

**TABLE OF CHANGES – FORM
FORM I-129, Petition for a Nonimmigrant Worker
OMB NO. 1615-0009
06/26/2013**

Reason for Revision: The Form I-129 and its instructions are being revised to incorporate suggested agency format changes and various program changes and initiatives. The changes include additional information to address the new paperless I-94 Arrival-Departure Record process, questions regarding beneficiary ownership that arose during the EIR program, and clarifications to the H-2A, H-2B and L sections of the form and instructions. Certain obsolete classifications (such as the H-1C classification) and mailing address information already covered online have been removed.

LOCATION	CURRENT VERSION	PROPOSED VERSION
Format		Format will remain full page, but data collections will reflect updates/more details made in other USCIS forms; For example, in a request for address, the data collections for Province, Country, Postal Code will be separate data collections.
Page 1, Part 1, Petitioner Information	<p>Part 1. Petitioner Information <i>(If the employer is an individual, complete Number 1; Organizations complete Number 2.) Use the mailing address of the petitioner.</i></p> <p>1. Legal Name of Employer:</p> <p style="padding-left: 20px;">a. Last Name (<i>Family Name</i>) b. First Name (<i>Given Name</i>) c. Full Middle Name</p> <p>2. Company or Organization: Name of Company or Organization</p> <p>3. Mailing Address:</p> <p style="padding-left: 20px;">a. C/O: (<i>In Care Of, if any</i>) b. Street Number and Name c. Suite/Apt. Number d. City e. State/Province f. Country</p>	<p>Part 1. Petitioner Information If you are an individual filing this petition, please complete Item Number 1. If you are a company or an organization filing this petition, please complete Item Number 2. Use the mailing address of the petitioner's primary office.</p> <p>1. Legal Name of Individual Petitioner:</p> <p style="padding-left: 20px;">Last Name (<i>last name</i>) First Name (<i>first name</i>) Middle Name</p> <p>2. Company or Organization Name</p> <p>3. Mailing Address</p> <p style="padding-left: 20px;">In Care Of Name Street Number and Name Apt. Ste. Flr. Number City State ZIP Code</p>

	<p>classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129.)</p> <p><input type="checkbox"/> 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.)</p> <p>5. Total number of workers in petition. (See instructions relating to when more than one worker can be included.)</p>	<p>Agreement Supplement to Form I-129 for TN and H-1B1.)</p> <p>f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)</p> <p>5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)</p>
<p>Page 3, Part 3. Beneficiary Information Item #2</p>	<p>Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. <i>Complete the blocks below. Use the continuation sheet to name each beneficiary included in this petition. (continued)</i>)</p> <p>1. If an Entertainment Group, Give the Group Name</p> <p>a. Family Name...</p> <p>b. Given Name...</p> <p>c. Full Middle Name</p> <p>d. All Other Names Used...</p> <p>e. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>f. Gender Male/Female</p> <p>g. U.S. Social Security....</p> <p>h. A-Number...</p> <p>i. Country of Birth</p> <p>j. Province of Birth</p> <p>k. Country of Citizenship</p>	<p>Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. <i>Complete the blocks below. Use Attachment-1 to name each beneficiary included in this petition. (continued)</i>)</p> <p>1. If an Entertainment Group, Give the Group Name</p> <p>2. Provide Name of Beneficiary</p> <p>Family Name...</p> <p>Given Name...</p> <p>Middle Name</p> <p>3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.</p> <p>Family Name (<i>last name</i>)</p> <p>Given Name (<i>first name</i>)</p> <p>Full Name</p> <p>4. Other Information</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Gender Male/Female</p> <p>U.S. Social Security....</p> <p>A-Number...</p> <p>Country of Birth</p> <p>Province of Birth</p> <p>Country of Citizenship or Nationality</p>

