

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

I-129, Petition for a Nonimmigrant Worker

START HERE - Type or print in black ink.

For USCIS Use Only

Part 1. Information about the employer filing this petition *(If the employer is an individual, complete Number 1. Organizations should complete Number 2.)*

1. Family Name (Last Name)	Given Name (First Name)	
<input type="text"/>	<input type="text"/>	
Full Middle Name	Telephone No. w/Area Code	
<input type="text"/>	<input type="text"/>	
2. Company or Organization Name	Telephone No. w/Area Code	
<input type="text"/>	<input type="text"/>	
Mailing Address: (Street Number and Name)		Suite #
<input type="text"/>		<input type="text"/>
C/O: (In Care Of)		
<input type="text"/>		
City	State/Province	
<input type="text"/>	<input type="text"/>	
Country	Zip/Postal Code	E-Mail Address (If Any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Employer Identification #	U.S. Social Security #	Individual Tax #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Petitioner Interviewed on _____	
<input type="checkbox"/> Beneficiary Interviewed on _____	

Part 2. Information about this petition *(See instructions for fee information.)*

1. Requested Nonimmigrant Classification. *(Write classification symbol):*

2. Basis for Classification *(Check one):*

- a. ☐ New employment (including new employer filing H-1B extension).
- 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. If you checked **Box 2b, 2c, 2d, 2e, or 2f**, give the petition receipt number.

4. **Prior Petition.** If the beneficiary is in the U.S. as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt #:

5. Requested Action *(Check one):*

- a. ☐ Notify the office in **Part 4** so the person(s) can obtain a visa or be admitted. **(NOTE: a petition is not required for an E-1 or E-2 visa).**
- b. ☐ Change the person(s)' status and extend their stay since the person(s) are all now in the U.S. in another status *(see instructions for limitations)*. This is available only where you check "New Employment" in **Item 2**, above.
- c. ☐ Extend the stay of the person(s) since they now hold this status.

Class: _____
of Workers: _____
Priority Number: _____
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
Partial Approval (explain)
<input type="text"/>
Action Block
<input type="text"/>
To Be Completed by Attorney or Representative, if any.
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
ATTY State License #

Part 2. Information about this petition *(See instructions for fee information.) (Continued)*

- d. ☐ Amend the stay of the person(s) since they now hold this status.
- e. ☐ Extend the status of a nonimmigrant classification based on a Free Trade Agreement. *(See Free Trade Supplement for TN and H1B1 to Form I-129).*
- f. ☐ Change status to a nonimmigrant classification based on a Free Trade Agreement. *(See Free Trade Supplement for TN and H1B1 to Form I-129).*

6. **Total number of workers in petition** *(See instructions relating to when more than one worker can be included):*

Part 3. Information about the person(s) you are filing for *Complete the blocks below. Use the continuation sheet to name each person included in this petition.*

1. If an Entertainment Group, Give the Group Name

Family Name *(Last Name)*

Given Name *(First Name)*

Full Middle Name

All Other Names Used *(include maiden name and names from all previous marriages)*

Date of Birth *(mm/dd/yyyy)*

U.S. Social Security Number *(if any)*

A number *(if any)*

Country of Birth

Province of Birth

Country of Citizenship

2. If in the United States, Complete the Following:

Date of Last Arrival *(mm/dd/yyyy)*

I-94 Number *(Arrival/Departure Document)*

Current Nonimmigrant Status

Date Status Expires *(mm/dd/yyyy)*

Passport Number

Date Passport Issued *(mm/dd/yyyy)*

Date Passport Expires *(mm/dd/yyyy)*

Current U.S. Address

Part 4. Processing Information

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

Type of Office *(Check one)*: ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

Office Address *(City)*

U.S. State or Foreign Country

Person's Foreign Address

Part 4. Processing Information *(Continued)*

2. Does each person in this petition have a valid passport?

☐ Not required to have passport

☐ No - explain on separate paper

☐ Yes

3. Are you filing any other petitions with this one?

☐ No

☐ Yes - How many?

