

**Form I-566, Interagency Record of Request****A, G, or NATO Dependent Employment Authorization or  
Change/Adjustment To/From A, G, or NATO Status**Department of Homeland Security  
U.S. Citizenship and Immigration Services**START HERE - Type or print in black ink.****Part 1. Information About You** *(The person seeking employment authorization or change/adjustment of status.)*

1. Family Name (Last Name)		Given Name (First Name)		Middle Name	
2. Home Address - Street Number and Name					Apt. Number
City			State		Zip Code
3. Mailing Address - Street Number and Name			Apt. Number	C/O <i>(In Care Of)</i> :	
City		State	Zip Code	Daytime Phone Number <i>(with area code)</i>	
4. Date of Birth <i>(mm/dd/yyyy)</i>		5. Country of Birth		6. Country of Citizenship	
7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married		9. A-Number <i>(if any)</i> A-	
10. U.S. Social Security Number <i>(if any)</i>		11. DOS Personal Identification Number <i>(PID)</i>		12. I-94 Number <i>(Arrival-Departure Document)</i>	
13. Passport or Travel Document Number		14. Country of Issuance for Passport or Travel Document		15. Expiration Date for Passport or Travel Document <i>(mm/dd/yyyy)</i>	
16. Date of Last Entry into the U.S. <i>(mm/dd/yyyy)</i>		17. Current Immigration Status		18. Relationship to Principal <i>(if applicable)</i>	

**Part 2. Information About Principal Alien**

1. Family Name (Last Name)		Given Name (First Name)		Middle Name	
2. Home Address - Street Number and Name					Apt. Number
City			State		Zip Code
3. Date Tour of Duty Expected to End <i>(mm/dd/yyyy)</i>		4. Country of Citizenship		5. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married	
6. Job Title			7. DOS Personal Identification Number <i>(PID)</i>		
8. I-94 Number <i>(Arrival-Departure Document)</i>			9. Passport or Travel Document Number		
10. Country of Issuance for Passport or Travel Document			11. Expiration Date for Passport or Travel Document <i>(mm/dd/yyyy)</i>		

**Part 3. Type of Request** (See instructions for complete information on the different types of requests.)

1.  I am requesting employment authorization as (select one):
- a.  spouse.
  - b.  son or daughter, age: \_\_\_\_\_, who:  is a full-time, post-secondary student  is disabled
  - c.  other dependent recognized by the DOS: \_\_\_\_\_
2.  I am requesting change/adjustment of status (Select one)
- a.  Change of nonimmigrant status to A, G, or NATO nonimmigrant - specifically to: \_\_\_\_\_
  - b.  Section 247(a), immigrant to A or G nonimmigrant.
  - c.  Change to other nonimmigrant status from A, G, or NATO - specifically to: \_\_\_\_\_
  - d.  Adjustment from A, G, or NATO nonimmigrant to immigrant.
  - e.  A-1, A-2, G-1, or G-2, nonimmigrant applying under Section 13 of the Act of September 11, 1957.

**Part 4. Certification** (Submit two copies with original signatures.)

I certify under penalty of perjury that the foregoing is true and correct. I understand false information is a basis for denial or termination of the benefit requested and for other penalties provided by law and regulation. If I am requesting employment authorization, I further certify that I do not have a criminal record. I have not violated United States immigration and/or visa laws, I have not worked illegally in the United States, and I have paid Social Security and all applicable taxes on all employment in the United States.

Signature of Applicant

Date (mm/dd/yyyy)

**Part 5. Your Personal Information**

Name of Applicant (Family, Given, Middle)

Date of Birth (mm/dd/yyyy)

DOS Personal Identification Number (PID)

**For Official Use Only**

**Part 6. Certification by Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State** (Certifying official must have this information and page to complete process.)

- I certify that the information provided on the first page of this Form I-566 is true and correct to the best of my knowledge and according to our official records.
- I further certify that the applicant's eligibility for employment authorization has been verified under the provisions of:
- A bilateral agreement with:
  - A *de facto* agreement with:
- Check all that apply:  Without a numerical limit  Based on principal alien's G-4 status  With a numerical limit and this applicant is within the limit; and
- I further certify that the applicant for status as a principal alien is being offered the position below and DOS was notified.
- Position: \_\_\_\_\_ DOS Notification Date: \_\_\_\_\_

Signature of Certifying Officer or Official

Printed Name Certifying Officer or Official

Official Seal

Name and Address of Diplomatic Mission, International Organization, NATO/HQ SACT, or NATO Member State

Duty/Title

Phone Number (include area code)

Date (mm/dd/yyyy)

**Part 7. DOS, NATO/HQ SACT, and/or USUN Use Only**

1. The Department of State, NATO/HQ SACT, and/or USUN:  
 Recommends the request be granted     Recommends the request be denied

If the recommendation is for denial, provide a reason(s) for such recommendation:

2. Date (mm/dd/yyyy) <input type="text"/>	3. Phone Number (include area code) <input type="text"/>	4. Office: <input type="checkbox"/> Protocol <input type="checkbox"/> USUN <input type="checkbox"/> NATO/HQ SACT <input type="checkbox"/> Visa
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5. Signature 1 <input type="text"/>	6. Signature 2 <input type="text"/>
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**Part 8. USCIS Use Only**

1. **From:**  
Adjudicator's ID Number    USCIS Office    Office Phone Number (with area code)    A-Number/File Number  
           

2. **To:**  
 Protocol     USUN     NATO/HQ SACT     Visa Office (Subject filed under Section 13. Advise USCIS of findings.)

3. **Adjustment or Change of Status:**  
 Granted    Date of Decision (mm/dd/yyyy)    If change of status granted, give new status:  
 Denied       

4. **Request for Employment Authorization:**  
 Granted    Date of Decision (mm/dd/yyyy)    Valid to (mm/dd/yyyy)    Classification:  
 Denied           

5. **DOS, USUN, NATO/HQ SACT, or Visa Office**  
Office Notified:  Yes    Date of Notification (mm/dd/yyyy)  
 No