Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	☐ **Classification Approved** ☐ Consulate/POE/PFI Notified At: _____ ☐ Extension Granted ☐ COS/Extension Granted		

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1. If you are a company or an organization filing this petition,** complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Company or Organization Name

3. Mailing Address of Individual, Company or Organization *(USPS ZIP Code Lookup)*

In Care Of Name

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Contact Information

Daytime Telephone Number | Mobile Telephone Number | Email Address (if any)

Other Information

5. Federal Employer Identification Number (FEIN)
►

6. Are you a nonprofit organized as tax exempt or a governmental research organization? ☐ Yes ☐ No

Part 1. Petitioner Information (continued)

7. Individual IRS Tax Number ►

8. U.S. Social Security Number (if any) ►

Part 2. Information About This Petition

1. Requested Nonimmigrant Classification (Write classification symbol):

2. **Basis for Classification** (select **only one** box)**:**

- ☐ **a.** New employment.
- ☐ **b.** Continuation of previously approved employment without change with the same employer.
- ☐ **c.** Change in previously approved employment.
- ☐ **d.** New concurrent employment.
- ☐ **e.** Change of employer.
- ☐ **f.** Amended petition.

3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."** ►

4. **Requested Action** (select **only one** box)**:**

- ☐ **a.** Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ **b.** Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ **c.** Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ **d.** Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from the current authorized period of stay.
- ☐ **e.** Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ **f.** Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) ►

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. Type of Beneficiaries Requested (select **only one** box) ☐ Named ☐ Unnamed (for H-2A or H-2B petitions only)

2. **If an Entertainment Group, Provide the Group Name**

3. **Provide Name of Beneficiary**

Family Name (Last Name) | Given Name (First Name) | Middle Name

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

4. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name

5. Other Information

Date of birth (mm/dd/yyyy)

Sex ☐ Male ☐ Female

U.S. Social Security Number (if any) ►

Alien Registration Number (A-Number) ► **A-**

Country of Birth

Province of Birth

Country of Citizenship or Nationality

6. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy)

I-94 Arrival-Departure Record Number ►

Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy)

Date Passport or Travel Document Expires (mm/dd/yyyy)

Passport or Travel Document Country of Issuance

Current Nonimmigrant Status

Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any)

Employment Authorization Document (EAD) Number (if any)

7. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name

Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town

State

ZIP Code

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box)**:** ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

Part 4. Processing Information (continued)

d. Beneficiary's Foreign Address

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State

Province | Postal Code | Country

2. Does each person in this petition have a valid passport? ☐ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.

3. Are you filing any other petitions with this one?

☐ Yes. If yes, how many? ▶ ☐ No

4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at **cbp.gov/i94** instead of filing an application for a replacement/initial I-94.

☐ Yes. If yes, how many? ▶ ☐ No

5. Are you filing any applications for dependents with this petition?

☐ Yes. If yes, how many? ▶ ☐ No

6. Is any beneficiary in this petition in removal proceedings?

☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☐ No

7. Have you ever filed an immigrant petition for any beneficiary in this petition?

☐ Yes. If yes, how many? ▶ ☐ No

8. Did you indicate you were filing a new petition in **Part 2.**?

☐ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**

a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No

b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No

9. Have you ever previously filed a nonimmigrant petition for this beneficiary?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No

10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No

11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

☐ Yes. If yes, proceed to **Item Number 11.b.** ☐ No

11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

2. Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number

3. Address(es) where the beneficiary(ies) will work if different from address in **Part 1.** If you need to provide more than two additional addresses, use **Part 9. Additional Information**.

Address 1

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Is this a third-party location? ☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

Address 2

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Is this a third-party location? ☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

4. Did you include an itinerary with the petition? ☐ Yes ☐ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☐ No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☐ No

7. Is this a full-time position? ☐ Yes ☐ No

8. If the answer to **Item Number 7.** is no, how many hours per week for the position? ►

9. Wages: **$** per (Specify hour, week, month, or year) ►

10. Other Compensation (Explain)

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Part 5. Basic Information About the Proposed Employment and Employer (continued)

12. Type of Business

13. Year Established

14. Current Number of Employees in the United States

15. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☐ Yes ☐ No

16. Gross Annual Income

17. Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. ☐ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or

2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. **Name and Title of Authorized Signatory**

Family Name (Last Name)

Given Name (First Name)

Title

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.) (continued)