	<p>2. If in the United States, complete the following:</p> <p>a. Date of last Arrival (<i>mm/dd/yyyy</i>)</p> <p>b. I-94 Number (Arrival/Departure Document)</p> <p>c. Current Nonimmigrant Status</p> <p>d. Date Status Expires (<i>mm/dd/yyyy</i>) or (<i>D/S</i>)</p> <p>e. Student & Exchange Visitor Information System (SEVIS) Number (<i>if any</i>)</p> <p>f. Employment Authorization Document (EAD) Number (<i>if any</i>)</p> <p>g. Passport Number</p> <p>h. Date Passport Issued (<i>mm/dd/yyyy</i>)</p> <p>i. Date Passport Expires (<i>mm/dd/yyyy</i>)</p> <p>j. Current U.S. Address (<i>if applicable</i>)</p>	<p>5. If the beneficiary is in the United States, please complete the following:</p> <p>Date of last Arrival (<i>mm/dd/yyyy</i>)</p> <p>I-94 Arrival-Departure Record Number</p> <p>Passport or Travel Document Number</p> <p>Date Passport or Travel Document Issued (<i>mm/dd/yyyy</i>)</p> <p>Date Passport or Travel Document Expires (<i>mm/dd/yyyy</i>)</p> <p>Passport or Travel Document Country of Issuance</p> <p>Current Nonimmigrant Status</p> <p>Date Status Expires or D/S</p> <p>Student & Exchange Visitor Information System (SEVIS) Number (<i>if any</i>)</p> <p>Employment Authorization Document (EAD) Number (<i>if any</i>)</p> <p>[Included above.]</p> <p>[Included above.]</p> <p>[Included above.]</p> <p>6. Current Physical U.S. Address (<i>if applicable</i>)</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p>
<p>Page 3-4, Part 4., Processing Information</p>	<p>Part 4. Processing Information</p> <p>If the beneficiary or beneficiaries named in Part 3 is/are outside the United States or a requested extension of stay or change of status cannot be granted, state the U.S. consulate or inspection facility you want notified if this petition is approved.</p> <p>a. Type of Office...</p> <p>b. Office Address</p> <p>c. U.S. State or Foreign Country</p>	<p>Part 4. Processing Information</p> <p>If a beneficiary or beneficiaries named in Part 3 is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the United States consulate or inspection facility you want notified if this petition is approved.</p> <p>a. Type of Office...</p> <p>b. Office Address</p> <p>c. U.S. State or Foreign Country</p>

	<p>d. Beneficiary's Foreign Address</p> <p>2. Does each person in this petition have a valid passport?</p> <p>Not required to have passport</p> <p>No- Go to Page 7, Part 9 and write your explanation.</p> <p>Yes</p> <p>3. Are you filing any other petitions with this one? No/Yes – How many?</p> <p>4. Are applications for replacement/initial I-94s being filed with this petition? No/Yes – How many?</p> <p>5. Are applications by dependents being filed with this petition? No/Yes – How many?</p> <p>6. Is any beneficiary in this petition in removal proceedings? No/Yes – explain on Page 7, Part 9</p> <p>7. Have you ever filed an immigrant petition for any beneficiary in this petition? No/Yes – explain on Page 7, Part 9</p> <p>8. If you indicated you were filing a new petition in Part 2 within the past 7 years, has any beneficiary in this petition:</p>	<p>d. Beneficiary's Foreign Address</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p>2. Does each person in this petition have a valid passport?</p> <p>Yes</p> <p>No, not required to have passport. If no, go to Part 9 and write your explanation.</p> <p>No. If no, go to Part 9 and write your explanation.</p> <p>3. Are you filing any other petitions with this one?</p> <p>Yes. If yes, how many? / No</p> <p>4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.</p> <p>Yes. If yes, how many?</p> <p>5. Are you filing any application for dependents with this petition?</p> <p>Yes. If yes, how many? / No</p> <p>6. Is any beneficiary in this petition in removal proceedings?</p> <p>Yes. If yes, how many? / No</p> <p>7. Is any beneficiary in this petition in removal proceedings?</p>
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<p>Page 4-5, Part 5. Basic Information About the Proposed Employment</p>	<p>Part 5. Basic Information About the Proposed Employment and Employer <i>(Attach the supplement relating to the classification you are</i></p>	<p>Part 5. Basic Information About the Proposed Employment and Employer.</p>

<p>and Employer</p>	<p><i>requesting.)</i></p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>3. Address where the beneficiary(es) will work if different from address in Part 1. (<i>Street number and name, city/town, state, zip code</i>)</p> <p>4. Is an itinerary included with the petition?</p> <p>5. Will the beneficiary work off-site?</p> <p>6. Will the beneficiary(ies) work exclusively in the CNMI?</p> <p>7. Is this a full time position: No/Yes If “No,” Hours per week:</p> <p>8. Wages a week or per year:</p> <p>9. Other Compensation (<i>Explain</i>)</p> <p>10. Dates of intended employment (<i>mm/dd/yyyy</i>): From_____ To_____</p> <p>11. Type of Business 12. Year Established 13. Current Number of Employees in the U.S. 14. Gross Annual Income 15. Net Annual Income</p>	<p><i>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</i></p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>3. Address where the beneficiary(ies) will work if different from address in Part 1.