

## 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)			<u>N</u>	Middle Name		
3.	Classification sought (select <b>only one</b> 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 for one or more employees are substantive?	whether changes in	n the terms or c	onditions of I	E status	Yes No	
Sec	tion 1. Information About the Employe	r Outside the U	nited States	s (if any)			
1.	Employer's Name			2	. Total Num	ber of Employees	
3.	Employer's Address						
	Street Number and Name Apt. Ste				r. Number		
					]		
	City or Town			State	ZIP Code		
	Province Pos	stal Code	Country				
4.	Principal Product, Merchandise or Service		L				
5.	Employee's Position - Title, duties and number of years employed						
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