

Immigrant Petition for Alien Worker

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-140 OMB No. 1615-0015 Expires 03/31/2016

		Fee Stamp	Priority Date	Co	onsulate	Action Block
F						
USCIS Use						
	nly					
		a				
П	203(b)	Classification (1)(A) Alien of 203(b)(2) Member of Professions with	Certific	catio	on	
_	Extrao	rdinary Ability Advanced Degree/Exceptional Ability	☐ National Intere		· · · · ·	
		(1)(B) Outstanding 203(b)(3)(A)(i) Skilled Worker for or Researcher	☐ Schedule A, Gi ☐ Schedule A, Gi	-		
	. ,	(1)(C) Multinational 203(b)(3)(A)(ii) Professional ive or Manager 203(b)(3)(A)(iii) Other Worker	Remarks	-		
		RT HERE - Type or print in black ink.				
			ganization]	D:1:	ng Thig Dotit	ion (If an individual is files
rai	rt 1.	Information About the Person or Or use numbers 1.a 1.c. If a Company or O	_		· ·	
 1.a.	Fan	nily Name				,
	(La	st Name)			ling Address	
1.b.		ren Name rst Name)	5.	.a.	In Care of Name	
1.c.	Mic	idle Name	5	b.	Street Number	
2.	Coı	mpany or Organization Name			and Name	
	L		5.	.c.	Apt. Ste.	Flr.
Oth	ier I	nformation	5.	d.	City or Town	
3.		Tax Number t be 9 digits; no dashes	5.	.e.	State	5.f. Zip Code
4.		S. Social Security Number (if any)	5.	g.	Postal Code	
		t be 9 digits; no dashes	5.	h.	Province	
				i.	Country	
D	4.0	D. dat. To				
Pai	rt 2.	Petition Type				
This	peti	tion is being filed for: (Select only one box):	1.	g.		worker (requiring less than 2 years of experience).
1.a.		An alien of extraordinary ability.	1	h.	(Reserved)	
1.b.		An outstanding professor or researcher.	1.			plying for a National Interest Waiver
1.c.		A multinational executive or manager.	1.	•1•	(who IS a n	nember of the professions holding an
1.d.		A member of the professions holding an advant degree or an alien of exceptional ability (who is seeking a National Interest Waiver).	is NOT	hec		egree or an alien of exceptional ability). petition is being filed:
1.e.		A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent	2.	a.		previously filed petition.
			nt to a		Previous Pe	etition Receipt Number:
	_	U.S. bachelor's degree).			>	
1.f.		A skilled worker (requiring at least 2 years of specialized training or experience).	2.	b.	For the Sch	edule A, Group I or II designation.

Par	t 3. Information About the Person for Whom Y	ou Are	Filing
1.a.		9.	Country of Citizenship
1.b.	(Last Name) Given Name		
	(First Name)	10.	Country of Nationality
1.c.	Middle Name		
Ma	iling Address	11.	Alien Registration Number (A-Number)
2.a.	In Care of Name		► A-
		12.	U.S. Social Security Number (if any)
2.b.	Street Number and Name		must be 9 digits; no dashes
2.c.	Apt. Ste. Flr.	Te:	the United States please provide the following
2.d.	City or Town		the United States, please provide the following plete all sections, as applicable):
2.e.	State 2.f. Zip Code	13.	Date of Arrival (mm/dd/yyyy) ▶
		14.a.	I-94 Arrival-Departure Record Number:
2.g.	Postal Code		▶
2.h.	Province	1 <i>1</i> b	Pagament Numban
2.i.	Country		Passport Number
		14.c.	Travel Document Number
Oth	er Information	14.d.	Country of Issuance for Passport or Travel Document
3.	E-mail Address (if any)		
		14.e.	Expiration Date for Passport or Travel Document
4.	Daytime Phone Number ()		(<i>mm/dd/yyyy</i>) ►
5.	Date of Birth (mm/dd/yyyy) ▶	15.	Current Nonimmigrant Status
6.	City/Town/Village of Birth		
		16.	Date Status Expires:
7.	State/Province of Birth		(mm/dd/yyyy) ►
8.	Country of Birth		
Par	t 4. Processing Information		
Complete the following for the person named in Part 3 : (Check one)		1.b.	Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.
1.a.	Alien will apply for a visa abroad at a U.S. Embassy or consulate at:		Alien's country of current residence or, if now in the
	City or Town		United States, last country of permanent residence abroad.
	Country		
	Country		

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Part 4. Processing Information (continued)	
If you provided a United States address in Part 3 , provide the person's foreign address:	4. Are any other petition(s) or application(s) being filed with this Form I-140?
2.a. Street Number and Name	If you answered " Yes ," check any applicable boxes:
2.b. Apt.	Form I-485
2.c. City or Town	Form I-131
	☐ Form I-765
2.d. Postal Code	Other-Attach an explanation
2.e. Province	5. Is the person for whom you are filing in removal
2.f. Country	proceedings?
If the person's native alphabet is other than Roman letters, write the person's foreign name and address in the native alphabet:	6. Has any immigrant visa petition ever been filed by or on behalf of this person?
3.a. Family Name	Yes - Attach an explanation No
(Last Name) 3.b. Given Name (First Name)	7. Is the petition being filed without an original labor certification because the original labor certification was previously submitted in support of another Form I-140?
3.c. Middle Name	Yes - Attach an explanation No
Mailing Address	8. If the petition is being filed without an original labor
3.d. Street Number and Name	certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor?
3.e. Apt.	Yes - Attach an explanation No
3.f. City or Town	If you answered "Yes" to any of questions 4 through 8, provide the case number, office location, date of decision, and disposition of the decision on a separate sheet of paper.
3.g. Postal Code	
3.h. Province	
3.i. Country	
Part 5. Additional Information About the Petitioner	
Type of petitioner (Select only one box):	2.c. Current Number of U.S. Employees
1.a. Employer	
1.b. Self	2.d. Gross Annual Income
1.c. Other (Explain, e.g., Permanent Resident, U.S. citizen	2.e. Net Annual Income
or any other person filing on behalf of the alien)	
If a company, give the following:	2.f. NAICS Code ▶
2.a. Type of Business	2.g. Labor Certification DOL/ETA Case Number
2.b. Date Established (<i>mm/dd/yyyy</i>) ►	

