



Office of International Education
Steps for H-1B Temporary Work Visa Extension

Please complete and submit the listed documents **at least three months prior** to work start date.

1. H-1B Worksheet for Labor Conditions Application (*two pages*) – must be completed by applicant’s department.
2. Wage Determination Form (*one page*) – must be completed by applicant’s department.
3. Sample Appointment Letter (*two pages*). Please draft the letter on your department’s letterhead – must be completed by applicant’s department.
4. Applicant’s H-1B forms (*nine pages*) – must be completed by applicant. (Please forward to the prospective H-1B visa holder for him or her to complete and send to this office.)

Fees

5. **Invoice to be sent to Accounts Payable:** H-1B Petition Fees (*one page*) – must be completed by applicant’s department (*if applicant is not paying the fees*) and sent to accounts payable, NOT to OIE-IS.
6. H-1B processing fee of \$500 due to OIE-IS at time of petition submission. This fee may be transferred via Journal Voucher to index number 1-10209 (account 600099).
7. H-1B processing fee of \$320 due in check form made out to “U.S. Citizenship and Immigration Services.” (P.O. Box 10129, Laguna Niguel, CA 92607, tax ID 03-0180166)
8. **If you are requesting premium processing**, also include a check for \$1,000 made out to U.S. Citizenship and Immigration Services. (Premium Processing Service, P.O. Box 10129, Laguna Niguel, CA 92607 tax ID 03-0180166)

Note: All checks must be separate. Per accounts payable protocol, these checks must be requested on separate days and can only be issued one per day. Please allow enough time for OIE-IS to receive them.

If you have any questions regarding the procedure please do not hesitate to contact the OIE-IS at (804) 828-0595.

Thank you for your cooperation.

Updated 2009

H-1B Worksheet for Labor Conditions Application

Name of employee (beneficiary): _____

Last

First

Employing department (petitioner): _____

Federal Express Acct # _____ VCU/MCV job title: _____

\$500 fee Journal Voucher number _____

Type of Employment (*please circle*): Postdoc Teaching and Research Classified Staff (must attach EWP)

Describe fully the job to be performed (*If job duties are lengthy, please attach description to this form.*):

Working Title and name of immediate supervisor: _____

Phone number: _____ E-mail: _____ Box number: _____

Personnel Administrator: _____

Phone number: _____ Fax number: _____ E-mail: _____

Number of workers employee will supervise: _____ Minimum degree required: _____

Field of degree _____ State license required? _____

Employee's field of degree: _____ Required years of experience: _____

Physical address where employee will be working: _____

Dates of employment (mm/dd/yy): Begin date: _____ End date: _____

(*Maximum three years, and dates must agree with dates of employment on letter of support.*)

_____ Full-time (40 hours per week) appointment. Proposed salary: _____ for 12 months

If not full-time, give hours per week will work _____. \$_____ per hour if less than full time.

NOTE: "Department of Labor regulations require employers to keep records of 'hours worked each day and each week' for all part-time H-1B employees, regardless whether the part-time employee is paid a fixed salary, and regardless of whether the employer currently keeps such hourly records for its other part-time salaried employees." This information must be kept with the personnel administrator in your department (see time sheet example page 3).

Department chair: _____ Date: _____
(*printed name*) (*signature in blue ink*)

Personnel administrator: _____ Date: _____
(*printed name*) (*signature in blue ink*)

Part-time H-1B Employee Timesheet

Name of employee: _____

	Date	
	Hours	
	Date	
	Hours	
	Date	
	Hours	
	Date	
	Hours	
	Date	
	Hours	
	Date	
	Hours	

“Department of Labor regulations require employers to keep records of ‘hours worked each day and each week’ for all part-time H-1B employees, regardless of whether the part-time employee is paid a fixed salary, and regardless of whether the employer currently keeps such hourly records for its other part-time salaried employees.”*

Since you have an approved part-time petition to work specifically _____ hours per week, you and your department must keep clear, accessible records of the hours per week you work as proof that you have not worked more or fewer than _____ hours per week. This information must be kept with the personnel administrator in your department. A copy of this completed form must also be sent to OIE-IS every March 31, June 30, September 30, and December 31.

