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

O-1 EXTENSION/AMENDED 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^ PER HOUR FOR BENFICIARY WILL BE APPLIED.

International Employee Being Sponsored for O-1 Status: _____

Department: _____

Departmental Address: _____

_____

Phone Number: _____

Chairperson: _____

Signature: _____
Date

►SERVICE FEE:

◯ **IDI (Department) Rate: $5,250.00** **OR** ◯ **CREDIT CARD (Beneficiary) Rate: $7,290^**

The service fee will be paid by:

Name: _____

Address: _____

E-mail: _____

Signature: _____
Date

 ^Credit Card Rates include university transaction processing fees

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):

For Department payments:	For Beneficiary (personal) payments:
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):

For IDI (Department) payments:	For Credit Card (Beneficiary/personal)) payments:
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: _____	

 ^Credit Card Rates include university transaction processing fees.