2. Signature and Date

Signature of Authorized Signatory | Date of Signature (mm/dd/yyyy)

➡

3. Signatory's Contact Information

Daytime Telephone Number | Email Address (if any)

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name) | Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Preparer's Contact Information

Daytime Telephone Number | Fax Number | Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer | Date of Signature (mm/dd/yyyy)

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► **A-**

2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**

E-1/E-2 Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

2. Name of the Beneficiary

Family Name (Last Name) | Given Name (First Name) | Middle Name

3. Classification sought (select **only one** box):

☐ E-1 Treaty Trader ☐ E-2 Treaty Investor ☐ E-2 CNMI Investor

4. Name of country signatory to treaty with the United States

5. Are you seeking advice from USCIS to determine whether changes in the terms or conditions of E status for one or more employees are substantive? ☐ Yes ☐ No

Section 1. Information About the Employer Outside the United States (if any)

1. Employer's Name

2. Total Number of Employees

3. Employer's Address

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Principal Product, Merchandise or Service

5. Employee's Position - Title, duties and number of years employed

Section 2. Additional Information About the U.S. Employer

1. How is the U.S. company related to the company abroad? (select **only one** box)

☐ Parent ☐ Branch ☐ Subsidiary ☐ Affiliate ☐ Joint Venture

2.a. Place of Incorporation or Establishment in the United States

2.b. Date of incorporation or establishment (mm/dd/yyyy)

3. Nationality of Ownership (Individual or Corporate)

Name (First/MI/Last)	Nationality	Immigration Status	Percent of Ownership

4. Assets

5. Net Worth

6. Net Annual Income

7. Staff in the United States

a. How many executive and managerial employees does the petitioner have who are nationals of the treaty country in either E, L, or H nonimmigrant status?

b. How many persons with special qualifications does the petitioner employ who are in either E, L, or H nonimmigrant status?

c. Provide the total number of employees in executive and managerial positions in the United States.

d. Provide the total number of positions in the United States that require persons with special qualifications.

8. If the petitioner is attempting to qualify the employee as an executive or manager, provide the total number of employees he or she will supervise. Or, if the petitioner is attempting to qualify the employee based on special qualifications, explain why the special qualifications are essential to the successful or efficient operation of the treaty enterprise.

Section 3. Complete If Filing for an E-1 Treaty Trader

1. Total Annual Gross Trade/ Business of the U.S. company

2. For Year Ending (yyyy)

3. Percent of total gross trade between the United States and the treaty trader country.

Section 4. Complete If Filing for an E-2 Treaty Investor

Total Investment: Cash Equipment Other

Inventory Premises Total

Trade Agreement Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

2. Name of the Beneficiary

3. Employer is a (select **only one** box):

☐ U.S. Employer ☐ Foreign Employer

4. If Foreign Employer, Name the Foreign Country

Section 1. Information About Requested Extension or Change (See instructions attached to this form.)

1. This is a request for Free Trade status based on (select **only one** box):

☐ **a.** Free Trade, Canada (TN1)
☐ **b.** Free Trade, Mexico (TN2)
☐ **c.** Free Trade, Chile (H-1B1)
☐ **d.** Free Trade, Singapore (H-1B1)
☐ **e.** Free Trade, Other
☐ **f.** A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)

Section 2. Petitioner's Declaration, Signature, and Contact Information (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization.

1. Name of Petitioner

Family Name (Last Name)

Given Name (First Name)

2. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)

3. Petitioner's Contact Information

Daytime Telephone Number

Mobile Telephone Number

Email Address (if any)

Section 3. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name) | Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA)).

3. Preparer's Mailing Address

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Preparer's Contact Information

Daytime Telephone Number | Fax Number | Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer | Date of Signature (mm/dd/yyyy)

H Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy) From	To

4. Classification sought (select **only one** box):

- ☐ **a.** H-1B Specialty Occupation
- ☐ **b.** H-1B1 Chile and Singapore
- ☐ **c.** H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ **d.** H-1B3 Fashion model of distinguished merit and ability
- ☐ **e.** H-2A Agricultural worker
- ☐ **f.** H-2B Non-agricultural worker
- ☐ **g.** H-3 Trainee
- ☐ **h.** H-3 Special education exchange visitor program

5. If you selected **a.** or **d.** in **Item Number 4.**, and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption):

a. Provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

Confirmation Number

b. Provide the beneficiary's passport or travel document number, country of issuance, and expiration date for the passport or travel document used at the time of registration.

