



## 4233 Visa Questionnaire

### U.S. Company Information:

1. U.S. Company's Full Legal Name:

2. Company's Main U.S. Address:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Zip/Postal Code:

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"4. Federal Employer ID #:"

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6. F c y g Established: " " " " " "

7. # of Employees in U.S

8. Gross Annual Income:

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9. Name and Title of Company Contact:

Given (First) Name:

H c o k n { " \* N c u v + Name:

L q d " V k r g

10. Contact's Telephone Number:

11. Contact's E-Mail Address:

12. A representative from the company will sign the documents we submit to the government. Please provide that person's name and title, if it is someone different from your contact person, listed above.

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PLEASE MAKE SURE TO REVIEW THE FOLLOWING THREE QUESTIONS.

13. Please review the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR). Does your company require a license to release such technology or data to the beneficiary employee in this case?

EAR: <http://www.bis.doc.gov/deemedexports/>

ITAR: [http://www.pmddtc.state.gov/faqs/license\\_foreignpersons.html](http://www.pmddtc.state.gov/faqs/license_foreignpersons.html)

NO YES

NO YES

14. Has your company received TARP funding?

15. If your company employs 50 or more individuals in the U.S., are more than 50% of those employees in H-1B or L nonimmigrant status?

NIC NO YES

EMPLOYEE (BENEFICIARY) INFORMATION

1. Given (First) Name: 2. Family (Last) Name: 3. Middle Name\*

4. Other Names: (aliases, maiden name, previous names)

5. Date of Birth: 6. Sex: 7. Social Security Number: 8. A-Number: (if any)

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9. Date of Birth: 10. Province of Birth: 11. Country of Birth: 12. Countries of Citizenship:

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NO YES

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Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Zip/Postal Code:

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Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

"3; . Beneficiary's Telephone Number:

42. Beneficiary's E-Mail Address:

23. Choice of Embassy for U.S. Visa Processing:

24. Beneficiary's Foreign Address: (k h a l r e a d y g i v e n a b o v e . ' r m c u g ' y t k g ' U c o g )

25. Has the beneficiary ever had a U.S. Visa? If yes, please describe the type of visa and circumstances in the box below.

NO

YES

26. Has the beneficiary ever been denied a U.S Visa by the USCIS? If yes, please explain the circumstances in the box below. NO YES

27. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent? NO YES

### INFORMATION ABOUT U.S. POSITION

1. Job Title: 2. U.S. Salary:  
&

3. County where the beneficiary will work: 4. Title of the person who will supervise the beneficiary:

5. Titles of people the beneficiary will supervise: 6. Number of people to be supervised:

7. Will the beneficiary work off-site? NO YES NO YES  
8. Is this a full-time position?

9. If part-time, hours per week: 10. Wages per week or per j qwt: & 11. Intended Start Date:

12. Beneficiary's Work Address: (if the beneficiary will work in a different location)

Street Number and Name: Suite/Apt. Number:

City: State/Province:

Country: Zip/Postal Code:

PLEASE ATTACH THE FOLLOWING DOCUMENTS  
TO THE COMPLETED QUESTIONNAIRE

To be provided by the COMPANY

1. A DETAILED description of beneficiary's proposed position in the U.S.
2. If practical, an Organization Chart indicating the proposed beneficiary's position.
3. The latest Annual Report or Company Brochure.
4. A government-issued document that shows the company's legal name and Federal ID number.
5. If the your company has repaid TARP funding, please provide an explanation of the circumstances.
6. For intra-company transfers Provide evidence of the relationship between the companies in the U.S. and abroad. Such evidence could include share certificates, tax returns, SEC (or other governmental agency) reports, incorporation documents, Auditor's reports, etc.

To be provided by the EMPLOYEE

1. 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.
2. 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.
3. A copy of the beneficiary's updated resume.
4. A copy of beneficiary's Academic Credentials, i.e. university degree with translations, if applicable, and educational evaluation if possible.
5. 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).
6. If the beneficiary has worked previously in the U.S., copies of ALL previous Approval Notices from the USCIS (Form I-797).
7. If the beneficiary is presently working in the U.S., a copy of the beneficiary's most recent paystub.