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

- 3.** Address where the beneficiary(ies) will work if different from address in **Part 1.**

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

- 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)
- 12.** Type of Business **13.** Year Established
- 14.** Current Number of Employees in the United States **15.** Gross Annual Income **16.** 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

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)

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

1. A-Number ► A-

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2.

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Page Number **Part Number** **Item Number**

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1. A-Number ▶ A-

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3. Page Number	Part Number	Item Number

4. Page Number	Part Number	Item Number