Passport or Travel Document Number	Country of Issuance	Expiration Date (mm/dd/yyyy)

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☐ No

7. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☐ No

8.a. Does any beneficiary in this petition have a controlling interest in the petitioning organization, meaning the beneficiary owns more than 50 percent of the petitioner or has majority voting rights in the petitioner?

☐ Yes. If yes, please explain in **Item Number 8.b.** ☐ No

8.b. Explanation

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the LCA and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H-1B1 employment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

By filing this petition, I agree to the conditions of H-1B or H-1B1 employment and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS. I understand that USCIS access to the petitioning organization's headquarters, satellite locations, or the location where the beneficiary works or will work, including third-party worksites, is vital for the purpose of determining compliance with H-1B or H-1B1 requirements. I understand that USCIS' inability to verify facts, including due to the failure or refusal of the petitioner or third party to cooperate in an inspection or other compliance review, may result in denial or revocation of the approval of this petition or any H-1B petition for H-1B workers performing services at the location or locations that are a subject of inspection or compliance review, including any third-party worksites.

Signature of Petitioner	**Name of Petitioner**	**Date** (mm/dd/yyyy)
➡		

Section 1. Complete This Section If Filing for H-1B Classification (continued)

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer	**Name of Authorized Official of Employer**	**Date** (mm/dd/yyyy)

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager	**Name of DOD Project Manager**	**Date** (mm/dd/yyyy)

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select **only one** box)

☐ **a.** Seasonal ☐ **b.** Peak load ☐ **c.** Intermittent ☐ **d.** One-time occurrence

2. Temporary need is: (select **only one** box)

☐ **a.** Unpredictable ☐ **b.** Periodic ☐ **c.** Recurrent annually

3. Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed).

4. If you are requesting any named beneficiaries, have any of these individuals ever been admitted to the United States previously in H-2A/H-2B status?

☐ Yes. If yes, go to **Part 9.** of Form I-129 and write your explanation. ☐ No

5. Are you requesting a restarting of the 3-year maximum period of stay limit in H-2A/H-2B status for any of your named beneficiaries because they were absent from the United States for an uninterrupted period of at least 60 days? (See form Instructions for more information on "Period of Absence.") ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, you must document the beneficiaries' periods of stay for the last 3 years in **Item Number 3.** on the table on the first page of this supplement. You must also submit evidence of each entry and each exit to establish each period of absence.

6. Did you or do you plan to use an agent, facilitator, staff, recruiter, or similar employment service (any person or entity that recruits or solicits prospective beneficiaries of the H-2 petition) to locate and/or recruit the H-2A/H-2B workers that you intend to hire by filing this petition? ☐ Yes ☐ No

7. If you answered "Yes," to **Item Number 6.**, list the name and address(es) of all such persons and entities regardless of whether you have a direct or indirect contractual relationship, and whether such person or entity is located inside or outside the United States or is a governmental or quasi-governmental entity. If you need to include the name and address of more than one person or entity, use the space provided in **Part 9. Additional Information.**

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

Name of Recruiter, Agent, or Facilitator

Family Name (Last Name)	Given Name (First Name)	Middle Name

Name of Recruiting Organization or Similar Employment Service (if applicable)

Address of Agent, Facilitator, Recruiter, or Similar Employment Service

Street Number and Name	Apt. Ste. Flr.	Number
	☐ ☐ ☐	

City or Town	State	ZIP Code

Prohibited H-2A and H-2B Fees

For **Item Numbers 8.** - **13.**, the fees in question include any job placement fee, fee or penalty for breach of contract, or other fee, penalty, or compensation (either direct or indirect), related to the H-2A/H-2B employment. Such prohibited fees may include, but are not limited to withholdings or deductions from a worker's wages. Your responses to these items pertain to anyone associated with the employment or recruitment, including any joint employers. Your responses to these items also pertain to any person or entity to whom you can be considered a successor in interest.

NOTE: It is not prohibited for petitioners (including their employees), employers or any joint employers, agents, attorneys, facilitators, recruiters, or similar employment services from receiving reimbursement from the beneficiary for costs that are the responsibility and primarily for the benefit of the worker, such as government-required passport fees. Furthermore, it is not prohibited for an employer to provide reimbursement for fees or expenses incurred by the worker, where such reimbursement is specifically permitted by, and made in compliance with, statute or regulations.