Employee signature: _____

Supervisor’s signature: _____

Date submitted: _____

Labor Conditions Application Information

Effective Oct. 1, 1991, a Labor Conditions Application (LCA) must be submitted on Form ETA9035 to the Department of Labor (DOL) for approval before an employer may petition for an H1-B visa to hire a foreign national. In order to complete the LCA, the Office of International Education – Immigration Services must verify and document that the following statements are true:

By signing below, the department agrees to the following as required by the Immigration Act of 1990. [8 CFR 214.2 (h)]

1. that the alien H-1B worker will be paid the actual or prevailing wage minimum;
2. that the employment of H-1B workers will not adversely affect the working conditions of workers similarly employed in the area of intended employment;
3. that notice of the H-1B application will be provided to the workers employed in the occupation in which the H-1B will be employed as signified by posting the LCA in two conspicuous places. [OIE – IS provides form with directions]
4. that the cost of return transportation to the home country will be covered by the employer in the event that employment is terminated prior to the ending date on the H-1B petition submitted to the Immigration Service.

REQUIRED SIGNATURES

Principle investigator <i>(if applicable)</i> _____	Date _____
Department chair _____	Date _____

OIE – IS will complete from ETA 9035 and submit it to the DOL once the attached Worksheet for Labor Conditions Application form, Actual Wage Determination form and a letter of sponsorship have been received.

For further information contact OIE-IS at (804) 828-0595.

Actual Wage Determination Form
(to be completed in connection with filing H-1B visa petitions with
the U.S. Citizenship and Immigration Services)

Please list the following information on behalf of H-1B beneficiary whom you are sponsoring:

Name	Department/division	Position/title	Degree/field of study	Years of experience

Instructions for obtaining actual wage

The actual wage is the “wage paid by the employer to all other individuals with [job responsibilities,] experience and qualifications similar to those of the H-1B nonimmigrant, for the specific employment in question.” For staff or classified employees, this is usually a listed range of the wages paid to all workers employed in a similar position.

Faculty and research actually wage ranges can be determined by comparing the salaries offered to people with similar experience and qualifications and responsibilities.

All actual wage determinations **must** be documented e.g., detailed memo explaining compensation system or copy of actual wage scales used by the employer, and submitted to OIE-IS with this form.

Department of Labor Federal Regulations (20 CFR section 655.731(b)(2), 655.731.(a)(1), & 655.760(a)(3)

Actual wage (**may be a range of salaries**) = \$ _____/year

Personnel administrator: _____ Date: _____
(printed name) (signature)

Note: If the VEC indicates that the prevailing wage is higher than the actual wage, the department will have to pay the prevailing wage or the H-1B visa petition cannot proceed. OIE-IS will notify you in this case.

Will the employment of this individual adversely affect the wage and working conditions of U.S. workers similarly employed (*please see definition of “similarly employed” above*)?

Yes No

If “yes,” explain why in detail below (*attach additional sheet where necessary*):

Please obtain departmental signatures as noted below. Attach this completed original wage form to the completed “H-1B Worksheet for Labor Condition Applications” and forward the **original** to the Office of International Education – Immigration Services.

I declare under penalty of perjury that the information provided on this form is true and correct.

<i>Printed name of form preparer</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>
<i>Printed name of department chair</i>	<i>Signature</i>		<i>Date</i>

Invoice to be sent to Accounts Payable: H-1B Petition Fees
Send this form to Accounts Payable with your requisition request.

The purpose of this form is to facilitate the issuance of a VCU check through a purchase order for the H-1B petition filing fees upon behalf of current or incoming H-1B employees. Please complete Section I of this form and submit it to Accounting with the purchase order request for a check.

Per the U.S. Department of Labor rules, the “cost of doing business” associated with the sponsoring of an individual in H-1B status must be borne by the employer. VCU as the employer must bear the base cost of the petition-filing fee, payable to the “U. S. Citizenship and Immigration Services” (USCIS). The petition fee can be paid by the department or, in some instances, by restricted funds. The department should submit one check to our office covering the total filing fee. **The H-1B extension fee is \$320. If you also request premium processing, you will need a second check of \$1,000, also written to U.S. Citizenship and Immigration Services. You must request two separate checks to the U.S. Citizenship and Immigration Services. Note: Checks can be issued only one per day. Please allow enough time for OIE-IS to receive them.**

Federal grants usually permit the payment of such petition fees if the employee’s salary also will be paid in full by the grant. Grants from nonfederal sources may or may not permit the payment of the H-1B petition. If you plan to pay the H-1B fee from any restricted funds, you should review the terms and conditions of the award.

