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1. [qwt'Given (First) Na	.me: 2. [qwt'F	amily (Last) Name:	3. [qwt"Middle Name*u#:
4. [qwt'Other Names: (aliases, maiden name, previous names)			
5. Date of Birth:	6. Sex:	7. Social Security Nun	nber: 8. A-Number: (if any) A-
;.Ekv{"qh"Dktyj	10. Province of Birth:	33. Eqwpvt { "qh"Dkt	y "14. Countries of Citizenship:
15. Ctg"cp{ 'f gr gpf gpw"	ˈceeqo r cp{kpi "{qw'\q''y g	'WUU'y j q'y km'pggf 'c'xl	NO YES
16. U.S. Company's Full Legal Name:			
37. Company's Main U.S. Address:			
Street Number and Name:			Suite/Apt. Number:
City:		State/Province:	Zip/Postal Code:
38. Eqorcp{'Eqpycev)u'Kphqtocvkqp:			
Eqpvcev)u'Hktuv'Pcog:	Eqpvcev)u''Ncuv'P c	eo g: Eqpiceiva	'Iqd''Vkng:
Eqpvcev)u''Vgrgrj qpg'P vo dgt:		Eqpvcev)u'Gocku'Cfftg	uu:

39. [qwt'O ckrkpi 'Cfftguu:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Zip/Postal Code:

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE COMPLETED QUESTIONNAIRE

1. A DETAILED description of beneficiary's proposed position in the U.S.

4. If beneficiary previously held J-1 or J-2 status, a copy of either a DS-2019 or a copy of the J visa stamp in beneficiary's passport.

5. A copy of the beneficiary's passport bio page, current/previous U.S. Visa Stamp(s) and Form I-94 (if applicable), front and back. If beneficiary's family will also come to the U.S., please attach copies of the same.

6. A copy of the beneficiary's updated resume.

7. A copy of beneficiary's Academic Credentials, i.e. university degree with translations, if applicable, and educational evaluation if possible.

8. If the beneficiary is presently or was previously in school in the U.S., a copy of the beneficiary's I-20 and Work Authorization Card (EAD card).

9. If the beneficiary has worked previously in the U.S., copies of ALL previous Approval Notices from the USCIS (Form I-797).

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F q'P QV'uwdo ks'ý g'hqto 0G/o ckrlo g'ý g'cr r necvkqp''pwo dgt."cmpi 'y kj "{qwt 'ugewtks{ s wguskqp''cpf ''cpuy gt 'hqt''{qwt 'F TCHV''cpf ''Ky krn'tgxkgy ''cpf ''co gpf."dghqtg''{qw'hkrg0