8. Did any of the H-2A/H-2B workers that you are requesting pay you or your employee(s), or any employer or joint employer, agent, attorney, facilitator, recruiter, or similar employment service, a prohibited fee related to the employment, or do they have an agreement to pay you such fee at a later date? ☐ Yes ☐ No

9. If you answered "Yes" to **Item Number 8.**, list the types and amounts of fees that the worker(s) paid or will pay.

10. If you answered "Yes" to **Item Number 8.**, were the workers, or their designee (as appropriate), reimbursed for any fee paid and was any agreement to pay a fee terminated? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 10.**, submit evidence of full reimbursement of each affected beneficiary, or the beneficiary's designee (as appropriate), and evidence that any agreement has been terminated.

11. If you answered "Yes" to **Item Number 8.**, are you requesting an exception to the mandatory denial or revocation for prohibited fees (see form Instructions for information about exceptions)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 11.**, submit evidence supporting your request for an exception, as described in the form Instructions.

12. Within the last four years, have you ever had an H-2A or H-2B petition denied or revoked because an employee paid or agreed to pay a fee related to the employment or have you withdrawn an H-2A or H-2B petition after USCIS issued a notice of intent to deny or revoke on such basis? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 12.**, submit a copy of the USCIS notice(s) of denial, revocation, or acknowledgment of your withdrawal.

13. If you answered "Yes" to **Item Number 12.**, were the workers, or their designees (as appropriate), reimbursed for any fees paid and was any agreement to pay a fee terminated? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 13.**, submit evidence of full reimbursement of each affected beneficiary, or the beneficiary's designees (as appropriate), and evidence that any agreement has been terminated.

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

Other Violations

For **Item Numbers 14. - 19.**, determinations of violations include those against you (the petitioner), any person or entity to which you are a successor in interest, or any individual who was acting on your behalf. For **Item Number 15.**, **Item Number 17.**, and **Item Number 19.**, determinations of violations also include those against any employee who an H-2A or H-2B worker would reasonably believe is acting on your behalf. **See the form Instructions for information about how USCIS will use your responses in adjudicating your H-2 petition.**

14. Are you currently subject to any debarment order by the U.S. Department of Labor (or, if applicable, the Governor of Guam)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, you must submit a complete copy of the final notice of debarment or administrative determination(s).

15. Within the last 3 years, have you had an approved temporary labor certification revoked by the U.S. Department of Labor (or, if applicable, the Guam Department of Labor) or have you been the subject of any administrative sanction or remedy, including a debarment that has concluded or an assessment of civil money penalties? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 15.**, you must submit a complete copy of the final administrative determination(s).

16. Within the last 3 years, have you been the subject of a final USCIS denial or revocation decision with respect to a prior H-2A or H-2B petition that included a finding of fraud or willful misrepresentation of a material fact? (A final USCIS denial or revocation decision means that there is no pending administrative appeal or that the time for filing a timely administrative appeal has elapsed.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, you must submit a complete copy of the final USCIS decision(s).

17. Within the last 3 years, have you been the subject of a final USCIS decision revoking the approval of a prior petition that includes one or more of the following findings: the beneficiary was not employed by the petitioner in the capacity specified in the petition; the statement of facts contained in the petition or on the application for a temporary labor certification was not true and correct, or was inaccurate; the petitioner violated terms and conditions of the approved petition; or the petitioner violated requirements of the Immigration and Nationality Act (INA) section 101(a)(15)(H) or paragraph (h) of this section? (A final USCIS denial or revocation decision means that there is no pending administrative appeal and that the time for filing a timely administrative appeal has elapsed.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 17.**, you must submit a complete copy of the final USCIS decision(s).

18. Within the last 3 years, have you been the subject of a final determination of violation(s) under INA section 274(a), 8 U.S.C. 1324(a)? ("Bringing in and Harboring Certain Aliens," "Criminal Penalties.") ☐ Yes ☐ No

If you answered "Yes" to **Item Number 18.**, you must submit a complete copy of the final determination of violation(s).

19. Within the last 3 years, have you been the subject of any final administrative or judicial determination, other than ones described in **Item Numbers 14. - 18.** above, finding a violation of any applicable employment-related laws or regulations, including health and safety laws or regulations? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 19.**, you must submit a complete copy of the final administrative or judicial determination(s).

