



**University at Buffalo**  
*The State University of New York*  
**Office of International Education**  
Immigration Services

## **O-1 INITIAL OR CONCURRENT PETITION CERTIFICATION AND FEE AGREEMENT**

*(Please Complete and Submit to UB Immigration Services, 1Capen)*

### **► DEPARTMENTAL CERTIFICATION:**

*I HEREBY CERTIFY THAT I SUPPORT THE FILING OF AN O-1 PETITION ON BEHALF OF THE INTERNATIONAL EMPLOYEE BEING SPONSORED BY THE UNIVERSITY AT BUFFALO OR RESEARCH FOUNDATION. I ALSO UNDERSTAND THAT IF THERE IS A REQUEST FOR FURTHER EVIDENCE (RFE) AN ADDITIONAL FEE OF \$135 PER HOUR FOR DEPARTMENTS AND \$157<sup>^</sup> PER HOUR FOR BENEFICIARY WILL BE APPLIED.*

International Employee  
Being Sponsored for  
O-1 Status:

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Department:

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Departmental Address:

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Phone Number:

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Chairperson:

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Signature:

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Date

### **► SERVICE FEE:**

**IDI (Department) Rate: \$5,250.00    OR    CREDIT CARD (Beneficiary) Rate: \$7,290<sup>^</sup>**

The service fee will be paid by:

Name:

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Address:

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E-mail:

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Signature:

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Date

**DEPENDENTS:**

Number of Dependents included in Application: \_\_\_\_\_ (enter 0 if there are no dependents)

**► O-3 DEPENDENT SERVICE FEE:**

The service fee for the first dependent is listed below. The service fee for each additional O-3 dependent is charged per additional dependent at the rates listed below

The service fee for the O-3 dependent application can be paid by the Department or Beneficiary. The UBIS service fee for the first dependent will be paid by:

IDI (Department) Rate: \$260

or

Credit Card (Beneficiary) Rate: \$295^

*(select one and complete the applicable column below):*

<u>For Department payments:</u>	<u>For Beneficiary (personal) payments:</u>
Amount of Charge: _____ \$260.00 _____	Amount of Charge: _____ \$295.00^ _____
UB Account to Charge for the O-3 Dependent Service fee _____	Printed/Typed Name of individuals to Pay Dependent Service Fee: _____
Printed/Typed Name of Authorized Account Signatory: _____	Primary Phone/E-mail address: _____
Account Holder's Department: _____	Secondary Phone/e-mail address: _____
Contact Phone or e-mail of Authorized Account Signatory: _____	Signature: _____
Authorized Signature: _____	

**► ADDITIONAL O-3 DEPENDENT SERVICE FEE:**

The service fee for each additional O-3 dependent application can be paid by the Department or Beneficiary. \_\_\_\_\_ (#) of dependent(s) will be paid by:

IDI (Department) Rate: \$120

or

Credit Card (Beneficiary) Rate: \$140^

*(select one and complete the applicable column below):*

<u>For IDI (Department) payments:</u>	<u>For Credit Card (Beneficiary/personal) payments:</u>
Amount of Charge: _____ # of Dependent x Rate	Amount of Charge: _____ # of Dependent x Rate
UB Account to Charge for the O-3 Dependent Service fee _____	Printed/Typed Name of individuals to Pay Dependent Service Fee: _____
Printed/Typed Name of Authorized Account Signatory: _____	Primary Phone/E-mail address: _____
Account Holder's Department: _____	Secondary Phone/e-mail address: _____
Contact Phone or e-mail of Authorized Account Signatory: _____	Signature: _____
Authorized Signature: _____	