</p> <p><i>Street Number and Name</i></p> <p><i>Apt. Ste. Flr. Number</i></p> <p><i>City or Town</i></p> <p><i>State</i></p> <p><i>ZIP Code</i></p> <p>4. Did you include an itinerary with the petition? Yes/No</p> <p>5. Will the beneficiary(ies) work for you off-site at another company or organization’s location? Yes/No</p> <p>6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes/No</p> <p>7. Is this a full-time position? Yes/No</p> <p>8. If the answer to Item Number 7 is no, how many hours per week for the position?</p> <p>9. Wages: \$_____ per (Specify hour, week, month, or year) _____</p> <p>10. Other Compensation (Explain)</p> <p>11. Dates of intended employment From: (mm/dd/yyyy) [arrow] _____ To: (mm/dd/yyyy) [arrow] _____</p> <p>12. Type of Business 13. Year Established 14. Current Number of Employees in the U.S. 15. Gross Annual Income 16. Net Annual Income</p>
<p>Page 5, Part 6. Certification Regarding</p>	<p>Part 6. Certification Regarding the Release of Controlled Technology or Technical</p>	<p>Part 6. Certification Regarding the Release of Controlled Technology or Technical Data</p>

<p>the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</p>	<p>Data to Foreign Persons in the United States</p> <p>(For H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions only. This section of the form is not required for all other classifications. See Page 3 of the Instructions before completing this section.)</p> <p>Check Box 1 or Box 2 as appropriate:</p> <p>***</p>	<p>to Foreign Persons in the United States</p> <p>(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.)</p> <p>Check Box 1 or Box 2 as appropriate. DO NOT select both boxes.</p> <p>***</p>
<p>Page 6, Part 7. Signature</p>	<p>Part 7. Signature <i>Read the information on penalties in the instructions before completing this section.</i></p> <p>I certify.... compliance reviews.</p> <p>If filing this petition on behalf of an organization, I certify that I am authorized to do so by this organization.</p> <p>Signature</p> <p>Daytime Phone Number (<i>Area/Country Code</i>)</p> <p>Print Name</p> <p>Date (<i>mm/dd/yyyy</i>)</p> <p>Note: If you do not completely fill out this form and the 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.</p>	<p>Part 7. Signature and Contact Information of Authorized Signatory (<i>Read the information on penalties in the instructions before completing this section.</i>)</p> <p>I certify.... compliance reviews.</p> <p>1. Name and Title of Authorized Signatory</p> <p>Family Name (<i>last name</i>)</p> <p>Given Name (<i>first name</i>)</p> <p>Title</p> <p>2. Signature and Date</p> <p>Signature of Authorized Signatory</p> <p>Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>3. Signatory's Contact Information</p> <p>Daytime Phone Number</p> <p>E-mail Address (<i>if any</i>)</p> <p>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 denied.</p>
<p>Page 6, Part 8., Signature of Person Preparing Form, If Other Than Above</p>	<p>Part 8. Signature of Person Preparing Form, If Other Than Above Signature</p> <p>I declare that I prepared this petition at the request of the above person and I certify that it is true and</p>	<p>Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above</p> <p>Note: If you are an attorney or accredited representative, DO NOT complete this section.</p>

	<p>correct to the best of my knowledge.</p> <p>Signature</p> <p>Daytime Phone Number (<i>Area/Country Code</i>)</p> <p>Print Name</p> <p>Date (<i>mm/dd/yyyy</i>)</p> <p>Firm Name and Address</p>	<p>Complete the Preparer's Declaration below.</p> <p>Provide the following information concerning the preparer:</p> <p>1. Name of Preparer</p> <p>Family Name (<i>last name</i>)</p> <p>Given Name (<i>first name</i>)</p> <p>2. Preparer's Business or Organization Name (If applicable, please provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA)).</p> <p>3. Preparer's Mailing Address</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p>4. Preparer's Contact Information</p> <p>Daytime Phone Number</p> <p>Fax Number</p> <p>E-mail Address (<i>if any</i>)</p> <p>Preparer's Declaration</p> <p>I understand that preparing this form on behalf of the petitioner, at his or her request, and with his or her express consent, does not grant the petitioner any immigration status or any benefit. By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of the petitioner, or another individual authorized to sign this form pursuant to form instructions. I prepared this form at his or her request, and with his or her express consent. I completed the form based only on responses the petitioner provided to me. After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed</p>