H-2A and H-2B Petitioner and Employer Obligations

20. The H-2A/H-2B petitioner and each employer consent to allow Government access to all sites where the labor is being or will be performed, as well as housing sites for H-2A workers, for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner and each employer agree to allow USCIS to conduct interviews of employees and any other individuals possessing pertinent information, which may be conducted in the absence of the employer or the employer's representatives and, if feasible, at a neutral location agreed to by the employee and USCIS. The petitioner and each employer understand that USCIS's inability to verify facts, including due to the failure or refusal of the petitioner or employer to cooperate in an inspection or other compliance review, may result in denial or revocation of the H-2A or H-2B petition. ☐ Yes ☐ No

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

21. The petitioner agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker does not report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker does not report for work for a period of 5 consecutive workdays without the consent of the employer or is terminated prior to the completion of agricultural labor or services for which he or she was hired. ☐ Yes ☐ No

See **uscis.gov/h-2a** and **uscis.gov/h-2b**, respectively, for the appropriate manner of notifying DHS as specified in a notice published in the Federal Register.

NOTE: The above notification is a petitioner obligation and does not represent an indication of wrongdoing on the part of the worker. Further, USCIS **does not** consider the information provided in a petitioner notification, alone, to be conclusive evidence regarding the worker's current status. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

22. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period. ☐ Yes ☐ No

23. **For H-2A petitioners only:** The petitioner agrees to pay $10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement. ☐ Yes ☐ No

The petitioner must execute **Part A.** If the petitioner is the employer's agent, the employer must execute **Part B.** If there are joint employers, they must each execute **Part C.**

Part A. Petitioner

By filing this petition, I agree to the conditions of H-2A/H-2B employment, agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS, and agree to the notification requirements. For H-2A petitioners: I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

Signature of Petitioner | **Name of Petitioner** | **Date** (mm/dd/yyyy)

➡ _____ _____ _____

Part B. Employer who is not the petitioner

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A/H-2B eligibility. I agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

Signature of Employer | **Name of Employer** | **Date** (mm/dd/yyyy)

_____ _____ _____

Part C. Joint Employers

24. **For H-2A petitioners only:** A separate **Part C.** must be submitted for each Joint Employer.

Legal Name of Individual Joint Employer

Family Name (Last Name) | Given Name (First Name) | Middle Name

_____ _____ _____

Joint Employer Company or Organization Name

_____

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

Mailing Address of Joint Employer

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Contact Information

Daytime Telephone Number | Mobile Telephone Number | Email Address (if any)

Taxpayer Identification Numbers

25. Provide the following information, as applicable.

Employer Identification Number (EIN)
►

Individual Taxpayer Identification Number (ITIN)
►

U.S. Social Security Number (SSN)
►

Other Information

26. Type of Business Activity(ies) | Year Established

Current Number of Employees in the United States | Gross Annual Income | Net Annual Income

Joint Employer's Certification

I agree to the conditions of H-2A eligibility employment, and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

27. Family Name (Last Name) of Authorized Signatory | Given Name (First Name) of Authorized Signatory

Title of Authorized Signatory

28. Signature of Authorized Signatory | Date of Signature (mm/dd/yyyy)

Section 3. Complete This Section If Filing for H-3 Classification

If you answer yes to any of the following questions, attach a full explanation.

1. Is the training you intend to provide, or similar training, available in the beneficiary's country? ☐ Yes ☐ No

2. Will the training benefit the beneficiary in pursuing a career abroad? ☐ Yes ☐ No

3. Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation employment versus the classroom in **Part 9. of Form I-129.** ☐ Yes ☐ No

4. Does the beneficiary already have skills related to the training? ☐ Yes ☐ No

5. Is this training an effort to overcome a labor shortage? ☐ Yes ☐ No

6. Do you intend to employ the beneficiary abroad at the end of this training? ☐ Yes ☐ No

7. If you do not intend to employ the beneficiary abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training.

H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. General Information

1. **Employer Information** - (select all items that apply)

a. Is the petitioner an H-1B dependent employer? ☐ Yes ☐ No

b. Has the petitioner ever been found to be a willful violator? ☐ Yes ☐ No

c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? ☐ Yes ☐ No

c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least $60,000? ☐ Yes ☐ No

c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? ☐ Yes ☐ No

d. Does the petitioner employ 50 or more individuals in the United States? ☐ Yes ☐ No

d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? ☐ Yes ☐ No

2. **Beneficiary's Highest Level of Education** (select **only one** box)

