

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 request for an advisory opinion, 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.

Submission packet requirements remain the same. Please see our guidelines at <https://amptp.org/immigration.html> for instructions and a list of required documentation. Submissions not including a fully completed, accurate and legible copy of this form will be subject to delayed processing.

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):

Feature film	Short Film	Documentary
Television series	Web series	Television Mini-Series
Television commercial	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: _____