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Part 5. Additional Information About the Petitioner (continued)			
2.h.	Labor Certification DOL/ETA Filing Date	If an	individual, give following:
	(mm/dd/yyyy) ▶	3.a.	Occupation
2.i.	Labor Certification Expiration Date		
	(mm/dd/yyyy) ►	3.b.	Annual Income
Par	et 6. Basic Information About the Proposed Emplo	ymei	nt
1.	Job Title	6.	Is this a permanent position?
2.	SOC Code - -	7.	Is this a new position?
3.	Nontechnical Description of Job	8.	Wages: \$ per
			(Specify hour, week, month, or year)
		Addr Part	ress where the person will work if different from address in 1.
		9.a.	Street Number and Name
4.	Is this a full-time position? Yes No	9.b.	Apt. Ste. Flr.
5.	If the answer to Number 4 is "No," how many hours per	9.c.	City or Town
	week for the position?	9.d.	State 9.e. Zip Code
Par	rt 7. Information on Spouse and All Children of th	e Per	son for Whom You Are Filing
List husband/wife and all children related to the individual for whom the petition is being filed. Also, note if the individual will be applying for a visa abroad or for adjustment of status as the dependent of the individual for whom the petition is filed. Provide an attachment of additional family members, if needed.			
Per	son 1	Per	son 2
1.a.	Family Name (Last Name)	2.a.	Family Name (Last Name)
1.b.	Given Name (First Name)	2.b.	
1.c.	Middle Name	2.c.	Middle Name
1.d.	Date of Birth (mm/dd/yyyy) ▶	2.d.	Date of Birth (mm/dd/yyyy) ▶
1.e.	Country of Birth	2.e.	Country of Birth
1.f.	Relationship	2.f.	Relationship
1.g.	Applying for Adjustment of Status? Yes No	2.g.	Applying for Adjustment of Status? Yes No
1.h.	Applying for Visa Abroad? Yes No	2.h.	Applying for Visa Abroad?

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Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing (continued)				
Per	rson 3	Per	son 5	
3.a.	Family Name (Last Name)	5.a.	Family Name (Last Name)	
3.b.	Given Name (First Name)	5.b.	·	
3.c.	Middle Name	5.c.	Middle Name	
3.d.	Date of Birth (mm/dd/yyyy) ▶	5.d.	Date of Birth (mm/dd/yyyy) ▶	
3.e.	Country of Birth	5.e.	Country of Birth	
3.f.	Relationship	5.f.	Relationship	
3.g.	Applying for Adjustment of Status? Yes No	5.g.	Applying for Adjustment of Status? Yes No	
3.h.	Applying for Visa Abroad?	5.h.	Applying for Visa Abroad?	
Per	son 4	Per	son 6	
4.a.	Family Name (Last Name)	6.a.	Family Name (Last Name)	
4.b.	Given Name (First Name)	6.b.	·	
4.c.	Middle Name	6.c.	Middle Name	
4.d.	Date of Birth (mm/dd/yyyy) ▶	6.d.	Date of Birth (mm/dd/yyyy) ▶	
4.e.	Country of Birth	6.e.	Country of Birth	
4.f.	Relationship	6.f.	Relationship	
4.g.	Applying for Adjustment of Status? Yes No	6.g.	Applying for Adjustment of Status? Yes No	
4.h.	Applying for Visa Abroad?	6.h.	Applying for Visa Abroad?	
Par	t 8. Signature of Petitioner			
I certify, under penalty of perjury under the laws of the United States 2.			Daytime Phone Number ()	
of America, that this petition and the evidence submitted with it are all true and correct. I authorize U.S. Citizenship and Immigration Services			Mobile Phone Number ()	
(USCIS) to release to other government agencies any information from my USCIS records, if USCIS determines that such action is necessary to determine eligibility for the benefit sought.		4.	E-mail Address (if any)	
1.a.	Signature of Petitioner	5.	Job Title of Position with Petitioning Employer, If the Petition Is Being Filed by an Employer	
1.b.	Date of Signature (mm/dd/yyyy) ►		E: If you do not fully complete this form or fail to submit equired documents listed in the instructions, a final decision	

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on your petition may be delayed or the petition may be denied.

Part 9. Signature of Person Preparing This Petition, If Other Than the Petitioner			
1.	Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by e-mail?	Preparer's Mailing Address	
	Yes No	6.a. Street Number and Name	
Pre	parer's Full Name	6.b. Apt.	
Prov	ide the following information concerning the preparer:	6.c. City or Town	
2.a.	Preparer's Family Name (Last Name)	6.d. State 6.e. Zip Code	
2.b.	Preparer's Given Name (First Name)	6.f. Postal Code	
		6.g. Province	
3.	Preparer's Business or Organization Name	6.h. Country	
Pre	parer's Contact Information	Declaration	
4. 5.	Preparer's Daytime Phone Number (To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this petition at the request of the petitioner, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.	
J.	Treparer's E-mail Address (y any)	7.a. Signature of Preparer	
		7.b. Date of Signature (<i>mm/dd/yyyy</i>) ▶	

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