☐ **a.** NO DIPLOMA
☐ **b.** HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)
☐ **c.** Some college credit, but less than 1 year
☐ **d.** One or more years of college, no degree
☐ **e.** Associate's degree (for example: AA, AS)
☐ **f.** Bachelor's degree (for example: BA, AB, BS)
☐ **g.** Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
☐ **h.** Professional degree (for example: MD, DDS, DVM, LLB, JD)
☐ **i.** Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

4. Rate of Pay Per Year

5. SOC Code ► ☐☐ - ☐☐☐☐

6. NAICS Code ☐☐☐☐☐☐

7. What level of education is required for the position?

8. What field(s) of study would qualify someone for this position?

9. How many years of experience are required in order to qualify for this position?

10. What special skills are required in order to qualify for the position?

11. How many people will the beneficiary supervise and what are their position titles?

Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional **$1,500** or **$750** American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ Yes ☐ No

2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? ☐ Yes ☐ No

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? ☐ Yes ☐ No

4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? ☐ Yes ☐ No

5. Is this an amended petition that does not contain any request for extensions of stay? ☐ Yes ☐ No

6. Are you filing this petition to correct a USCIS error? ☐ Yes ☐ No

7. Is the petitioner a primary or secondary education institution? ☐ Yes ☐ No

8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? ☐ Yes ☐ No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☐ Yes ☐ No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of **$750**. If you answered no, then you are required to pay an additional ACWIA fee of **$1,500**.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **$500** Fraud Prevention and Detection fee.

For all H-1B petitions, an additional fee of **$4,000** mandated by the provisions of Public Law 114-113 must be submitted if you responded yes to **Item Numbers 1.d.** and **1.d.1.** of **Section 1.** of this supplement, unless you are filing an amended petition that does not seek an extension of the alien's currently authorized H-1B status.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select **only one** box):

☐ **a.** Cap H-1B Bachelor's Degree
☐ **b.** Cap H-1B U.S. Master's Degree or Higher
☐ **c.** Cap H-1B1 Chile/Singapore
☐ **d.** Cap Exempt

2. If you selected **Item Number 1.a.** "**Cap H-1B Bachelor's Degree**" or **Item Number 1.b.** "**Cap H-1B U.S. Master's Degree or Higher**," follow the form instructions to select the appropriate wage level box (select **ONE**).

☐ Wage Level IV
☐ Wage Level III
☐ Wage Level II
☐ Wage Level I

Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.b. "Cap H-1B U.S. Master's Degree or Higher**," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

a. Name of the United States Institution of Higher Education

b. Date Degree Awarded

c. Type of United States Degree

d. Address of the United States institution of higher education

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

4. If you answered **Item Number 1.d. "Cap Exempt**," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:

☐ **a.** The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).

☐ **b.** The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(iii)(F)(2).

☐ **c.** The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(iii)(F)(3).

☐ **d.** The beneficiary will be employed at a qualifying cap exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(iii)(F)(4).

☐ **e.** The beneficiary is currently employed at a cap-exempt institution, organization, or entity, and the petitioner seeks to concurrently employ the H-1B beneficiary.

☐ **f.** The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.

☐ **g.** The beneficiary of this petition has been counted against the cap and **(1)** is applying for the remaining portion of the 6 year period of admission, **(2)** is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21), or **(3)** is seeking an amendment to a petition that was part of the beneficiary's 6-year period of admission or an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of AC21.

☐ **h.** The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. ☐ Yes ☐ No

If no, do not complete **Item Numbers 2.** and **3**.

2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. ☐ Yes ☐ No

3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. ☐ Yes ☐ No

L Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

2. Name of the Beneficiary

3. This petition is (select **only one** box): ☐ **a.** An individual petition ☐ **b.** A blanket petition

4.a. Does the petitioner employ 50 or more individuals in the U.S.? ☐ Yes ☐ No

4.b. If yes, are more than 50 percent of those employee in H-1B, L-1A, or L-1B nonimmigrant status? ☐ Yes ☐ No

Section 1. Complete This Section If Filing For An Individual Petition

1. Classification sought (select **only one** box): ☐ **a.** L-1A manager or executive ☐ **b.** L-1B specialized knowledge

2. List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to **Part 9. of Form I-129**.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	**Period of Stay** (mm/dd/yyyy) **From**	**To**

3. Name of Employer Abroad

4. Address of Employer Abroad

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Section 1. Complete This Section If Filing For An Individual Petition (continued)

5. Dates of beneficiary's employment with this employer. Explain any interruptions in employment.

Dates of Employment (mm/dd/yyyy) From	To	Explanation of Interruptions

6. Describe the beneficiary's duties abroad for the 3 years preceding the filing of the petition. (If the beneficiary is currently inside the United States, describe the beneficiary's duties abroad for the 3 years preceding the beneficiary's admission to the United States.)

