STA	START HERE - Please type or print in black ink.						For USCIS Use Only	
Part	1. Information an individual i	n about t s filing, use	the person or or the top name line.	ganization of Organizations s	filing thi	is petition. If the second line.	Returned	Receipt
Family	Name (Last Name)		Given Name (First	Name)	Full Mid	ldle Name	Date	
		T						
Compa	ny or Organization 1	Name					Date	
Addro	ss: (Street Number a	and Nama)			Cuit	· · · #	Resubmitted	
Addre	ss. (Sueet Number a	and Name)			Suit	.e #	Date	
Attn:							Bute	
							Date	
City State/Province							Reloc Sent	
Countr	у		Zij	p/Postal Code			Date	
							Data	
IRS Ta	x #	U.S. Social	Security # (if any)	E-Mail Addr	ess (if any	)	Date Reloc Rec'd	
							Reloc Rec u	
Part :	2. Petition type	•					Date	
This p	etition is being filed	l for: (Che	eck one.)					
a.	An alien of extrao						Date	
b.	An outstanding pr	ofessor or i	researcher.				Classification:	
c.	A multinational ex	xecutive or	manager.					lien of Extraordinary
d.			holding an advance		alien of ex	ceptional	Ability 203(b)(1)(B) O	Outstanding Professor or
	- ·	_	a National Interest \				Researcher	
e			n, possessing a bach					Multi-National Executive or
	specialized training		's degree) or a skille ence)	ed worker (requ	iring at lea	ist two years of	Manager	nber of Professions w/Adv.
f.	(Reserved.)	ig or emperi	chec).				Degree or Exce	
g.	」` ′	(requiring	less than two years	of training or e	xperience)		203(b)(3)(A)(i)	) Skilled Worker
թ h. □	Soviet Scientist.	(requiring	less than two years	or training or c	препенес)	•	203(b)(3)(A)(ii	
i.								ii) Other Worker
_			or an alien of except			r	<b>Certification:</b>	
Part	3. Information	about th	e person you ar	e filing for.			1 <del></del>	est Waiver (NIW)
	Name (Last Name)		Given Name (First		Full Mid	dle Name	Schedule A, Gr	•
	Traine (East Traine)		Given i vame (i not	. Tvalie)	] [	T tunio		
Addre	ss: (Street Number a	and Name)			Apt.	. #	Priority Date	Consulate
	· · · · · · · · · · · · · · · · · · ·	-					Concurrent Filin	
C/O: (	In Care Of)						l <u> </u>	
							☐ I-485 filed	d concurrently.
City			Sta	ate/Province			Remarks	
							Remarks	
Countr	у	Zip/I	Postal Code	E-Ma	il Address	(if any)		
Daytin	ne Phone # (with are	a/country c	odes) Da	ate of Birth (mn	n/dd/yyyy)		Action Block	
City/To	own/Village of Birth	State	Province of Birth	Coun	try of Birtl	h		
Countr	y of Nationality/Citi	zenship	A # (if any)	U.	S. Social S	Security # (if any)	To Be (	Completed by
								Representative, if any.
If	Date of Arrival (mm	ı/dd/yyyy)	I-94	# (Arrival/Dep	parture Do	ocument)	Fill in box	if G-28 is attached
in							to represen	nt the applicant.
the U.S.	Current Nonimmigr	ant Status	Dat	e Status Expire	s (mm/dd/y	vyyy)	ATTY State Licens	se #
U.D.	I		[ ]				I	

Part 4. Processing Informa	tion.							
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						
	and will apply for adjustment of status to	-	t.					
Alien's country of current resi	dence or, if now in the U.S., last permane	nt residence abroad.						
2. If you provided a U.S. address in I	Part 3, print the person's foreign address:							
<b>3.</b> If the person's native alphabet is or	ther than Roman letters, write the person's	foreign name and address in th	e native alphabet:					
4. Are any other petition(s) or application	ation(s) being filed with this Form I-140?	☐ Form I-485 ☐ ]	Form I-765					
No	Yes-(check all that apply)		Other - Attach an explanation.					
5. Is the person you are filing for in r	emoval proceedings?		Yes-Attach an explanation.					
	ver been filed by or on behalf of this person							
o. Has any immigrant visa petition ev	/er been filed by or on benail of this perso	on? No	Yes-Attach an explanation.					
If you answered yes to any of these questions separate sheet(s) of paper.	questions, please provide the case number	office location, date of decision	n and disposition of the decision on a					
Part 5. Additional information	 tion about the netitioner.							
1. Type of petitioner ( <i>Check one.</i> )	non about the pentioner.							
Employer Self	Other (Explain, e.g., Permanent I	Resident, U.S. citizen or any othe	er person filing on behalf of the alien.)					
<b>2.</b> If a company, give the following:								
Type of Business	Date Established (mm/dd/	vvvv) Current	Number of Employees					
Type of Business		Guirent	trained of Employees					
Gross Annual Income	Net Annual Income	NAICS (	Code					
DOL/ETA Casa Number								
DOL/ETA Case Number								
3. If an individual, give the following	<u>;</u> :	Annual 1	I					
Occupation		Annual	Income					
Part 6. Basic information a	bout the proposed employment.							
1. Job Title		2. SOC Code						
			_					
3. Nontechnical Description of Job								
4. Address where the person will wo	rk if different from address in <b>Part 1</b> .							
_								
<b>5.</b> Is this a full-time position?	<b>6.</b> If the answer to <b>Number 5</b> is "No,"	how many hours per week for t	he position?					
Yes No	10,		*					
<b>7.</b> Is this a permanent position?	8. Is this a new posi	tion?	9. Wages per week					
Yes No	Yes No		\$					

Part 7. Information on spouse and a	Part 7. Information on spouse and all children of the person for whom you are filing.							
List husband/wife and all children related to to members, if needed.	the individual for whom the po	etition is being filed. Provide an atta	achment of additional family					
Name (First/Middle/Last)	Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth					
Donal don informati			· · · · · · · · · · · · · · · · · · ·					
rairo, Signalnie,	on on penaines in the instruction must complete <b>Part 9.</b>	ns before completing this section. If	someone neipea you prepare inis					
I certify, under penalty of perjury under the laws	-	a that this petition and the evidence	submitted with it are all true and					
correct. I authorize U.S. Citizenship and Immig INS) records, if USCIS determines that such act	gration Services to release to oth	er government agencies any informa						
Petitioner's Signature	Daytime Phone Number (		ldress					
Tentioner s bignature		Area/Country Codes) E-Main M	Tur C55					
Print Name		Date (mm/dd/yyyy)						
NOTE: If you do not fully complete this form or may be delayed or the petition may be denied.	fail to submit the required docu	uments listed in the instructions, a fir	nal decision on your petition					
Part 9. Signature of person prepari	ng form, if other than ab	ove. (Sign below.)						
I declare that I prepared this petition at the reque	est of the above person and it is b	pased on all information of which I h	nave knowledge.					
Attorney or Representative: In the event of a l	_		_					
	Print Name							
Signature	Trint Name	Date (m	m/dd/yyyy)					
Firm Name and Address								
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/Country	Codes) E-Mail Addres	SS					
	J L							