4. Are applications for replacement/initial I-94s being filed with this petition?

☐ No

☐ Yes - How many?

5. Are applications by dependents being filed with this petition?

☐ No

☐ Yes - How many?

6. Is any person in this petition in removal proceedings?

☐ No

☐ Yes - explain on separate paper

7. Have you ever filed an immigrant petition for any person in this petition?

☐ No

☐ Yes - explain on separate paper

8. If you indicated you were filing a new petition in **Part 2**, within the past seven years has any person in this petition:

a. Ever been given the classification you are now requesting?

☐ No

☐ Yes - explain on separate paper

b. Ever been denied the classification you are now requesting?

☐ No

☐ Yes - explain on separate paper

9. Have you ever previously filed a petition for this person?

☐ No

☐ Yes - explain on separate paper

10. If you are filing for an entertainment group, has any person in this petition not been with the group for at least one year?

☐ No

☐ Yes - explain on separate paper

Part 5. Basic information about the proposed employment and employer *(Attach the supplement relating to the classification you are requesting.)*

1. Job Title

2. Nontechnical Job Description

3. LCA Case Number

4. NAICS Code

5. Address where the person(s) will work if different from address in **Part 1**. *(Street number and name, city/town, state, zip code)*

6. Is this a full-time position?

☐ No - Hours per week:

☐ Yes - Wages per week or per year:

7. Other Compensation *(Explain)*

8. Dates of intended employment *(mm/dd/yyyy)*:

From:

To:

Part 5. Basic information about the proposed employment and employer *(Attach the supplement relating to the classification you are requesting.) (Continued)*

9. Type of Petitioner - Check one:

☐ U.S. citizen or permanent resident ☐ Organization ☐ Other - explain on separate paper

10. Type of Business**11. Year Established****12. Current Number of Employees****13. Gross Annual Income****14. Net Annual Income**

Part 6. Signature *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature**Daytime Phone Number (Area/Country Code)****Print Name****Date (mm/dd/yyyy)**

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 7. Signature of person preparing form, if other than above

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature**Daytime Phone Number (Area/Country Code)****Print Name****Date (mm/dd/yyyy)****Firm Name and Address**

1. Name of person or organization filing petition:

2. Name of person for whom you are filing:

3. Classification sought (*Check one*):

☐

E-1 Treaty trader

☐

E-2 Treaty investor

4. Name of country signatory to treaty with U.S.:

Section 1. Information about the employer outside the United States (if any)

Employer's Name

Total Number of Employees

Employer's Address (*Street number and name, city/town, state/province, zip/postal code*)

Principal Product, Merchandise or Service

Employee's Position - Title, duties and number of years employed

Section 2. Additional information about the U.S. Employer

1. The U.S. company is to the company outside the United States (*Check one*):

☐

Parent

☐

Branch

☐

Subsidiary

☐

Affiliate

☐

Joint Venture

2. Date and Place of Incorporation or Establishment in the United States

3. Nationality of Ownership (*Individual or Corporate*)

Name (<i>First/Middle/Last</i>)	Nationality	Immigration Status	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Assets

5. Net Worth

6. Total Annual Income

Section 2. Additional information about the U.S. Employer

7. Staff in the United States

- a. How many executive and/or managerial employees does petitioner have who are nationals of the treaty country in either E or L status?
- b. How many specialized qualifications or knowledge persons does the petitioner have who are nationals of the treaty country in either E or L status?
- c. Provide the total number of employees in executive or managerial positions in the United States.
- d. Provide the total number of specialized qualifications or knowledge persons positions in the United States.

8. Total number of employees the alien would supervise; or describe the nature of the specialized skills essential to the U.S. company.

Section 3. Complete if filing for an E-1 Treaty Trader

1. Total Annual Gross Trade/Business of the U.S. company 2. For Year Ending (yyyy) 3. Percent of total gross trade between the United States and the country of which the treaty trader organization is a national.

