

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 style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Company or Organization Name		
<input style="width:95%;" type="text"/>		
Address: (Street Number and Name)		Suite #
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Attn:		
<input style="width:95%;" type="text"/>		
City	State/Province	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Country	Zip/Postal Code	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
IRS Tax #	Social Security # (if any)	E-Mail Address (if any)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" 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 style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Address: (Street Number and Name)		Apt. #
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
C/O: (In Care Of)		
<input style="width:95%;" type="text"/>		
City	State/Province	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Country	Zip/Postal Code	E-Mail Address (if any)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Daytime Phone # (with area/country code)	Date of Birth (mm/dd/yyyy)	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
City/Town/Village of Birth	State/Province of Birth	Country of Birth
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Country of Nationality/Citizenship	A # (if any)	Social Security # (if any)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

IF IN THE U.S.	Date of Arrival (mm/dd/yyyy)	I-94 # (Arrival/Departure Document)
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Current Nonimmigrant Status	Date Status Expires (mm/dd/yyyy)
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

FOR CIS USE ONLY

Returned	Receipt
Date	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>
Resubmitted	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>
Reloc Sent	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>
Reloc Rec'd	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>
Date	<input style="width:95%;" type="text"/>

Classification:

- 203(b)(1)(A) Alien of Extraordinary Ability
- 203(b)(1)(B) Outstanding Professor or Researcher
- 203(b)(1)(C) Multi-National Executive or Manager
- 203(b)(2) Member of Professions w/Adv. Degree or Exceptional Ability
- 203(b)(3)(A)(i) Skilled Worker
- 203(b)(3)(A)(ii) Professional
- 203(b)(3)(A)(iii) Other Worker

Certification:

- National Interest Waiver (NIW)
- Schedule A, Group I
- Schedule A, Group II

Priority Date **Consulate**

Concurrent Filing:

- I-485 filed concurrently.

Remarks

Action Block

**To Be Completed by
Attorney or Representative, if any.**

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
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Annual Income	Net Annual Income	NAICS Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOL/ETA Case Number	<input type="text"/>	

3. If an individual, give the following:

Occupation	Annual Income
<input type="text"/>	<input type="text"/>

Part 6. Basic information about the proposed employment.

1. Job Title

2. SOC Code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Bureau of 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Print Name	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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 CIS contact you by Fax or E-mail? Yes No

Signature	Print Name	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address

Daytime Phone Number (Area/Country Code)	Fax Number (Area/Country Code)	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>