The department portion of the H-1B packet may be submitted to the OIE-IS separately from the check (i.e. you do not have to wait until the check is issued to submit the H-1B request to our office). If you do so, be sure to use the following check stub notation: H-1B for “name of alien employee.” Check stubs without the alien’s name cannot be connected to a file. **Failure to obtain the check within a timely manner could result in serious filing delays.**

Department Checklist

- Prepare a requisition. Be sure to put the employee’s name on the check stub.
- Send this form and the purchase order to accounting.

Name of department making request _____

Name of employee _____

Purpose of request: USCIS petition and application fee form H-1B visa classification.

- **Make both checks payable to: “U. S. Citizenship and Immigration Services”**
California Service Center
P.O. Box 10129,
Laguna Niguel, CA 92607
Tax ID 03-0180166
- **Make the first check for the amount of \$320.**
- **List the employee’s name on the check stub.**
- **The checks must be picked up by the department and accompany the petition. Please do not send them to USCIS.**

Updated 2009

Sample Appointment Letter
for the H-1B visa
(To be completed on department's letterhead)

Date _____

United States Department of Homeland Security
U.S. Citizenship and Immigration Services
California Service Center
24000 Avila Rd, Rm 2312
Laguna Niguel, CA 92677

Re: H-1B petition for _____

To Whom It May Concern:

This letter is submitted on behalf of Dr/Mr/Ms. _____, a citizen of _____ by Virginia Commonwealth University. Virginia Commonwealth University (VCU) is an urban, state-supported institution enrolling over 30,000 undergraduate, graduate and health professional students at both academic and medical campuses in Richmond. The medical campus includes VCU Health Systems. The total workforce of the University — faculty, physicians, nurses, and administrative and support staff — is more than 13,600. Dr/Mr/Ms. _____ will be working in the Department of _____ at VCU.

The Position Offered

The Department of _____ is offering Dr/Mr/Ms. _____ a temporary period of employment from _____ to _____. (Please indicate mm/dd/yy for start and end dates.) Dr/Mr/Ms. _____ will be appointed as a/an _____ on a full-time basis and will be compensated at the rate of _____ per year. A prerequisite for this position is a degree in _____.

The funding for this research/teaching position stems from _____ Dr/Mr/Ms. _____'s specific job duties will involve: _____

Any patient and/or clinical contact associated with his/her duties as _____ will be strictly incidental to her research/teaching appointment. **This employment offer is contingent upon the approval** of Dr/Mr/Ms. _____'s H-1B **nonimmigrant visa or change-of-status.**

Beneficiary

Dr/Mr/Ms _____'s exceptional qualifications demonstrate that he/she is a professional in his/her field. Dr/Mr/Ms. _____ received his/her degree from _____ in _____, _____ she/he received the degree in _____.

<Describe applicant's experience and qualifications here>

Terms of employment

In the event that employment is terminated prior to the expiration of the H-1B visa, the Department of _____ agrees to pay all reasonable costs for Dr/Mr/Ms. _____ to return to his/her country of citizenship or legal permanent residence.

Should you have questions concerning this petition, please contact the Director of Immigration Services in the Office of International Education at (804) 828-0595.

Sincerely yours,

Chair, Department of _____

– end draft letter –

For a foreign medical graduate (non-U.S. medical degree) who will have a faculty appointment that may involve patient contact, the letter must include confirmation that “the physician will be engaged primarily in teaching and research, and all patient contact will be related to that teaching and research.”

Please note: In order to provide patient care services, a foreign physician MUST have passed Steps 1, 2 and 3 of the USMLE, have current ECFMG Certification, and have an MCV Hospitals institutional permit or be independently licensed in the state of Virginia. To provide patient care services without meeting these criteria is a violation of state and federal law and is also a violation of H-18 nonimmigrant status.



V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Office of International Education
Immigration Services: A Memorandum

To Prospective VCU employee: _____

From: Office of International Education-Immigration Services (OIE-IS)

Date: _____

Subject: Documents needed for filing the H-1B visa petition

Enclosed please find a checklist and instructions for the documentation needed from you in order for VCU to petition the U.S. Citizenship and Immigration Services on your behalf for an H-1B visa. Please **carefully** read all the instructions before beginning to collect documents.

The OIE-IS will assist in making this process as efficient and uncomplicated as possible for VCU departments and employees. Some items or actions are required by law and the regulations are out of our direct control. There are two components to an H-1B visa petition: Department of Labor (DOL) processing and U.S. Citizenship and Immigration Services (USCIS) processing. The VCU department will provide us with the necessary documentation for the DOL processing. Once we have the certified Labor Condition Application from the DOL and have all the necessary documentation to file the H-1B petition we will send the petition with supporting documents to the USCIS. Immigration is taking about 120-150 days from **receipt** of the petition to process an H-1B. Filing fee for H-1B visa is \$320 and the check must be payable to "U.S. Citizenship and Immigration Services."