Section 4. Complete if filing for an E-2 Treaty Investor

Total Investment:	Cash	Equipment	Other
	<div></div>	<div></div>	<div></div>
	Inventory	Premises	Total
	<div></div>	<div></div>	<div></div>

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

Nonimmigrant Classification Based on Free Trade Agreement-Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person you are filing for:

3. Employer is a (*Check one*):

☐ U.S. Employer ☐ Foreign Employer

4. If Foreign Employer, name the foreign country.

Section 1. Information about requested extension or change (*See instructions attached to this form.*)

1. This is a request for an extension of Free Trade status based on (*Check one*):

- a. ☐ Free Trade, Canada (TN)
- b. ☐ Free Trade, Chile (H1B1)
- c. ☐ Free Trade, Mexico (TN)
- d. ☐ Free Trade, Singapore (H1B1)
- e. ☐ Free Trade, Other
- f. ☐ I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my sixth consecutive request for an extension.

Or 2. This is a request for a change of nonimmigrant status to (*Check one*):

- a. ☐ Free Trade, Canada (TN)
- b. ☐ Free Trade, Chile (H1B1)
- c. ☐ Free Trade, Mexico (TN)
- d. ☐ Free Trade, Singapore (H1B1)
- e. ☐ Free Trade, Other
- f. ☐ I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my first request for a change of status to H-1B1 within the past six years.

Part 2. Signature *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature

Daytime Phone Number (*Area/Country Code*)

Print Name

Date (*mm/dd/yyyy*)

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 3. Signature of person preparing form, if other than above

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature

Daytime Phone Number (*Area/Country Code*)

Print Name

Date (*mm/dd/yyyy*)

Firm Name and Address

**H Classification Supplement
to Form I-129**

1. Name of person or organization filing petition:

2. Name of person or total number of workers or trainees you are filing for:

3. List each alien's prior periods of stay in H or L classification in the United States for the last six years (aliens requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each alien was actually in the United States in an H or L classification. Do not include periods in which the alien was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. If more space is needed, attach an additional sheet.

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To

4. Classification sought (*Check one*):☐ H-1B1 Specialty occupation☐ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)☐ H-1B3 Fashion model of national or international acclaim☐ H-2A Agricultural worker☐ H-2B Non-agricultural worker☐ H-3 Trainee☐ H-3 Special education exchange visitor program**Section 1. Complete this section if filing for H-1B classification**

1. Describe the proposed duties

2. Alien's present occupation and summary of prior work experience

Section 1. Complete this section if filing for H-1B classification (Continued)

Statement for H-1B specialty occupations only:

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.

Petitioner's Signature**Print or Type Name****Date (mm/dd/yyyy)**

Statement for H-1B specialty occupations and U.S. Department of Defense projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer**Print or Type Name****Date (mm/dd/yyyy)**

Statement for H-1B U.S. Department of Defense projects only:

I certify that the alien will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

DOD Project Manager's Signature**Print or Type Name****Date (mm/dd/yyyy)**

Section 2. Complete this section if filing for H-2A or H-2B classification

1. Employment is: (Check one)**2. Temporary need is: (Check one)****a.** ☐ Seasonal**c.** ☐ Intermittent**a.** ☐ Unpredictable**c.** ☐ Recurrent annually**b.** ☐ Peak Load**d.** ☐ One-time occurrence**b.** ☐ Periodic**3. Explain your temporary need for the alien's services (attach a separate sheet if additional space is needed.)**

Section 2. Complete this section if filing for H-2A or H-2B classification (Continued)

- 4.** List the country(ies) of citizenship of the H-2A/H-2B worker(s) you plan to hire.

