AMPTP O-1/O-2 ADVISORY LETTER REQUEST FORM

Fill out **ONE FORM PER PRODUCTION** for each beneficiary.

To aid in the efficient processing of your advisory letter request submission, please type or print clearly **all** of the requested information in the spaces below. Please include this completed page as the TOP PAGE of your submission packet.

**Incomplete forms will not be processed, i.e., those containing blanks or stating “see deal memo.”** Submissions not including a complete, accurate, legible and signed copy of this form will be subject to delayed processing.

**Submission packet requirements remain the same.** Please see our guidelines at [https://amptp.org/immigration.html](https://amptp.org/immigration.html) for instructions and a list of required documentation.

1. **Visa Type** (select):  
   - [ ] O-1  
   - [ ] O-2

2. **Name of petitioner** as it appears on I-129 form: ________________________________

3. **Name of beneficiary** as it appears on I-129 form: ________________________________

4. **Beneficiary’s job title:** _________________________________________________

5. **Title of production:** _______________________________________________________

6. **Medium of production** (select one):
   - [ ] Feature film  
   - [ ] Short film  
   - [ ] Documentary  
   - [ ] Television series  
   - [ ] Web series  
   - [ ] Television mini-series  
   - [ ] TV/web pilot  
   - [ ] TV/web commercial  
   - [ ] Video  
   - [ ] Other motion picture

7. **Dates of employment** on this production: ___________________________________

8. **Location of employment** on this production: ________________________________ (city and/or state)

9. **Beneficiary’s Salary:** _______________________________________________________

   Signature: ___________________________________________________________________

   Name (please print): ____________________________________________________________

   Signed by (select):  
   - [ ] Petitioner  
   - [ ] Employer (check both if petitioner is the employer.)
   - [ ] Other: ___________________________________________________________________

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