

- 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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 labor condition application (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)
 <input type="text"/>	<input type="text"/>	<input type="text"/>