If your family will accompany you, in addition to the forms in this package, you must complete and sign form I-539 which can be downloaded directly from USCIS Web site at:
www.immigration.gov/graphics/formsfee/forms/i-539.htm

The filing fee for I-539 is an additional \$300 and the check must be written payable to "U.S. Citizenship and Immigration Services."

If your spouse's family name is different from yours, please provide a copy of your marriage certificate with a certified translation. For each child included on the form, please provide a copy of the birth certificate and a certified translation.

Once we have received a receipt notice from USCIS for your H-1B extension, you can continue working for 240 days beyond the end date of your current authorization. If you have dependents, they will remain in legal H-4 status until they receive the approval notice at the address you gave on the I-539.

Updated 2009

Employee Checklist for Visa Class

- ___1. Include three copies of your (and your dependents') I-94 (front and back), passport bio page, visa stamp and visa documents (I-20, DS-2019, I-797 H approval notice) with the form. NOTE: You must be in US to submit petition. Passport validity date must be at least six months beyond beginning of extension date.
- ___2. Prepare **three copies of your current, updated, curriculum vitae (CV)**.
- ___3. Complete the enclosed **Supplement for I-129 form**.
- ___4. If you have dependents who will need to change their status to H-4, the **eldest dependent** must complete the attached form I-539 and list additional dependents on the addendum. The filing fee for the form I-539 is \$300. This cost is your responsibility. Make check or money order payable to: U.S. Citizenship and Immigration Services. Submit three copies of supporting documentation.

NOTE: The address you list on the I-539 will be the address to which the approval notices for your dependents are sent. Please be sure you are not moving within the next several months as those notices will **NOT** be forwarded to your new address by the postal service. If you will be moving in the next six months, please use the OIE address at the bottom of this page on your I-539.
- ___5. Fill in, sign and date the "Document Certification" form. **Do not use black ink**. Blue ink is preferred.
- ___6. When you have all of the documentation collected, please send the documentation to OIE-IS. We recommend that you first check with your department to determine whether they have completed their part, and verify that it has been sent. Please mail your completed packet to the address below.

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Document Certification

This certification is prepared in compliance with regulations relating to the verification of documents.

Alien name: _____
First Last Middle

Date of birth: _____
Month Day Year

Country of birth: _____

Copies of documents submitted are exact photocopies of unaltered original documents and I understand that I may be required to submit original documents to an immigration or consular official at a later date.

Signature of person certifying

Full name typed or printed

Date

H Classification
Supplement to Form I-129

Statement of alien regarding prior H classification.

Principal

Family name: _____ Given name: _____ Ini: _____

During the last six years have you been in the U.S. in any "H" classification? _____ no _____ yes

If you answered "yes" list all dates and H categories. List only those dates you were present in the U.S.

Category	From (mm/dd/yy)	To (mm/dd/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependent

Family name: _____ Given name: _____ Ini: _____

During the last six years have you been in the U.S. in any "H" classification? _____ no _____ yes

If you answered "yes" list all dates and H categories. List only those dates you were present in the U.S.

Category	From (mm/dd/yy)	To (mm/dd/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependent

Family name: _____ Given name: _____ Ini: _____

During the last six years have you been in the U.S. in any "H" classification? _____ no _____ yes

If you answered "yes" list all dates and H categories. List only those dates you were present in the U.S.

Category	From (mm/dd/yy)	To (mm/dd/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependent

Family name: _____ Given name: _____ Ini: _____

During the last six years have you been in the U.S. in any "H" classification? _____ no _____ yes

If you answered "yes" list all dates and H categories. List only those dates you were present in the U.S.

Category	From (mm/dd/yy)	To (mm/dd/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructions for completing the I-539, filing for a change of status to H-4 or filing for an extension of H-4 status

Who may apply? (note: this is not for dependents/spouse currently living abroad)

H-4 dependents, the spouse or child of an H-1B, or the spouse or dependents of the principal visa holder who is applying for change of status to an H-1B, may apply to the U.S. Citizenship and Immigration Services (USCIS) for permission to change or extend visa status.

How do I apply?