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	<p>Section 1. Information About the Employer Outside the United States (if any)</p> <p>Employer's Name</p> <p>Total Number of Employees</p> <p>Employer's Address (Street number and name, city/town, state/province, zip/postal code)</p> <p>Principal Product, Merchandise or Service</p> <p>Employee's Position – Title, duties and number of years employed</p> <p>Section 2. Additional Information About the U.S. Employer</p> <p>1. The U.S. company is to the company outside the United States (Check one):</p> <p>2. Date and Place of Incorporation or Establishment in the United States</p> <p>3. National of Ownership.....</p> <p>4. Assets</p> <p>5. Net Worth</p> <p>6. Total Annual Income</p> <p>7. Staff in the United States</p> <p>a. How many executive and/or managerial</p>	<p>5. Are you seeking advice from USCIS to determine whether changes in the terms or conditions of E status for one or more employees are substantive?</p> <p>Yes / No</p> <p>Section 1. Information About the Employer Outside the United States (if any)</p> <p>Employer's Name</p> <p>Total Number of Employees</p> <p>3. Employer's Address</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p>4. Principal Product, Merchandise, or Service</p> <p>5. Employee's Position – Title, duties and number of years employed</p> <p>Section 2. Additional Information About the U.S. Employer</p> <p>1. How is the U.S. company related to the company abroad? (Check one):</p> <p>2.a. Place of Incorporation or Establishment in the United States</p> <p>2.b. Date of incorporation or establishment (mm/dd/yyyy)</p> <p>3. National of Ownership.....</p> <p>4. Assets</p> <p>5. Net Worth</p> <p>6. Net Annual Income</p> <p>7. Staff in the United States</p> <p>a. How many executive and managerial employees</p>
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	<p>employees does the petitioner have who are nationals of the treaty country in either E or L nonimmigrant status?</p> <p>b. How many persons with special qualifications does the petitioner employ who are in either E or L nonimmigrant status?</p> <p>c. Provide the total number of employees in executive or managerial positions</p> <p>d. Provide the total number of specialized qualifications or knowledge persons positions in the United States.</p> <p>8. Total number of.... Treaty enterprise.</p> <p>Section 3. Complete If Filing for an E-1 Treaty Trader</p> <p>3. Percent of total gross trade between the United States and the country of which the treaty trader organization is a national.</p> <p>Section 4. Complete If Filing for an E-2 Treaty Investor</p> <p>***</p>	<p>does the petitioner have who are nationals of the treaty country in either E, L, or H nonimmigrant status?</p> <p>b. How many persons with special qualifications does the petitioner employ who are in either E, L, or H nonimmigrant status?</p> <p>c. Provide the total number of employees in executive and managerial positions</p> <p>d. Provide the total number of positions in the United States that require persons with special qualifications.</p> <p>8. If the petitioner is attempting to qualify the employee as an executive or manager, provide the total number of employees he or she will supervise. Or, if the petitioner is attempting to qualify the employee based on special qualifications, explain why the special qualifications are essential to the successful or efficient operation of the treaty enterprise.</p> <p>Section 3. Complete If Filing for an E-1 Treaty Trader</p> <p>3. Percent of total gross trade between the United States and the treaty trader country.</p> <p>Section 4. Complete If Filing for an E-2 Treaty Investor</p> <p>***</p>
<p>Page 10 Trade Agreement Supplement FT</p>	<p>1. Name of the petitioner</p> <p>2. Name of the beneficiary</p> <p>3....</p> <p>4. If Foreign Employer, name the foreign country</p> <p>Section 1. Information About Requested Extension or Change....</p> <p>Part 2. Signature Read the information on penalties in the instructions before completing this section.</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this petition</p>	<p>1. Name of the Petitioner</p> <p>2. Name of the Beneficiary</p> <p>3....</p> <p>4. If Foreign employer, Name the Foreign Country</p> <p>Section 1. Information About Requested Extension or Change....</p> <p>Section 2. Petitioner's Signature and Contact Information (Read the information on penalties in the instructions before completing this section.)</p> <p>I certify, under penalty of perjury, under the laws of the United States of America, that this petition and</p>