Name of country(ies):

- 5.** If the H-2A or H-2B workers you plan to hire are not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1) or 214.2(h)(6)(i)(E)(1), you must provide all the information requested below. See **www.uscis.gov** website for the list of participating countries. (Attach a separate sheet if additional space is needed)

Family Name (Last Name):

Given Name (First Name):

Full Middle Name:

Date of Birth (mm/dd/yyyy)

All Other Names Used:

Country of Birth:

Country of Citizenship:

- 6. a.** Have any of the workers listed in Number 5 above ever been admitted to the United States previously in H-2A/H-2B status ? ☐ Yes ☐ No

Visa Classification (H-2A or H-2B):

- b.** If you answered question **6 a.** "Yes," did they comply with the terms of their status? ☐ Yes ☐ No

If you answered question **6 b.** "Yes," attach evidence of the workers' compliance.

- c.** If the H-2A or H-2B worker(s) you plan to hire are from a country not on the list of eligible countries, and you want the petition to be considered for approval, you must also provide evidence that: (1) a worker with the required skills is not available from a country on the list of eligible countries; (2) there is no potential for abuse, fraud, or other harm to the integrity of the H-2A/H-2B visa program through the potential admission of these worker(s) that you plan to hire; and (3) there are other factors that would serve the U.S. interest (if any).

- 7.** Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2A/H-2B workers that you intend to hire by filing this petition? ☐ Yes ☐ No

If "Yes," list the name and address of service used.

Name:

Address:

- 8.** Did any of the H-2A/H-2B workers that you have located or plan to hire pay you, the above service, or any service or agent, any form of compensation as a condition of the employment or do they have an agreement to pay you or the service at a later date? (Do not include reasonable travel expenses, government visa fees, or other reasonable fees for which the worker is responsible.) See 8 CFR 214.2(h)(5)(xi)(A) or 214.2(h)(6)(i)(B). ☐ Yes ☐ No

Section 2. Complete this section if filing for H-2A or H-2B classification (Continued)

If the workers paid a fee, have they been reimbursed for such fees or compensation, or if the workers had an agreement to pay a fee that has not been paid, has that agreement been terminated before being paid by the workers?

☐ Yes

☐ No

(Attach evidence of termination or reimbursement to this petition.)

9. Have you ever had an H-2A/H-2B petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer?

☐ Yes

☐ No

If "Yes,"

When? _____

Receipt Number: _____

Was the worker(s) reimbursed for such fees or compensation?

☐ Yes

☐ No

(Attach evidence of reimbursement.)

If you answered "No" because of failure to locate the worker, attach evidence of the efforts to locate the worker.

10. If you are an H-2A petitioner, are you a participant in the E-Verify program?

☐ Yes

☐ No

If "Yes," E-Verify Company ID or Client Company ID: _____

The H-2A/H-2B petitioner and each employer consent to allow government access to the site where the labor is being performed for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner further agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker absconds from the worksite or is terminated prior to the completion of agricultural labor or services for which he or she was hired. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principle activity or activities.

For H-2A petitioners only: The petitioner agrees to pay \$10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement.

The petitioner must execute **Part A**. If the petitioner is the employer's agent, the employer must execute **Part B**. If there are joint employers, they must each execute **Part C**.

Part A. Petitioner:

By filing this petition, I agree to the conditions of H-2A/H-2B employment and agree to the notification requirements. For H-2A petitioners: I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

Petitioner's Signature

Print or Type Name

Date (mm/dd/yyyy)

Part B. Employer who is not the petitioner:

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A/H-2B eligibility.

Employer's Signature**Print or Type Name****Date (mm/dd/yyyy)**

Part C. Joint Employers:

I agree to the conditions of H-2A eligibility.

