

START HERE - Please Type or Print

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	Given Name	Middle Initial
Company or Organization		
Address - Attn:		
Street Number and Name	Room #	
City	State or Province	
Country	Zip/Postal Code	
IRS Tax #	Social Security #	

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
- e. A skilled worker (requiring at least two years of specialized training or experience) or professional
- f. An employee of the U.S. business operating in Hong Kong
- g. Any other worker (requiring less than two years of training or experience)

Part 3. Information about the person you are filing for.

Family Name	Given Name	Middle Initial
Address - C/O		
Street Number and Name	Apt. #	
City	State or Province	
Country	Zip or Postal Code	
Date of Birth (month/day/year)	Country of Birth	
Social Security # (if any)	A# (if any)	
If in the U.S.	Date of Arrival (month/day/year)	I-94#
	Current Nonimmigrant Status	Expires on (month/day/year)

Part 4. Processing Information.

Below give the U.S. consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

U.S. Consulate: City _____ Country _____

FOR INS USE ONLY

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

- 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 professional w/adv. degree or of exceptional ability
 - 203 (b)(3)(A)(i) Skilled worker
 - 203 (b)(3)(A)(ii) Professional
 - 203 (b)(3)(A)(iii) Other worker
 - Sec. 124 IMMACT-Employee of U.S. business in Hong Kong

Priority Date	Consulate
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Remarks

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. Processing Information. (continued)

If you gave a U.S. address in part 3, print the person's foreign address below. If his/her native alphabet does not use Roman letters, print his/her name and foreign address in the native alphabet.

Name	Address
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Are you filing any other petitions or applications with this one? No yes, attach an explanation
Is the person you are filing for in exclusion or deportation proceedings? No yes, attach an explanation
Has an immigrant visa petition ever been filed by or on behalf of this person? No yes, attach an explanation

Part 5. Additional Information about the employer.

Type of petitioner (check one) Self Individual U.S. Citizen Company or organization
 Permanent Resident Other explain _____

If a company, give the following:

Type of business

Date Established	Current # of employees	Gross Annual Income	Net Annual Income
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If an individual, give the following:
Occupation

Annual Income

Part 6. Basic Information about proposed employment.

Job Title	Nontechnical Description of job
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Address where person will work if different from address in part 1.

Is this a full-time position? yes No (hours per week _____) Wages per week _____
Is this a permanent position? yes No Is this a new position? yes No

Part 7. Information on spouse and all children you are filing for.

Provide an attachment listing the family members of the person you are filing for. Be sure to include their full name, relationship, date and country of birth, and present address.

Part 8. Signature. Read the information on the 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. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature _____ Date _____

Please Note: If you do not completely fill this form, or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application may be denied.

Part 9. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this form at the request of the above person and it is based on all information of which I have knowledge.

Signature _____ Print Your Name _____ Date _____

Firm Name and Address