	<p>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 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.</p> <p>Signature Daytime Phone Number Print Name Date</p> <p>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.</p> <p>Part 3. Signature of Person Preparing Form, If Other Than Above</p> <p>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.</p> <p>Signature of Preparer Daytime Phone Number Print Name of Preparer</p>	<p>the evidence submitted with it is all true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization.</p> <p>1. Name of Petitioner</p> <p>Family Name (<i>last name</i>) Given Name (<i>first name</i>)</p> <p>2. Signature and Date</p> <p>Signature of Petitioner Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>3. Petitioner's Contact Information</p> <p>Daytime Phone Number Mobile Phone Number E-mail Address (<i>if any</i>)</p> <p>[Deleted.]</p> <p>Section 3. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above</p> <p>Note: If you are an attorney or accredited representative, DO NOT complete this section. Complete the Preparer's Declaration below.</p> <p>Provide the following information concerning the preparer:</p> <p>1. Name of Preparer</p> <p>Family Name (<i>last name</i>)</p>
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	<p>Date</p> <p>Firm and Address</p>	<p>Given Name (<i>first name</i>)</p> <p>2. Preparer's Business or Organization Name (If applicable, please provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA)).</p> <p>3. Preparer's Mailing Address</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p>4. Preparer's Contact Information</p> <p>Daytime Phone Number</p> <p>Fax Number</p> <p>E-mail Address (<i>if any</i>)</p> <p>Preparer's Declaration</p> <p>I understand that preparing this form on behalf of the petitioner, at his or her request, and with his or her express consent, does not grant the petitioner any immigration status or any benefit. By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of the petitioner, or another individual authorized to sign this form pursuant to form instructions. I prepared this form at his or her request, and with his or her express consent. I completed the form based only on responses the petitioner provided to me. After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer he or she provided for each question on the form and, when required, supplied additional information to respond to a question on the form.</p> <p>5. Signature and Date</p>
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		<p>Signature of Preparer</p> <p>Date of Signature (mm/dd/yyyy)</p>
<p>Page 11-16, Supplement H</p>	<p>1. Name of petitioner</p> <p>2. Name of the beneficiary or if this petition includes multiple beneficiary, the total number of beneficiaries.</p> <p>3. List each....</p> <p>4. Classification sought (<i>Check one</i>)</p> <p>H-1B Specialty Occupation</p> <p>H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)</p> <p>H-1B3 Fashion model of national or international acclaim</p> <p>H-1C Registered Nurse</p> <p>H-2A Agricultural worker</p> <p>H-2B Non-agricultural worker</p> <p>H-3 Trainee</p> <p>H-3 Special education exchange visitor program</p> <p>5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under Public Law 110-229?</p> <p>No / Yes</p> <p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties</p>	<p>1. Name of the Petitioner</p> <p>Name of the beneficiary or if this petition includes multiple beneficiary, the total number of beneficiaries.</p> <p>2.a. Name of the Beneficiary OR 2.b. Provide the total number of beneficiaries</p> <p>3. List each....</p> <p>4. Classification sought (<i>Check one</i>)</p> <p>a. H-1B Specialty Occupation</p> <p>b. H-1B1 Chile and Singapore</p> <p>c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)</p> <p>d. H-1B3 Fashion model of distinguished merit and ability</p> <p>e. H-2A Agricultural worker</p> <p>f. H-2B Non-agricultural worker</p> <p>g. H-3 Trainee</p> <p>h. H-3 Special education exchange visitor program</p> <p>5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes / No</p> <p>6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes/No</p> <p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties.</p>

