



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	Apt. Ste. Flr.	Number	
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	
City or Town	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Contact Information

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

Other Information

5. Federal Employer Identification Number (FEIN)

►

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

☐ Yes ☐ No