



# Petition for a Nonimmigrant Worker

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 12/31/2027

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► **START HERE - Type or print in black ink.**

## Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

### 1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. Company or Organization Name

### 3. Mailing Address of Individual, Company or Organization

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name <input type="text"/>			
Street Number and Name <input type="text"/>	Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number <input type="text"/>	
City or Town <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>	
Province <input type="text"/>	Postal Code <input type="text"/>	Country <input type="text"/>	

### 4. Contact Information

Daytime Telephone Number <input type="text"/>	Mobile Telephone Number <input type="text"/>	Email Address (if any) <input type="text"/>
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### Other Information

#### 5. Federal Employer Identification Number (FEIN)

►

#### 6. Are you a nonprofit organized as tax exempt or a governmental research organization?

☐ Yes ☐ No

**Part 1. Petitioner Information** (continued)

7. Individual IRS Tax Number
8. U.S. Social Security Number (if any)

**Part 2. Information About This Petition**

1. Requested Nonimmigrant Classification (Write classification symbol):
2. **Basis for Classification** (select **only one** box):
- ☐ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☐ f. Amended petition.
3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."**
4. **Requested Action** (select **only one** box):
- ☐ a. Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.,** above.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from their current authorized period of stay.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. Type of Beneficiaries Requested (select **only one** box) ☐ Named ☐ Unnamed (for H-2A or H-2B petitions only)
2. **If an Entertainment Group, Provide the Group Name**
- 
3. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name          |
|-------------------------|-------------------------|----------------------|
| <input type="text"/>    | <input type="text"/>    | <input type="text"/> |

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

**4. Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name

**5. Other Information**

Date of birth (mm/dd/yyyy)  Gender ☐ Male ☐ Female U.S. Social Security Number (if any)

Alien Registration Number (A-Number)  Country of Birth

Province of Birth  Country of Citizenship or Nationality

**6. If the beneficiary is in the United States, complete the following:**

Date of Last Arrival (mm/dd/yyyy)  I-94 Arrival-Departure Record Number  Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy)  Date Passport or Travel Document Expires (mm/dd/yyyy)  Passport or Travel Document Country of Issuance

Current Nonimmigrant Status  Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any)  Employment Authorization Document (EAD) Number (if any)

**7. Current Residential U.S. Address** (if applicable) (do not list a P.O. Box)

Street Number and Name  Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town  State  ZIP Code

**Part 4. Processing Information**

**1.** If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

**a. Type of Office** (select only one box): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

**b. Office Address (City)**

**c. U.S. State or Foreign Country**

## Part 4. Processing Information (continued)

### d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

Province

Postal Code

Country

2. Does each person in this petition have a valid passport? ☐ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.
3. Are you filing any other petitions with this one?  
☐ Yes. If yes, how many? ►  ☐ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at [www.cbp.gov/i94](http://www.cbp.gov/i94) instead of filing an application for a replacement/initial I-94.  
☐ Yes. If yes, how many? ►  ☐ No
5. Are you filing any applications for dependents with this petition?  
☐ Yes. If yes, how many? ►  ☐ No
6. Is any beneficiary in this petition in removal proceedings?  
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☐ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?  
☐ Yes. If yes, how many? ►  ☐ No
8. Did you indicate you were filing a new petition in **Part 2.**?  
☐ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?  
☐ Yes. If yes, proceed to **Item Number 11.b.** ☐ No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

## Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

2. LCA or ETA Case Number

3. Address(es) where the beneficiary(ies) will work if different from address in **Part 1**. If you need to provide more than two additional addresses, use **Part 9. Additional Information**.

Address 1

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

Address 2

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

4. Did you include an itinerary with the petition? ☐ Yes ☐ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☐ No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☐ No

7. Is this a full-time position? ☐ Yes ☐ No

8. If the answer to **Item Number 7** is no, how many hours per week for the position?

►

9. Wages: \$  per (Specify hour, week, month, or year)

►

10. Other Compensation (Explain)

  
  

11. Dates of intended employment From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

## Part 5. Basic Information About the Proposed Employment and Employer (continued)

12. Type of Business

13. Year Established

14. Current Number of Employees in the United States

15. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?

☐ Yes ☐ No

16. Gross Annual Income

17. Net Annual Income

## Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

**Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.**

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. ☐ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

## Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

### 1. Name and Title of Authorized Signatory

Family Name (Last Name)

Given Name (First Name)

Title

**Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory** (Read the information on penalties in the instructions before completing this section.) (continued)

**2. Signature and Date**

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



**3. Signatory's Contact Information**

Daytime Telephone Number

Email Address (if any)

**NOTE:** If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

**Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner**

Provide the following information concerning the preparer:

**1. Name of Preparer**

Family Name (Last Name)

Given Name (First Name)

**2. Preparer's Business or Organization Name** (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

**3. Preparer's Mailing Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

**4. Preparer's Contact Information**

Daytime Telephone Number

Fax Number

Email Address (if any)

***Preparer's Declaration***

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

**5. Signature and Date**

Signature of Preparer

Date of Signature (mm/dd/yyyy)



# O and P Classifications 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

## Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

- 2.a. Name of the Beneficiary

OR

- 2.b. Provide the total number of beneficiaries:

3. Classification sought (select **only one** box)

- ☐ a. O-1A Beneficiary of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- ☐ b. O-1B Beneficiary of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- ☐ c. O-2 Accompanying beneficiary who is coming to the United States to assist in the performance of the O-1
- ☐ d. P-1 Major League Sports
- ☐ e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- ☐ f. P-1S Essential Support Personnel for P-1
- ☐ g. P-2 Artist or entertainer for reciprocal exchange program
- ☐ h. P-2S Essential Support Personnel for P-2
- ☐ i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- ☐ j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

  
  

5. Describe the duties to be performed.

  
  

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the O-1 or P principal.

  
  

- 7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in **Item Number 7.b.** ☐ No.



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**Section 1. Complete This Section if Filing for O or P Classification (continued)****7.b.** Explanation

8. Does an appropriate labor organization exist for the petition?  
☐ Yes ☐ No. If no, proceed to **Part 9.** and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?  
☐ Yes ☐ No - copy of request attached ☐ N/A

**If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.**

**O-1 Extraordinary Ability****10.a.** Name of Recognized Peer/Peer Group or Labor Organization**10.b.** Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

**10.c.** Date Sent (mm/dd/yyyy)**10.d.** Daytime Telephone Number**O-1 Extraordinary achievement in motion pictures or television****11.a.** Name of Labor Organization**11.b.** Complete Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

**11.c.** Date Sent (mm/dd/yyyy)**11.d.** Daytime Telephone Number**12.a.** Name of Management Organization**12.b.** Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

**12.c.** Date Sent (mm/dd/yyyy)**12.d.** Daytime Telephone Number

## Section 1. Complete This Section if Filing for O or P Classification (continued)

### O-2 or P beneficiary

13.a. Name of Labor Organization

13.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

## Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally 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.

### 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)