improved data-driven decision-making capabilities. (Please see Exhibit 6 for Endeavor).

4.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

5.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

6.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

7.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

