

Name of person or organization filing petition:

Name of person or group or total number of workers you are filing for:

Classification sought (check one):

- O-1 Alien of extraordinary ability in sciences, art, education, or business
- P-2 Artist or entertainer for reciprocal exchange program
- P-2S Essential Support Personnel for P-2

Explain the nature of the event

Describe the duties to be performed

If filing for O-2 or P support alien, dates of alien's prior experience with the O-1 or P alien.

Have you obtained the required written consultation(s)? Yes - attached No - Copy of request attached
If not, give the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary ability

Name of recognized peer group

Phone #

Address

Date sent

O-1 Extraordinary achievement in motion pictures or television

Name of labor organization

Phone #

Address

Date sent

Name of management organization

Phone #

Address

Date sent

O-2 or P alien

Name of labor organization

Phone #

Address

Date sent