Sec	tion 2. Complete This Section If Filing fo	or H-2A or H-2B Classificat	ion (cont	inued)			
	Name of Recruiter, Agent, or Facilitator						
	Family Name (Last Name)	Given Name (First Name)		Middle Na	me		
	Name of Recruiting Organization or Similar Emplo	yment 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 Co	ode		
	nibited H-2A and H-2B Fees						
facil respo	TE: It is not prohibited for petitioners (including thei tators, recruiters, or similar employment services from the benefit of the worker, in employer to provide reimbursement for fees or explicitly and made in compliance with, statute or regulated by, and made in compliance with, statute or regulated any of the H-2A/H-2B workers that you are required or joint employer, agent, attorney, facilitator, recruited to the employment, or do they have an agree of the summer of the	om receiving reimbursement from to such as government-required pass benses incurred by the worker, whe gulations. Questing pay you or your employee iter, or similar employment service ement to pay you such fee at a later	he beneficia port fees. F re such rein (s), or any e , a prohibite date?	ary for cost Furthermore abursement employer ed fee	s that are the, it is not provided is specificated. Yes	rohibited	
10.	If you answered "Yes" to Item Number 8. , were the reimbursed for any fee paid and was any agreement		ppropriate),		Yes	□No	
	If you answered "Yes" to Item Number 10. , submit evidence of full reimbursement of each affected beneficiary, or their designee (as appropriate), and evidence that any agreement has been terminated.						
11.	If you answered "Yes" to Item Number 8. , are you or revocation for prohibited fees (see form Instruction			nial	Yes	No	
	If you answered "Yes" to Item Number 11., submit evid	dence supporting your request for an e	exception, as	described in	the form Ins	structions.	
12.	Within the last four years, have you ever had an H-2 employee paid or agreed to pay a fee related to the epetition after USCIS issued a notice of intent to den	employment or have you withdraw			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 to reimbursed for any fees paid and was any agreement	<u> </u>	appropriate),	Yes	No	
	If you answered "Yes" to Item Number 13. , submit evidence of full reimbursement of each affected beneficiary, or their designees (as appropriate), and evidence that any agreement has been terminated.						

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