	<p>2. Beneficiary's present occupation and summary of prior work experience</p> <p><i>Statement for H-1B specialty occupations only:</i></p> <p>By filing... to the LCA.</p> <p>Signature of Petitioner Print or Type Name Date (mm/dd/yyyy)</p> <p><i>Statement for H-1B specialty occupations and U.S. Department of Defense projects:</i></p> <p>As an authorized... of authorized stay.</p> <p>Signature of Authorized Official of Employer Print or Type Name Date (mm/dd/yyyy)</p> <p><i>Statement for H-1B U.S. Department of Defense projects only:</i></p> <p>I certify that.... Department of Defense.</p> <p>Signature of DOD Project Manager Print or Type Name Date (mm/dd/yyyy)</p> <p>Section 2. Complete This Section If Filing for H-1C Classification</p> <p>Section 3. Complete This Section If Filing for H-2A or H-2B Classification</p> <p>3. Explain your temporary need for the beneficiary or beneficiaries' services (<i>Attach a separate sheet if additional space is needed</i>)</p> <p>4. List the country(ies) of citizenship of the H-2A/H-2B worker(s) you plan to hire.</p> <p>Name of Country(ies):</p> <p>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 Web site for the list of participating countries. (Attach a separate sheet if additional space is needed.)</p>	<p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p><u><i>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</i></u></p> <p>By filing... to the LCA.</p> <p>Signature of Petitioner Name of Petitioner Date (mm/dd/yyyy)</p> <p><u><i>Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects:</i></u></p> <p>As an authorized... of authorized stay.</p> <p>Signature of Authorized Official of Employer Name of Authorized Official of Employer Date (mm/dd/yyyy)</p> <p><u><i>Statement for H-1B U.S. Department of Defense projects Only</i></u></p> <p>I certify that.... Department of Defense.</p> <p>Signature of DOD Project Manager Name of DOD Project Manager Date (mm/dd/yyyy)</p> <p>[Delete.]</p> <p>Section 2. Complete This Section If Filing for H-2A or H-2B Classification</p> <p>3. Explain your temporary need for the beneficiary or beneficiaries' services (<i>Attach a separate sheet if additional space is needed</i>).</p> <p>4. List the countries of citizenship of the H-2A/H-2B worker(s) you plan to hire.</p> <p>a. b. c. d. e. f.</p> <p>5.a. You must provide all of the requested information for Item Numbers 5.a. - 6. for each H-2A or H-2B worker you plan to hire who is 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). See www.uscis.gov for the list of participating countries. (<i>Attach a separate sheet if additional space is needed.</i>)</p>
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	<p>Family name (Last Name) Given Name (First Name) Full Middle Name Date of Birth</p> <p>All Other Names Used:</p> Country of Birth: <p>Country of Citizenship:</p> <p>6a. Have any of the workers listed in Number 5 above ever been admitted to the United States previously in H-2A/H-2B status? N/Y</p> Visa Classification (H-2A or H-2B): <p>b. If you Workers' compliance.</p> <p>c. If the H-2A or H-2B... (<i>if any</i>).</p> 7. Did you.... filing this petition? No/Yes <p>If "Yes," list the name and address of service used.</p>	<p>Family Name (<i>last name</i>) Given Name (<i>first name</i>) Middle Name</p> <p>5.b. Provide all other name(s) used</p> <p>Family Name (<i>last name</i>) Given Name (<i>first name</i>) Middle Name</p> <p>5.c. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>5.d. Country of Birth</p> <p>5.e. Country of Citizenship or Nationality</p> <p>6. Have any of the workers listed in Item Number 5 above ever been admitted to the United States previously in H-2A/H-2B status?</p> <p>Yes. If yes, go to Part 9 of Form I-129 and write your explanation. / No</p> <p>6.a.1. Visa Classification (H-2A or H-2B):</p> <p>Note: If any of the H-2A or H-2B workers you are requesting are nationals of a country that is not on the eligible countries list, you must also provide evidence showing: (1) that workers with the required skills are not available from a country currently on the eligible countries list*; (2) whether the beneficiaries have been admitted previously to the United States in H-2A or H-2B status; (3) that there is no potential for abuse, fraud, or other harm to the integrity of the H-2A or H-2B visa programs through the potential admission of the intended workers; and (4) any other factors that may serve the U.S. interest.</p> <p>* For H-2A petitions only: You must also show that workers with the required skills are not available from among U.S. workers.</p> <p>7.a. Did you.... filing this petition? Yes/No</p> <p>If yes, list the name and address of service used below.</p> <p>7.a.1. Name</p> <p>7.a.2. Address Street Number and name Apt. St. Flr. Number City or Town</p>
