



USCIS Form 60

Petition for Foreign Worker-H-1B

NOTE: Please see instructions. Form 60 is not used for all filings.

Section 1. Information on employer.

Name [input field]

Employer EIN # [input field]

Section 2. Information on benefit filing you are requesting. (Check box.)

Seeking nonimmigrant classification for Temporary Worker.

Section 3. Information for nonimmigrant classification requests.

A. Nonimmigrant Classification Being Requested. (Check one.)

1. H-1B Specialty Occupation Worker/Professional.

2. H-1B3 Fashion Model.

B. Basis for Nonimmigrant Classification. (Check one.)

1. New Employment (including new employer who is hiring an alien currently in H-1B status and leaving his or her current employer).

2. Continuation of previously approved employment without change (same employer).

3. Change in previously approved employment (same employer).

4. New concurrent employment.

C. Dates of Validity Period Being Requested.

Start date: [input field]

End date: [input field]

D. Requested Action for Nonimmigrant Classification - Type of Office to Be Notified. (Check one.)

If applicable, check the appropriate box to notify the consular office, port of entry or pre-flight inspection so the alien can obtain a visa or be admitted. Provide location.

1. Consulate City [input field] Country [input field]

2. Pre-flight Inspection City [input field] Country [input field]

3. Port of Entry City [input field] Country [input field]

NOTE: If the alien(s) is in the United States, and wishes to change his or her status and/or extend his or her stay, the alien must submit a Form 41 for a determination of eligibility to extend his or her stay or change his or her status.

For USCIS Only

Section 4. Information on alien you are seeking to employ.

1. Provide the name, date of birth and i-account # for alien being sponsored:

a. Name (Family Name/Given Name/Full Middle Name)

b. Date of Birth
(mm/dd/yyyy)

c. i-account Number

Section 5. Background information.

1. Have you previously filed a petition/application for the alien in this petition?

a. No

b. Yes - for each such filing please provide the case number, office location where filed, date of decision and disposition of the decision on the case:

(1) Case number

(2) Office location where filed

(3) Date of decision

(4) Disposition of the decision

Add filings

2. To your knowledge, has any other visa petition ever been filed by or on behalf of this alien?

a. No

b. Yes - for each such filing please provide the case number, office location where filed, date of decision and disposition of the decision on the case:

(1) Case number

(2) Office location where filed

(3) Date of decision

(4) Disposition of the decision

Add filings

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Section 6. Qualifying job or position.

1. Job Title:
2. Nontechnical description of job or position
3. SOC Code:
4. Address where the alien will work:
- a. Street Number and Name:
- b. Apt. Number:
- c. City/Town:
- d. State/Province:
- e. Zip/Postal Code:
5. Is this a full-time position?
- a. Yes
- b. No - how many hours per week for this position?
6. Wages \$ per drop down box

Section 7. Questions about the specific nonimmigrant classification.**Questions for H-1B Specialty Occupation Worker/Fashion Models.**

1. Is the alien planning on starting employment under portability H-1B provisions?

Yes No

2. Provide DOL Labor Condition Application Number (LCA)

3. Provide LCA position code

4. Provide degree required for position (U.S. bachelor's or higher) and field of study:
Mark "N/A" if applying for H-1B Fashion Model

5. Provide alien's relevant major/primary field of study

6. List any previous periods of time that you employed the alien and the alien's status at the time of employment.

Employment from (mm/dd/yyyy) To Alien's status

Add periods of employment

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Section 7. Questions about the specific nonimmigrant classification. (Continued.)**7. Employer Information:**

a. Is the petitioner a dependent employer? Yes No

b. Has the petitioner ever been found to be willful violator? Yes No

c. Is the beneficiary an exempt H-1B nonimmigrant? Yes No

d. If the answer to (3) is yes, check applicable reason:

(1) Alien's annual rate of pay is equal to at least \$60,000, or

(2) Alien has a master's or higher degree in a specialty related to the employment.

8. Filing Fees and Cap Exemption Questions.

a. Has the alien in this petition earned a master's or higher degree from a U.S. institution of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?

(1) No

(2) Yes - please provide the following information:

Name of U.S. institution of higher education

Street Number and Name

City

State

Zip Code

Type of degree

Date Degree Awarded

(mm/dd/yyyy)

b. Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?

