

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	
Sec	ction 1. Complete if you are filing for a Q-1 International Cultural Excha	nge Beneficiary
I her	reby certify that the beneficiary(ies) in the international cultural exchange program:	
	a. Is at least 18 years of age,	
	. 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 public, and		ntry of nationality to the American
	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).	
	o certify that I will offer the beneficiary(ies) the same wages and working conditions compara kers similarly employed.	ble to those accorded local domestic
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)	