Joint Employer's Signature(s)**Print or Type Name****Date (mm/dd/yyyy)****Joint Employer's Signature(s)****Print or Type Name****Date (mm/dd/yyyy)****Joint Employer's Signature(s)****Print or Type Name****Date (mm/dd/yyyy)****Joint Employer's Signature(s)****Print or Type Name****Date (mm/dd/yyyy)**

Section 3. Complete this section if filing for H-3 classification

1. If you answer "yes" to any of the following questions, attach a full explanation.

a. Is the training you intend to provide, or similar training, available in the alien's country? ☐ No ☐ Yes

b. Will the training benefit the alien in pursuing a career abroad? ☐ No ☐ Yes

c. Does the training involve productive employment incidental to training? ☐ No ☐ Yes

d. Does the alien already have skills related to the training? ☐ No ☐ Yes

e. Is this training an effort to overcome a labor shortage? ☐ No ☐ Yes

f. Do you intend to employ the alien abroad at the end of this training? ☐ No ☐ Yes

2. If you do not intend to employ this person abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training.

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

H-1B Data Collection and Filing Fee Exemption Supplement

Petitioner's Full Name

Part A. General Information

1. Employer Information - (check all items that apply)

- a. Is the petitioner a dependent employer? ☐ No ☐ Yes
- b. Has the petitioner ever been found to be a willful violator? ☐ No ☐ Yes
- c. Is the beneficiary an exempt H-1B nonimmigrant? ☐ No ☐ Yes
1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☐ No ☐ Yes
2. Or is it because the beneficiary has a master's or higher degree in a speciality related to the employment? ☐ No ☐ Yes
- d. Has the petitioner received TARP funding? ☐ No ☐ Yes

2. Beneficiary's Last Name

First Name

Middle Name

Attention To or In Care Of

Current Residential Address - Street Number and Name

Apt. #

City

State

Zip/Postal Code

U.S. Social Security # (If Any)

I-94 # (Arrival/Departure Document)

Previous Receipt # (If Any)

3. Beneficiary's Highest Level of Education (Check one box below)

- ☐ NO DIPLOMA
- ☐ HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (example: GED)
- ☐ Some college credit, but less than one year
- ☐ One or more years of college, no degree
- ☐ Associate's degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, AB, BS)
- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

4. Major/Primary Field of Study

5. Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education as defined in 20 U.S.C. section 1001(a)?

- ☐ No ☐ Yes (If "Yes" provide the following information):

Name of the U.S. institution of higher education

Date Degree Awarded

Type of U.S. Degree

Address of the U.S. institution of higher education

6. Rate of Pay Per Year

7. LCA Code

8. NAICS Code

Part B. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional **\$1,500** or **\$750** fee, answer all of the following questions:

1. ☐ Yes ☐ No Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?
2. ☐ Yes ☐ No Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education are defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?
3. ☐ Yes ☐ No Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
4. ☐ Yes ☐ No Is this the second or subsequent request for an extension of stay that you have filed for this alien?
5. ☐ Yes ☐ No Is this an amended petition that does not contain any request for extensions of stay?
6. ☐ Yes ☐ No Are you filing this petition in order to correct a USCIS error?
7. ☐ Yes ☐ No Is the petitioner a primary or secondary education institution?
8. ☐ Yes ☐ No Is the petitioner a non-profit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

If you answered "Yes" to any of the questions above, then you are required to submit the fee for your H-1B Form I-129 petition, which is \$320. If you answered "No" to all questions, please answer Question 9.

9. ☐ Yes ☐ No Do you currently employ a total of no more than 25 full-time equivalent employees in the United States, including any affiliate or subsidiary of your company?

If you answered "Yes" to Question 9 above, then you are required to pay an additional fee of \$750. If you answered "No", then you are required to pay an additional fee of \$1,500.