Download from the USCIS website:

www.ins.usdoj.gov/graphics/formsfee/forms/files/i-539.pdf

The following items must be collected, prepared and brought to the Office of International Education with the principal's H-1B packet: **A completed and signed form I-539**. Please refer to the specific instructions for the Form I-539 below. The I-539 must be completed **by the eldest dependent (spouse or eldest child)** of the principal applying for the H-1B. If there is more than one family member, the additional family members can be included on the Supplement I.

Part 1: Information about you: The information requested in Part 1 is information about the eldest dependent. **Type or print address clearly;** the I-797 H-4 approval notice will be sent directly to you. **The U.S. Postal Services will not forward mail from USCIS** therefore you must be sure you will be at that address for at least six months. If you do not have a Social Security number, do not be alarmed, simply leave the space blank. It also is possible that you will not have an A number. If that is the case, please leave the space blank. The last four blanks can be completed with information from your I-94 card. The I-94 form is the white card issued to you when you entered the U.S. and is usually stapled inside your passport. The date of last arrival into the U.S.: Enter the date of your **most recent** entry into the U.S. This date is stamped on your I-94 form. The I-94 number is the 11-digit number located on the upper-left corner of your I-94 form. Your current nonimmigrant status will be written on your original or most recent I-94 card. Your current nonimmigrant status will expire on the date written on the I-94 card, or the date written on the principal's most recent visa document.

Part 2: Application type. In Number 1 please check the box that pertains to you. If you are applying for a change of status, the new status that you are requesting is H-4. In Number 2 please enter the total number of dependents that are applying.

Part 3: Processing information. In Number 1, the date should match the dates of the H-1B petition. Number 2 is "no." Number 3 is "yes," filed with this application. In Number 4, the name of the principal should be entered in the first box.

Part 4: Additional information. Provide the requested information regarding your passport and foreign address. You must have a foreign address. If you do not currently have a residence in your home country, then use the address of a family member still residing in the home country. On the back page please answer questions 3a – 3f truthfully. If you have worked in the U.S., please provide additional information on the addendum page that is attached to the form I-539. If you have not worked, please include a brief statement on the supplement explaining how you will be supported while an H-4 in the United States. **Please remember that an H-4 is not eligible for work authorization unless applying for permanent residence.**

Part 5: Signature. Read the information in the Part 5 and sign your name. If the I-539 is being submitted for a child who is unable to complete the form, but can sign or print his/her name, have the child sign in Part 5. If the form has been prepared by someone other than the signatory, that person must enter his/her information in Part 6.

What other documentation should I provide?

- A photocopy of both sides of the I-94 card for all family members included in the I-539 who are requesting an extension or a change to H-4 status.
- A check or money order for \$300 made payable to "U.S. Citizenship and Immigration Services." Money orders can be obtained from area post offices, banks and some convenience stores.
- A photocopy of your passport pages that contain biographical information, as well as the expiration date.

The OIE-IS will mail both applications together.

H-1B Extension Request Information Needed from Current Employee

All pages must be completed by the international employee.

Please list your VCU department/office contact person
This form must be returned **only** to your sponsoring VCU department or office.
Please type or print clearly. **All questions must be answered.**

Section I: Information about the visitor

1. Surname (*Family name*) _____
(*Please write as it appears in your passport.*)
Given name _____ Middle name _____ **Required**

2. Gender ___ male ___ female

3. Marital status ___ married ___ engaged ___ separated ___ not married

4. Date and place of birth _____
month day year city state or province country

5. _____ 6. _____
Country of legal permanent residence Country issuing passport

7. Passport # _____ Passport issue date _____ expiration date _____
(mm/dd/yy) (mm/dd/yy)

8. United States Social Security number (*if you have one already*) _____

9. Education: Check as appropriate and specify name of school, country where school is located, year degree awarded.

10. Field of study of highest degree: _____

11. If degree awarded by a U.S. university, give name **and street address** for that university.

Degree	School name	Country where school is located	Year degree awarded
Doctor of Philosophy			
Doctor of Medicine			
Bachelor of Medicine and Surgery			
Master's			
Bachelor's			
Other (<i>Please specify</i>)			

12. Mailing address outside of the U.S. (At least one complete foreign address is **required**. Use a relative's home address if necessary.)

Home _____

City/Country/Postal Code _____

Telephone _____ E-mail address (if applicable) _____

13. U.S. Consulate where you will apply for your visa stamp if outside US. (Canadian citizens do not need visa stamp in passports. Persons changing visa class in the U.S. must list a post in their home country.)

