

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

# I-907, Request for Premium Processing Service

**START HERE - Please Type or Print (Use black ink.)**

## Part 1. Information about you. (Person filing this petition.)

### Individual Named in the Related Case:

Family Name (Last Name) Given Name (First Name) Full Middle Name

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If filed on behalf of a company: Company or Business Named in the Related Case

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Mailing Address - Street Number and Name / P.O. Box Number

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### Company Contact Information:

Name of Company Contact

Title/Position

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City

State/Province

Zip/Postal Code

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IRS Tax # (if any)

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You (the person submitting this request):

- ☐ Are the petitioner who is filing or has filed a petition eligible for Premium Processing.
- ☐ Are the attorney/accredited representative for the petitioner who is filing or has filed a petition eligible for Premium Processing. (Complete and submit Form G-28.)
- ☐ Are the applicant who is filing or has filed an application eligible for Premium Processing.
- ☐ Are the attorney/accredited representative for the applicant who is filing or has filed an application eligible for Premium Processing. (Complete and submit Form G-28.)

Phone Number (Area/Country Code)

Fax Number (Area/Country Code)

E-Mail Address (If Any)

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## Part 2. Information about request.

1. Form number of related petition/application.

2. Receipt number of related petition/application.

3. Classification/Eligibility Requested.

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4. Petitioner/Applicant in the relating case.

5. Beneficiary in the relating case.

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## Part 3. Original signature. (This is the same person authorized to sign the petition or application.)

It is understood that if U.S. Citizenship and Immigration Services (USCIS) does not issue an approval notice, request for evidence, notice of intent to deny, or refer for investigation of suspected fraud or misrepresentation within 15-calendar days after this request has been physically received at the appropriate USCIS office, a refund of the Premium Processing fee will be given to the addressee shown in **Part 1** of this request.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. I authorize the release of any information from my records that USCIS needs to determine eligibility for the benefit being sought.

Signature

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Print Your Name

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Title (if applicable)

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Date (mm/dd/yyyy)

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## Part 4. Original signature of attorney or accredited representative. (Note if attorney is signing above in Part 3.)

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

- ☐ Same individual as signing above in **Part 3**. (If this box is checked, provide all the requested information below and a submit a Form G-28.)

Signature

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Print Your Name

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Date (mm/dd/yyyy)

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Firm Name and Address

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Daytime Phone Number (Area Code and Number)

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