NOTE: On or after March 8, 2005, a U.S. employer seeking initial approval of H-1B or L nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B or L nonimmigrant currently working for another U.S. employer, must submit an additional \$500 fee. This additional \$500 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee.**

Part C. Numerical Limitation Exemption Information

1. ☐ Yes ☐ No Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?
2. ☐ Yes ☐ No Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?
3. ☐ Yes ☐ No Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
4. ☐ Yes ☐ No Is the beneficiary of this petition a J-1 nonimmigrant alien who received a waiver of the two-year foreign residency requirement described in section 214 (l)(1)(B) or (C) of the Act?
5. ☐ Yes ☐ No Has the beneficiary of this petition been previously granted status as an H-1B nonimmigrant in the past 6 years and not left the United States for more than one year after attaining such status?
6. ☐ Yes ☐ No If the petition is to request a change of employer, did the beneficiary previously work as an H-1B for an institution of higher education, an entity related to or affiliated with an institution of higher education, or a nonprofit research organization or governmental research institution defined in questions 1, 2 and 3 of Part C of this form?

Part C. Numerical Limitation Exemption Information (Continued)

7. ☐ Yes ☐ No Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education, as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it is true and correct. If filing this on behalf of an organization or entity, I certify that I am empowered to do so by that organization or entity. I authorize the release of any information from my records, or from the petitioning organization or entity's records, that U.S. Citizenship and Immigration Services may need to determine eligibility for the exemption being sought.

Certification**Signature****Date** (mm/dd/yyyy)**Print Name****Title**

1. Name of person or organization filing petition:

2. Name of person you are filing for:

3. This petition is (*Check one*):a. ☐ An individual petitionb. ☐ A blanket petition**Section 1. Complete this section if filing for an individual petition**1. Classification sought (*Check one*):a. ☐ L-1A manager or executiveb. ☐ L-1B specialized knowledge

2. List the alien's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an H or L classification. **NOTE:** Submit photocopies of Forms I-94, I-797 and/or other USCIS issued documents noting these periods of stay in the H or L classification. If more space is needed, attach an additional sheet(s).

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From:	To:
	From:	To:
	From:	To:
	From:	To:
	From:	To:

3. Name of employer abroad

4. Address of employer abroad (*Street number and name, city/town, state/province, zip/postal code*)

5. Dates of alien's employment with this employer. Explain any interruptions in employment.

Dates of Employment (mm/dd/yyyy)	Explanation of Interruptions
From: To:	
From: To:	
From: To:	

6. Description of the alien's duties for the past three years.

7. Description of the alien's proposed duties in the United States.

8. Summary of the alien's education and work experience.

1. Name of person or organization filing petition:

2. Name of person you are filing for:

Section 1. Complete this section if filing for an individual petition (Continued)

9. The U.S. company is to the company abroad: (Check one)

a. ☐ Parent

b. ☐ Branch

c. ☐ Subsidiary

d. ☐ Affiliate

e. ☐ Joint Venture

10. Describe the stock ownership and managerial control of each company. Provide the U.S. Tax Code Number for each company.

Company stock ownership and managerial control of each company	U.S. Tax Code Number

11. Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad?

☐ Yes

☐ No (Attach explanation)

12. Is the alien coming to the United States to open a new office?

☐ Yes (Attach explanation) ☐ No

13. If you are seeking L-1B specialized knowledge status for an individual, answer the following question:

Will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?

☐ Yes

☐ No

If you answered "Yes" to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. Use an attachment if needed.

If you answered "Yes" to the preceding question, also describe the reasons why placement at another worksite outside the petitioner, subsidiary or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. Use an attachment if needed.

Section 2. Complete this section if filing a blanket petition

List all U.S. and foreign parent, branches, subsidiaries and affiliates included in this petition. (Attach a separate sheet(s) of paper if additional space is needed.)

Name and Address	Relationship

Section 3. Fraud Prevention and Detection Fee

As of **March 8, 2005**, a U.S. employer seeking initial approval of L nonimmigrant status for a beneficiary, or seeking approval to employ an L nonimmigrant currently working for another U.S. employer, must submit an additional **\$500** fee. This additional **\$500.00** Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee.** You must include payment of this **\$500** fee with your submission of this form. Failure to submit the fee when required will result in rejection or denial of your submission.