City Country

14. Home residential address in the U.S, including city, state and ZIP code.

U.S. telephone _____ U.S. facsimile _____

VCU telephone _____

VCU e-mail address _____

Section II: U.S. visa history

- The number on my I-94 card is _____. My last date of arrival in the U.S. was _____.
- The expiration date of my current status is _____. **Enclose a copy of I-94 (front and back)**
- If you have now or have had in the past an Employment Authorization Card, I-766, give us your A#: _____ and the expiration date on the card: _____. The A# usually is found in the upper-left corner of the card. This card is given to those who have filed an I-765 Application for Employment Authorization with the USCIS. **Enclose a photocopy of the I-766.**
- **NEW: An explanation of your international travel plans for the next six months.**

Required processing times for visa documents from the date of receipt of a complete application: A complete application is defined as the Request for Temporary Visa form, plus additional supporting documents where necessary from the hosting department. The H-1B will take approximately four to six months to obtain.

Important note: If you are in the U.S. in a visa class not sponsored by VCU there may be further delay in obtaining the appropriate visa for you. **Changing or correcting the visa class after arrival may take several months, and you may not work or be put on the payroll for salary or benefits purposes until the U.S. Citizenship and Immigration Services approves the change.**

2. During the last seven years, have you been in the U.S. in any visa class other than tourist? yes no
If “yes,” complete this section. Begin with your current visa class and work backward. Attach a separate sheet if necessary. Enclose **copies of your** I-797, I-94 (front and back) H-1B visa (if you have one) and passport.

Began	Ended	Visa	Class purpose of stay and location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are now or have been in the U.S. on a J visa and are subject to the Two-Year Home Country Physical Presence Requirement, have you applied for a waiver of the requirement? yes no. **If “yes,”** explain current status of the application.

3. Have you ever filed, or has anyone ever filed for you, any forms, petitions, applications or labor certifications for lawful permanent residence status (i.e. immigrant status, green card) at a U.S. Immigration Office in the U.S. or at a U.S. embassy or consulate outside the U.S.? yes no

If you answered “yes,” attach a separate sheet and explain. Include: what forms were filed, the date and place of filing, the name of the person who filed, the relationship of that person to you, the final decision on the application or petition, the current status of the application or petition.

4. Has any U.S. visa application of any kind filed by you or for you ever been denied? yes no
If “yes,” attach a separate sheet and explain. Include the kind of application, the date and place it was filed, the reason for denial.

5. Are you or any family members applying with you currently in exclusion or deportation proceedings?
 yes no

6. Do you have any relatives who are U.S. citizens? yes no. **If “yes,”** what are their relationships to you?

7. Do you have any relatives who have lawful permanent residence (green card) status in the U.S.?
 yes no. **If “yes,”** what are their relationships to you?

8. **The applicant for a visa must read and sign the following:** *The information given on this visa request form and on attached sheet(s) is true, correct, and complete according to my best information.*

Signature

Date

Section III: Family members

Complete this for spouse and children. Only spouse and unmarried children under 21 may be included as family members.

Will your spouse and/or any of your children have their own positions in the U.S. that will give them their own visa? yes no. **If "yes," please explain.**

Surname or family name of spouse _____
Surname or family name before marriage _____
Given name or names _____ Male Female
Date and place of birth _____
(mm/dd/yy) city state or province country
Passport/citizen country _____ Passport number _____
Date passport expires _____
(mm/dd/yy)
Spouse will travel with principal visitor. _____
Spouse will arrive later. Expected arrival date: _____
Spouse will not come to the U.S. or is in the U.S. and will not need a visa. _____
Spouse is already in the U.S. and will need a transfer, extension or change of visa status. _____

Surname or family name of child _____
Surname or family name before marriage _____
Given name or names _____ Male Female
Date and place of birth _____
(mm/dd/yy) city state or province country
Passport/citizen country _____ Passport number _____
Date passport expires _____
(mm/dd/yy)
Child will travel with principal visitor. _____
Child will arrive later. Expected arrival date: _____
Child will not come to the U.S. or is in the U.S. and will not need a visa. _____
Child is already in the U.S. and will need a transfer, extension or change of visa status. _____

Surname or family name of child _____
Surname or family name before marriage _____
Given name or names _____ Male Female
Date and place of birth _____
(mm/dd/yy) city state or province country
Passport/citizen country _____ Passport number _____
Date passport expires _____
(mm/dd/yy)
Child will travel with principal visitor. _____
Child will arrive later. Expected arrival date: _____
Child will not come to the U.S. or is in the U.S. and will not need a visa. _____
Child is already in the U.S. and will need a transfer, extension or change of visa status. _____

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