



# H-1B / TN / E-3

## VISA CHECKLIST



### \*From Employer/Sponsor

#### I. Petition Documents:

- Signed and Completed [I-129](#) Form

#### II. Application Fees:

- Check(s) Made Out to the U.S Department of Homeland Security:
  - \$460 – I-129 Filing Fee
  - \$500 – Fraud Prevention Fee (for H-1B New and Change of Employer Petitions Only)
  - \$2500 – Premium Processing Fee (Optional)

#### III. Wage Documentation:

- Prevailing Wage Intake Form (Not Required for TNs or for Positions Covered by a Collective Bargaining Agreement)

#### IV. Wage Memorandum (if applicable):

- Signed Actual Wage Memorandum (Not Required for TNs)

#### V. Employer Correspondence:

- Draft Employer Letter to USCIS

#### VI. Employment Letters:

- All Offer or Reappointment Letters for This Position

#### VII. Advertisement Documentation:

- Copy of All Published Advertisement(s) (for Professional Appointments) or Any Position (for Staff)

### \*From Beneficiary

#### I. Passport Documents:

- Copy of Passport Biographic Page
- Most Recent U.S. Visa Stamp

#### II. Maintenance of Status/I-Consent:

- Signed Maintenance of Status/I-Consent Form
- Copy of Most Recent [I-94](#) Record

#### III. Previous and Current Immigration Status:

- Copies of Documentation of Previous and Current U.S. Immigration Status (Including but not limited to all I-797 Approval Notices, I-20 Forms, DS-2019 Forms, EAD Cards, and I-612 Waivers for New Petitions)

#### IV. Educational Credentials:

- Copy of Diploma and Transcript for Highest Relevant Degree
- Foreign Educational Equivalency Evaluation from a NACES (For Foreign Degrees Only)

#### V. Employment History:

- Resume/CV

#### VI. Medical Qualifications (if applicable):

- Copy of USMLE Results and ECFMG Certificate (For Foreign Medical Graduates with Patient Care Duties)
- Copy of U.S. Professional License (If Required for the Position)

#### VII. Dependents' Documentation (if applicable):

- For Beneficiary's Dependents (If Extending or Changing Status in the U.S.)
- Completed [I-539](#) Form with Original Signature for Primary Dependent (Usually the Spouse)
- Completed [I-539A](#) Supplement A Form with Original Signature for Each Additional Dependent

#### VIII. Application Fees:

- Check Made Out to U.S. Department of Homeland Security for \$370 (I-539)

#### IX. Dependents' Identification Documents (if applicable):

- Copy of Passport Biographic Page
- Copy of the Most Recent [I-94 Record](#) and Visa Stamp
- Copies of Document of Previous and Current Immigration Status (Including but not Limited to I-797 Approval Notices, I-20 Forms, DS-2019 Forms, EAD Cards, and I-612 Waivers)

#### X. Proof of Family Relationship (if applicable):

- Copy of Official Document Showing Familial Relationship with the Beneficiary, with Certified Translation (If Applicable)
  - For Spouse: Official Marriage Certificate
  - For Child: Birth Certificate Bearing the Names of Both Parents