

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> 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):

- | | | |
|---|--|---|
| <input type="checkbox"/> Feature film | <input type="checkbox"/> Short film | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Television series | <input type="checkbox"/> Web series | <input type="checkbox"/> Television mini-series |
| <input type="checkbox"/> TV/web pilot | <input type="checkbox"/> TV/web commercial | <input type="checkbox"/> Video |
| <input type="checkbox"/> 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: _____