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

O and P Classifications
Supplement to Form I-129

**1. Name of person or organization
filing petition:**

**2. Name of person or group or total number of workers you
are filing for:**

3. Classification sought (Check one):

- a. ☐ O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry.)
- b. ☐ O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry.
- c. ☐ O-2 Accompanying alien who is coming to the U.S. to assist in the performance of the O-1.
- d. ☐ P-1 Athletic/Entertainment group.
- e. ☐ P-1S Essential Support Personnel for P-1.
- f. ☐ P-2 Artist or entertainer for reciprocal exchange program.
- g. ☐ P-2S Essential Support Personnel for P-2.
- h. ☐ P-3 Artist/Entertainer coming to the United States to perform, teach or coach under a program that is culturally unique.
- i. ☐ 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 alien, list dates of the alien's prior experience with the O-1 or P alien

7. Have you obtained the required written consultation(s)? ☐ Yes - Attached ☐ No - Copy of request attached

If not, give the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

Name of Recognized Peer Group

Daytime Telephone # (Area/Country Code)

Complete Address

Date Sent (mm/dd/yyyy)

O-1 Extraordinary achievement in motion pictures or television

Name of Labor Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date Sent (mm/dd/yyyy)

Name of Management Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date sent (mm/dd/yyyy)

O-2 or P alien

Name of Labor Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date Sent (mm/dd/yyyy)

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

Q-1 and R-1 Classifications Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person you are filing for:

Section 1. Complete this section if you are filing for a Q-1 international cultural exchange alien

I hereby certify that the participant(s) in the international cultural exchange program:

- A. Is at least 18 years of age,
- B. Is qualified to perform the service or labor or receive the type of training stated in the petition,
- C. Has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and
- D. Has resided and been physically present outside the United States for the immediate prior year, if he or she was previously admitted as a Q-1.

I also certify that I will offer the alien(s) the same wages and working conditions comparable to those accorded local domestic workers similarly employed.

Petitioner's signature

Date (mm/dd/yyyy)

Section 2. Complete this section if you are filing for an R-1 religious worker

Employer Attestation

1. Provide the following information about the prospective employer.

a. Number of members of the prospective employer's organization

b. Number of employees working at the same location where the beneficiary will be employed

c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years

d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions Submitted by the prospective employer within the past five years

2. Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R visa classification for the last five years?

☐ Yes

☐ No

Section 2. Complete this section if you are filing for an R-1 religious worker (continued)

If yes, complete the blanks below. List the alien and any dependent family member's prior periods of stay in the R visa classification in the United States for the last five years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in an R classification.

NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information on additional sheets of paper.

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From:	To:

3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional paper.

Position	Summary of the Type of Responsibilities for That Position

Section 2. Complete this section if you are filing for an R-1 religious worker (*continued*)

4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member.

5. Provide the following information about the prospective employment:

Title of position offered.

Detailed description of the alien's proposed daily duties.

Description of the alien's qualifications for the position offered.

Description of the proposed salaried compensation or non-salaried compensation. If the alien will be self-supporting, the petitioner must submit documentation establishing that the position the alien will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

Section 2. Complete this section if you are filing for an R-1 religious worker (continued)

List of the specific address(es) or location(s) where the alien will be working.

Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?

6. The prospective employer is a bona fide non-profit organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete Form I-129 Religious Denomination Certification.

☐ Yes ☐ No If "No," attach explanation(s).

7. The prospective employer is willing and able to provide salaried or non-salaried compensation to the alien. If the alien will be self-supporting, the petitioner must submit documentation establishing that the position the alien will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☐ Yes ☐ No If "No," attach explanation(s).

8. If the alien worked in the United States during the two years immediately before the petition was filed, the alien received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.

☐ Yes ☐ No If "No," attach explanation(s).

9. If the position is not a religious vocation, the alien will not engage in secular employment, and the prospective employer will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the alien will not engage in secular employment, and the alien will provide self-support.

☐ Yes ☐ No If "No," attach explanation(s).

