

Petition of _____

on Behalf of _____ (_____ Beneficiaries)

Numbering	Name LAST, First (Alphabetical)	Date of Birth (MM/DD/YY)	Country of Birth	Passport #	Expiration Date	Country of Passport Issuance	Job Title	Date Started with Group (MM/DD/YY) (P-1 ONLY)	Prior Approval # in Requested # Classification (if any)
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