U.S. Citizenship and Immigration Services

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		Current Nonimmigrant Status	Date Status Expires	(mm/dd/yyyy)			
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1. Please complete the following for the person named	d in Part 3: (Check one)					
Alien will apply for a visa abroad at the Americ City	can Embassy or Consulate at: Foreign Cou	intry				
			·			
Alien is in the United States and will apply for Alien's country of current residence or, if now						
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 file	ed with this Form I-140?		n I-765			
			er - Attach an explanation.			
5. Is the person you are filing for in removal proceeding	ngs?	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 p separate sheet(s) of paper.	provide the case number, office location, da	ate of decision and disposition of	the decision on a			
Part 5. Additional information abo	out the petitioner.					
1. Type of petitioner (Check one.)						
Employer Self Other (Explain	n, e.g., Permanent Resident, U.S. Citizen o	or any other person filing on beha	alf of the alien.)			
2. If a company, give the following:						
2. If a company, give the following:						
2. If a company, give the following: Type of Business	Date Established (mm/dd/yyyy)	Current Number of I	Employees			
	Date Established (mm/dd/yyyy)		Employees			
	Date Established (mm/dd/yyyy)	Current Number of I	Employees			
Type of Business Gross Annual Income			Employees			
Type of Business Gross Annual Income DOL/ETA Case Number			Employees			
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following:		NAICS Code	Employees			
Type of Business Gross Annual Income DOL/ETA Case Number			Employees			
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation	Net Annual Income	NAICS Code	Employees			
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation Part 6. Basic information about the	Net Annual Income	Annual Income	Employees			
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation	Net Annual Income	NAICS Code	Employees			
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Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation Part 6. Basic information about the 1. Job Title	Net Annual Income	Annual Income	Employees			
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation Part 6. Basic information about the 1. Job Title 3. Nontechnical Description of Job	Net Annual Income	Annual Income	Employees			
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation Part 6. Basic information about the 1. Job Title	Net Annual Income	Annual Income				
Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation Part 6. Basic information about the 1. Job Title 3. Nontechnical Description of Job 4. Address where the person will work if different from	Net Annual Income	NAICS Code NAICS Code Annual Income 2. SOC Code				
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Type of Business Gross Annual Income DOL/ETA Case Number 3. If an individual, give the following: Occupation Part 6. Basic information about the 1. Job Title 3. Nontechnical Description of Job 4. Address where the person will work if different from 5. Is this a full-time position? 6. If the an	Net Annual Income Image: state	NAICS Code NAICS Code Annual Income 2. SOC Code Ours per week for the position?	Employees			

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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 Service to release to other government agencies any information from my USCIS (or former INS) records, if the USCIS determines that such action is necessary to determine eligibility for the benefit sought.

Petitioner's Signature	Daytime Phone Number	(Area/Country Codes)	E-Mail Address
			·
Print Name		Date	(mm/dd/yyyy)

NOTE: If you do not fully complete this form or fail to submit 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 USCIS contact you by Fax or E-mail? Yes No

Signature		Print Name		Date (mm/dd/yyy	y)
					-
Firm Name and Address					
Daytime Phone Number (Area/Country Codes)	Fax Number	(Area/Country Codes)	E-Mail Address	

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