10. If the offered position requires at least 20 hours of work per week, or if fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the alien will be self-supporting, the petitioner must submit documentation establishing that the position the alien will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☐ Yes ☐ No If "No," attach explanation(s).

Section 2. Complete this section if you are filing for an R-1 religious worker (Continued)

11. The alien is qualified to perform the duties of the offered position.

☐ Yes ☐ No If "No," attach explanation(s).

12. The prospective employer will notify USCIS within 14 days of any changes in the alien's employment, including working fewer than the required number of hours or having been released or otherwise terminated from employment before the end of the authorized R-1 stay.

☐ Yes ☐ No If "No," attach explanation(s).

I certify under penalty of perjury under the laws of the United States of America that the contents of this attestation and the evidence submitted with it are true and correct.

Signature

Date (mm/dd/yyyy)

Printed Name

Title

Employer/Organization Name

Employer/Organization Street Address (*do not use a post office or private mail box*)

Suite Number

City

State

Zip Code

Daytime Phone Number (*with area code*)

Fax Number (*if any*)

E-mail Address (*if any*)

Section 2. Complete this section if you are filing for an R-1 religious worker *(Continued)*

Religious Denomination Certification

I certify under penalty of perjury under the laws of the United States of America that:

Name of Employing Organization

is affiliated with:

Name of Religious Denomination

and that the attesting organization within the religious denomination is tax-exempt as described in section under 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

Signature

Date (*mm/dd/yyyy*)

Printed Name

Title

Attesting Organization Name

Attesting Organization Street Address (*do not use a post office or private mail box*)

Suite Number

City

State

Zip Code

Daytime Phone Number (*with area code*)

Fax Number (*if any*)

E-mail Address (*if any*)

Attachment - 1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Full Middle Name	Date of Birth mm/dd/yyyy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address in the United States Where You Intend to Live (Complete Address)				
<input type="text"/>				
Foreign Address (Complete Address)				
<input type="text"/>				
Country of Birth	Country of Citizenship	U.S. Social Security # (if any)	A # (if any)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
IF IN THE U.S.	Date of Arrival (mm/dd/yyyy)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country Where Passport Issued	Passport Number	Date Passport Expires (mm/dd/yyyy)	Date Started With Group (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Name (Last Name)	Given Name (First Name)	Full Middle Name	Date of Birth mm/dd/yyyy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address in the United States Where You Intend to Live (Complete Address)				
<input type="text"/>				
Foreign Address (Complete Address)				
<input type="text"/>				
Country of Birth	Country of Citizenship	U.S. Social Security # (if any)	A # (if any)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
IF IN THE U.S.	Date of Arrival (mm/dd/yyyy)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country Where Passport Issued	Passport Number	Date Passport Expires (mm/dd/yyyy)	Date Started With Group (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment - 1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Full Middle Name	Date of Birth <i>mm/dd/yyyy</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address in the United States Where You Intend to Live (*Complete Address*)

Foreign Address (*Complete Address*)

Country of Birth	Country of Citizenship	U.S. Social Security # (<i>if any</i>)	A # (<i>if any</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IF
IN
THE
U.S.**

Date of Arrival (<i>mm/dd/yyyy</i>)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (<i>mm/dd/yyyy</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country Where Passport Issued	Passport Number	Date Passport Expires (<i>mm/dd/yyyy</i>)	Date Started With Group (<i>mm/dd/yyyy</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Full Middle Name	Date of Birth <i>mm/dd/yyyy</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address in the United States Where You Intend to Live (*Complete Address*)

Foreign Address (*Complete Address*)

Country of Birth	Country of Citizenship	U.S. Social Security # (<i>if any</i>)	A # (<i>if any</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IF
IN
THE
U.S.**

Date of Arrival (<i>mm/dd/yyyy</i>)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (<i>mm/dd/yyyy</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country Where Passport Issued	Passport Number	Date Passport Expires (<i>mm/dd/yyyy</i>)	Date Started With Group (<i>mm/dd/yyyy</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
