

START HERE - Please Type or Print

FOR INS USE ONLY

Part 1. Information about employer.

Sponsoring company or Organization's Name _____

Address - ATTN: _____

Street Number and Name	Room #
City or Town	State or Province
Country	ZIP/Postal Code

Part 2. Information about employment.

This alien will be a:

a. manager/executive

b. specialized knowledge professional

Blanket petition approval number is: _____

Part 3. Information about employee.

Family Name	Given Name	Middle Name
Foreign Address Street Number and Name		Apt. #
City	State or Province	
Country	ZIP/Postal Code	
Date of Birth (Month/Day/Year)	Country of Birth	

Part 4. Additional information about the employment.

Address _____

Street Number and Name	Room #
City or Town	State or Province
Country	ZIP/Postal Code

Dates of intended employment From _____ To _____

Weekly Wage _____ Hours per Week _____

Title and detailed description of duties to be performed.

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner Interviewed <input type="checkbox"/> Beneficiary Interviewed	

Approved as:

manager/executive

specialized knowledge professional

Validity dates

From: _____

To: _____

Denied (give reason)

Action Block

To Be Completed by

Attorney or Representative, if any

Fill in box if G-28 is attached to represent the petitioner

VOLAG# _____

ATTY State License # _____

Part 4. (Continued).

Give the alien's dates of prior periods of stay in the U.S. in a worked authorized capacity and the type of visa.

Give the alien's dates of employment and job duties for the immediate prior three years.

Summarize the alien's education and other work experience.

Part 5. Signature. Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature	Print Name	Date
------------------	------------	------

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, then the person(s) filed for cannot be found eligible for the requested benefit, and your petition may be denied.

Part 6. Signature of person preparing form if other than above.

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.

Signature	Print Name	Date
------------------	------------	------

Firm Name
and Address