Yes No

c. Are you a nonprofit organization or entity related to or a affiliated with an institution of higher education as such institutions of higher education are defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?

Yes No

d. Are you a nonprofit research organization or a governmental research organization, as defined in 8 C.F.R. 214(h)(19)(iii)(C)?

Yes No

e. Is this the second or subsequent request for an extension of stay that you have filed for this alien?

Yes No

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Section 7. Questions about the specific nonimmigrant classification. (Continued.)

f. Is this an amended petition that does not contain any request for extension of stay?

Yes No

g. Are you filing this petition in order to correct a USCIS error?

Yes No

h. Is the petitioner a primary or secondary education institutional?

Yes No

i. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

Yes No

If you answered "Yes" to any of the questions above, you are **only** required to submit the fee for your H-1B Form 60 which is **\$190.00**. If you answered "No" to all questions, please answer **Question j**.

j. Do you currently employ a total of no more than 25 full-time equivalent employees in the United States, including any affiliate or subsidiary of your company?

Yes No

If you answered "Yes" to **Question j** you are required to pay an additional fee of **\$750.00**. If you answered "No," you are required to pay an additional fee of **\$1,500.00**.

k. Is the beneficiary of this petition a J-1 nonimmigrant alien who received a waiver of the two-year foreign residency requirement described in section 214(I)(1)(B) or of the Act?

Yes No

l. Has the beneficiary of this petition been previously granted status as an H-1B nonimmigrant in the past six years and not left the United States for more than one year after attaining such status?

Yes No

If you answered "Yes" to Question l, please answer Question m.

m. If the petition is for new H-1B employment, have all of the beneficiary's previous H-1B employers been either an institution of higher education, an entity related to or affiliated with an institution of higher education, or a nonprofit research organization or governmental research institution as defined in **Questions a, b and c**?

Yes No

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Section 8. Preparer Information.

Complete the information below if applicable. USCIS requires the disclosure of any person other than the employer who prepared or assisted in preparing the content of this form. USCIS does not required disclosure of persons or entities who only transcribed into electronic form the information provided in written form solely by the employer or other disclosed preparers or representatives.

The preparer is an attorney or a BIA-authorized representative who only prepared the form and will not be representing the applicant further.

Your USCIS r-Account #

The preparer is **not** an attorney or BIA authorized representative. Provide the following concerning this preparer.

Last Name (Family Name)	<input type="text"/>
First Name (Given Name)	<input type="text"/>
U.S. Social Security Account Number	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

Was the preparer paid to prepare this form? Yes No

Does the preparer have a pre-existing relationship with the applicant? Yes No

If "Yes" - what kind? *(Check all that apply)*

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Personal Friend | <input type="checkbox"/> Clergyman |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Business associate | <input type="checkbox"/> Preparer authorized by law |

Declaration: To be completed by all preparers, including attorneys and authorized representatives

I declare that I prepared this account information at the request of the employer, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

Preparer's Signature /s/

Date of Signature (mm/dd/yyyy) / /

Section 9. Designation of Representation.

Until such time as the authorization is withdrawn or terminated, the employer authorize USCIS and other agencies of the United States Government administering U.S. citizenship and immigration laws to disclose any information pertaining to the employer in any record or system of records relating to immigration matters to the representative named below, and to his or her law firm or BIA recognized organization, pursuant to the Privacy Act of 1974.

Representative.

Last Name (Family Name)

First Name (Given Name)

Middle Name

USCIS r-Account #

Section 10. Your Signature, Attestation, and Authorization of Representation.

Do not sign until your application is complete and you are ready to file.

I certify, swear or affirm, under penalty of perjury under the laws of the United States of America, that all the information and evidence submitted to establish and maintain this petition is true and correct. I authorize the release of any information from my records, that USCIS or another U.S. federal agency should need at any time to determine eligibility for any benefit, product or service sought.

I hereby authorize the representative as identified in Section 9 to represent and receive all communications with respect to this account. Furthermore, I take full responsibility for the accuracy of any representations made by my agent or attorney on my behalf. I recognize that this authorization is limited to the above application

I further understand that submitting this application does not in itself grant me status, a benefit, product or service.

Your Signature

/s/

NOTE: You must indicate as follows to complete attestation - /s/ Please type in your Full Legal Name (eg. /s/ John S. Smith)

Date of Signature (mm/dd/yyyy)

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