7. Describe the beneficiary's proposed duties in the United States.

8. Summarize the beneficiary's education and work experience.

9. How is the U.S. company related to the company abroad? (select **only one** box)

☐ **a.** Parent ☐ **b.** Branch ☐ **c.** Subsidiary ☐ **d.** Affiliate ☐ **e.** Joint Venture

Section 1. Complete This Section If Filing For An Individual Petition (continued)

10. Describe the percentage of stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.

Percentage of company stock ownership and managerial control of each company that has a qualifying relationship.	**Federal Employer Identification Number for each U.S. company that has a qualifying relationship**

11. Do the companies currently have the same qualifying relationship as they did during the one-year period of the beneficiary's employment with the company abroad?

☐ Yes ☐ No. If no, provide an explanation in **Part 9. of Form I-129** that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.

12. Is the beneficiary coming to the United States to open a new office?

☐ Yes ☐ No (attach explanation)

If you are seeking L-1B specialized knowledge status for an individual, answer the following question:

13.a. Will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?

☐ Yes ☐ No

13.b. If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. If you need additional space to respond to this question, proceed to **Part 9.** of the Form I-129, and type or print your explanation.

13.c. If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this question, proceed to **Part 9.** of the Form I-129, and type or print your explanation.

Section 2. Complete This Section If Filing A Blanket Petition

List all U.S. and foreign parent, branches, subsidiaries, and affiliates included in this petition. (Attach separate sheets of paper if additional space is needed.)

Name and Address	Relationship

Section 3. Additional Fees

NOTE: A petitioner that seeks initial approval of L nonimmigrant status for a beneficiary, or seeks approval to employ an L nonimmigrant currently working for another employer, must submit an additional **$500** Fraud Prevention and Detection fee.

For all L-1 petitions, an additional fee of **$4,500** mandated by the provisions of Public Law 114-113 must be submitted if you responded yes to both questions in **Item Numbers 4.a.** and **4.b.** on the first page of this L Classification Supplement, unless you are filing for an amended petition that does not seek an extension of the alien's currently authorized L-1 status.

These fees, when applicable, may not be waived. You must include payment of the fees with your submission of this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

O and P Classifications Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries:

3. **Classification sought** (select **only one** box)

- ☐ **a.** O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- ☐ **b.** O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- ☐ **c.** O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
- ☐ **d.** P-1 Major League Sports
- ☐ **e.** P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- ☐ **f.** P-1S Essential Support Personnel for P-1
- ☐ **g.** P-2 Artist or entertainer for reciprocal exchange program
- ☐ **h.** P-2S Essential Support Personnel for P-2
- ☐ **i.** P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- ☐ **j.** P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

5. Describe the duties to be performed.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the O-1 or P principal.

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in **Item Number 7.b.** ☐ No.

Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

8. Does an appropriate labor organization exist for the petition?
☐ Yes ☐ No. If no, proceed to **Part 9.** and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?
☐ Yes ☐ No - copy of request attached ☐ N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

10.b. Physical Address

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

10.c. Date Sent (mm/dd/yyyy)

10.d. Daytime Telephone Number

O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

11.b. Complete Address

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

11.c. Date Sent (mm/dd/yyyy)

11.d. Daytime Telephone Number

12.a. Name of Management Organization

12.b. Physical Address

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

12.c. Date Sent (mm/dd/yyyy)

12.d. Daytime Telephone Number

Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P alien

13.a. Name of Labor Organization

13.b. Complete Address

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

1. Name of Petitioner

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Signature and Date

Signature of Petitioner | Date of Signature (mm/dd/yyyy)

3. Petitioner's Contact Information

Daytime Telephone Number | Email Address (if any)

Q-1 Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. Complete if you are filing for a Q-1 International Cultural Exchange Alien

I hereby certify that the participant(s) in the international cultural exchange program:

a. Is at least 18 years of age,

b. Is qualified to perform the service or labor or receive the type of training stated in the petition,

c. Has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and

d. Has resided and been physically present outside the United States for the immediate prior year. (Applies only if the participant was previously admitted as a Q-1).

