

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

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

## 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).

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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.**