

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

I-129, Petition for a Nonimmigrant Worker

START HERE - Please type or print in black ink.

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			
<input type="text"/>		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"/>	

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

1. Requested Nonimmigrant Classification. <i>(Write classification symbol):</i>	
<input type="text"/>	
2. Basis for Classification <i>(Check one):</i>	
<p>a. <input type="checkbox"/> New employment (including new employer filing H-1B extension).</p> <p>b. <input type="checkbox"/> Continuation of previously approved employment without change with the same employer.</p> <p>c. <input type="checkbox"/> Change in previously approved employment.</p> <p>d. <input type="checkbox"/> New concurrent employment.</p> <p>e. <input type="checkbox"/> Change of employer.</p> <p>f. <input type="checkbox"/> Amended petition.</p>	
3. If you checked Box 2b, 2c, 2d, 2e, or 2f , give the petition receipt number.	
<input type="text"/>	
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 #:	
<input type="text"/>	
5. Requested Action. <i>(Check one):</i>	
<p>a. <input type="checkbox"/> 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, E-2 or R visa).</p> <p>b. <input type="checkbox"/> Change the person(s)' status and extend their stay since the person(s) are all now in the U.S. in another status <i>(see instructions for limitations)</i>. This is available only where you check "New Employment" in Item 2, above.</p> <p>c. <input type="checkbox"/> Extend the stay of the person(s) since they now hold this status.</p> <p>d. <input type="checkbox"/> Amend the stay of the person(s) since they now hold this status.</p> <p>e. <input type="checkbox"/> Extend the status of a nonimmigrant classification based on a Free Trade Agreement. <i>(See Free Trade Supplement for TN and H1B1 to Form I-129).</i></p> <p>f. <input type="checkbox"/> Change status to a nonimmigrant classification based on a Free Trade Agreement. <i>(See Free Trade Supplement for TN and H1B1 to Form I-129).</i></p>	
6. Total number of workers in petition <i>(See instructions relating to when more than one worker can be included):</i>	
<input type="text"/>	

For USCIS Use Only

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 _____	
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)	
Action Block	
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 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

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Family Name (*Last Name*)

Given Name (*First Name*)

Full Middle Name

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

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

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

A # (*if any*)

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Country of Birth

Province of Birth

Country of Citizenship

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

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

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

Current Nonimmigrant Status

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

Passport Number

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

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

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Current U.S. Address

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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

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Person's Foreign Address

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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?

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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?

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

☐ No

☐ Yes - explain on separate paper

Part 4. Processing Information. (Continued)

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 |
| <input type="text"/> | <input type="text"/> |
- | | |
|----------------------|----------------------|
| 3. LCA Case Number | 4. NAICS Code |
| <input type="text"/> | <input type="text"/> |
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): |
| <input type="text"/> | From: <input type="text"/> To: <input type="text"/> |
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 |
| <input type="text"/> | <input type="text"/> |
- | | |
|-------------------------|-----------------------|
| 13. Gross Annual Income | 14. Net Annual Income |
| <input type="text"/> | <input type="text"/> |
-

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**

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

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

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

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

4. Classification sought (*Check one*):

- | | |
|---|---|
| <input type="checkbox"/> H-1B1 Specialty occupation | <input type="checkbox"/> H-2A Agricultural worker |
| <input type="checkbox"/> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD) | <input type="checkbox"/> H-2B Non-agricultural worker |
| <input type="checkbox"/> H-1B3 Fashion model of national or international acclaim | <input type="checkbox"/> H-3 Trainee |
| | <input type="checkbox"/> 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

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)*

- a. ☐ Seasonal c. ☐ Intermittent
b. ☐ Peakload d. ☐ One-time occurrence

2. Temporary need is: *(Check one)*

- a. ☐ Unpredictable c. ☐ Recurrent annually
b. ☐ Periodic

3. Explain your temporary need for the alien's services *(attach a separate sheet(s) paper if additional space is needed)*.

Section 3. Complete this section if filing for H-2A classification.

The 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 requirements. The petitioner further agrees to notify USCIS in the manner and within the time frame specified if an H-2A worker absconds, or if the authorized employment ends more than five days before the relating certification document expires, and pay liquidated damages of ten dollars (\$10.00) for each instance where it cannot demonstrate compliance with this notification requirement. The petitioner agrees also to pay liquidated damages of two hundred dollars (\$200.00) for each instance where it cannot be demonstrated that the H-2A worker either departed the United States or obtained authorized status during the period of admission or within five days of early termination, whichever comes first.

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 employment and agree to the notice requirements and limited liabilities defined in 8 CFR 214.2(h)(3)(vi).

Petitioner's Signature

Print or Type Name

Date *(mm/dd/yyyy)*

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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 eligibility.

Employer's Signature

Print or Type Name

Date *(mm/dd/yyyy)*

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

Section 4. 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? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Will the training benefit the alien in pursuing a career abroad? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Does the training involve productive employment incidental to training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Does the alien already have skills related to the training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Is this training an effort to overcome a labor shortage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Do you intend to employ the alien abroad at the end of this training? | <input type="checkbox"/> No | <input type="checkbox"/> 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 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

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. Please 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, please 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 (I)(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?
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

Print Name

Title

Date (mm/dd/yyyy)