I also certify that I will offer the alien(s) the same wages and working conditions comparable to those accorded local domestic workers similarly employed.

1. Name of Petitioner

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Signature and Date

Signature of Petitioner | Date of Signature (mm/dd/yyyy)

3. Petitioner's Contact Information

Daytime Telephone Number | Email Address (if any)

R-1 Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker

Employer Attestation

Provide the following information about the petitioner:

1.a. Number of members of the petitioner**'s** religious organization?

1.b. Number of employees working at the same location where the beneficiary will be employed?

1.c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years?

1.d. Number of special immigrant religious worker petition(s) (I-360) and nonimmigrant religious worker petition(s) (I-129) filed by the petitioner within the past five years?

2. Has the beneficiary or any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the R visa classification in the last five years? ☐ Yes ☐ No

If yes, complete the spaces below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States in the last five years. Please be sure to list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.

NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in **Part 9. of Form I-129**.

Alien or Dependent Family Member's Name	**Period of Stay (mm/dd/yyyy)** **From**	**To**

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheet(s) of paper.

Position	Summary of the Type of Responsibilities for That Position

4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

Provide the following information about the prospective employment:

5.a. Title of position offered.

5.b. Detailed description of the beneficiary's proposed daily duties.

5.c. Description of the beneficiary's qualifications for position offered.

5.d. Description of the proposed salaried compensation or non-salaried compensation. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

5.e. List of the address(es) or location(s) where the beneficiary will be working.

Petitioner Attestations

Does the petitioner attest to all of the requirements described in Item Numbers 6. - 12. below?

6. The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

7. The petitioner is willing and able to provide salaried or non-salaried compensation to the beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

8. If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

9. If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

10. The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

11. The beneficiary has been a member of the petitioner's denomination for at least two years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

12. The petitioner will notify USCIS within 14 days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay.

☐ Yes ☐ No. If no, type or print your explanation below and if needed, go to **Part 9. of Form I-129**.

Attestation

I certify, under penalty of perjury, that the contents of this attestation and the evidence submitted with it are true and correct.

Name of Petitioner

Title

Signature of Petitioner

Date (mm/dd/yyyy)

Employer or Organization Name

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

Employer or Organization Address *(do not use a post office or private mail box)*

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Employer or Organization's Contact Information

Daytime Telephone Number | Fax Number | Email Address (if any)

Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination

Religious Denomination Certification

I certify, under penalty of perjury, that:

Name of Employing Organization

is affiliated with:

Name of Religious Denomination

and that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

Name of Authorized Representative of Attesting Organization | Title

Signature of Authorized Representative of Attesting Organization | Date (mm/dd/yyyy)

Attesting Organization Name and Address (do not use a post office or private mail box)

Attesting Organization Name

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Attesting Organization's Contact Information

Daytime Telephone Number | Fax Number | Email Address (if any)

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name) | Given Name (First Name) | Middle Name

Date of birth (mm/dd/yyyy) | Sex ☐ Male ☐ Female | U.S. Social Security Number (if any) ▶ | A-Number (if any) **A-**

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name) | Given Name (First Name) | Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Foreign Address (Complete Address)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Country of Birth | Country of Citizenship or Nationality

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy) | I-94 Arrival-Departure Record Number | Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) | Date Passport or Travel Document Expires (mm/dd/yyyy) | Country of Issuance for Passport or Travel Document

Current Nonimmigrant Status | Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any) | Employment Authorization Document (EAD) Number (if any)

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name) | Given Name (First Name) | Middle Name

Date of birth (mm/dd/yyyy) | Sex ☐ Male ☐ Female | U.S. Social Security Number (if any) ▶ | A-Number (if any) **A-**

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (Last Name) | Given Name (First Name) | Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Foreign Address (Complete Address)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Country of Birth | Country of Citizenship or Nationality

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy) | I-94 Arrival-Departure Record Number | Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) | Date Passport or Travel Document Expires (mm/dd/yyyy) | Country of Issuance for Passport or Travel Document

Current Nonimmigrant Status | Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any) | Employment Authorization Document (EAD) Number (if any)