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	<p>8a. Did any.... 214.2(h)(6)(i)(B).</p> <p>b. If the workers... to this petition.)</p> <p>9. Have you ever.... Receipt Number:</p> <p>b. Was the worker.... the worker.</p> <p>10. If you....</p>	<p>State ZIP Code</p> <p>8a. Did any of the H-2A/H-2B workers that you are requesting pay you, or an agent, a job placement fee or other form of compensation (either direct or indirect) as a condition of the employment, or do they have an agreement to pay you or the service such fees at a later date? The phrase "fees or other compensation" includes, but is not limited to, petition fees, attorney fees, recruitment costs, and any other fees that are a condition of a beneficiary's employment that the employer is prohibited from passing to the H-2A or H-2B worker under law under U.S. Department of Labor rules. Yes/No</p> <p>If yes, list the types and amounts of fees that the worker(s) paid or will pay. Do not include reasonable travel expenses and certain government-mandated fees (such as passport fees) that are not prohibited from being passed to the H-2A or H-2B worker by statute, regulations, or any laws.</p> <p>8.b. If the workers paid any fee or compensation, were they reimbursed? Yes/No</p> <p>8.c. If the workers agreed to pay a fee that they have not yet been paid, has their agreement been terminated before the workers paid the fee? (Submit evidence of termination or reimbursement with this petition.) Yes/No</p> <p>9. Have you made reasonable inquiries to determine that to the best of your knowledge the recruiter, facilitator, or similar employment service that you used has not collected, and will not collect, directly or indirectly, any fees or other compensation from the H-2 workers of this petition as a condition of the H-2 workers' employment? Yes/No</p> <p>Note: If USCIS determines that you knew, or should have known, that the workers requested in connection with this petition paid any fees or other compensation at any time as a condition of employment, your petition may be denied or revoked.</p> <p>10. a. Have you ever had an H-2A or 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 or employment? Yes/No</p> <p>10.a.1. If yes, when?</p> <p>10.a.2. Receipt Number:</p>
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	<p>The H-2A/H-2B.... each execute Part C.</p> <p>Part A. Petitioner:</p> <p>By filing....</p> <p>Signature of Petitioner Print of Type Name Date (mm/dd/yyyy)</p> <p>Part B. Employer who is not the petitioner:</p> <p>I certify...</p> <p>Signature of Employer Print of Type Name Date (mm/dd/yyyy)</p> <p>Part C. Joint Employers:</p> <p>I agree.....</p> <p>Signature of Joint Employer Print of Type Name Date (mm/dd/yyyy)</p> <p>Signature of Joint Employer Print of Type Name Date (mm/dd/yyyy)</p>	<p>10.b. Were the workers reimbursed for such fees and compensation? (Submit evidence of reimbursement.) If you answered no because you were unable to locate the workers, include evidence of your efforts to locate the workers. Yes/No</p> <p>11. Have any of the workers you are requesting experienced an interrupted stay associated with their most recent entry as an H-2A or H-2B? (<i>See form instructions for more information on interrupted stays.</i>) Yes/No</p> <p>If yes, document the workers' periods of stay in the table on the first page of this supplement. Submit evidence of each entry and each exit, with the petition, as evidence of the interrupted stays.</p> <p>12. If you are an H-2A petitioner, are you a participant in the E-Verify program? Yes/No</p> <p>12.a. If yes, provide the E-Verify Company ID or Client Company ID.</p> <p>The H-2A/H-2B.... each execute Part C.</p> <p>Part A. Petitioner</p> <p>By filing....</p> <p>Signature of Petitioner Name of Petitioner Date (mm/dd/yyyy)</p> <p>Part B. Employer who is not the petitioner</p> <p>I certify...</p> <p>Signature of Employer Name of Employer Date (mm/dd/yyyy)</p> <p>Part C. Joint Employers</p> <p>I agree.....</p> <p>Signature of Joint Employer Name of Joint Employer Date (mm/dd/yyyy)</p> <p>Signature of Joint Employer Name of Joint Employer Date (mm/dd/yyyy)</p>
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<p>Page 17, H-1B Data Collection Supplement</p>	<p>H1B Data Collection Supplement</p> <p>1. Name of petitioner 2. Name of the beneficiary</p> <p>Part A. General Information</p> <p>1. Employer Information – (check all items that apply)</p> <p>a. Is the petitioner an H-1B dependent employer? No/Yes</p> <p>b. Has the petitioner ever been found to be a willful violator? No/Yes</p>	<p>H1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p> <p>1. Name of the Petitioner 2. Name of the Beneficiary</p> <p>Section 1. General Information</p> <p>1. Employer Information – (check all items that apply)</p> <p>a. Is the petitioner an H-1B dependent employer? Yes/No</p> <p>b. Has the petitioner ever been found to be a willful violator? Yes/No</p>

	<p>c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements? No/Yes</p> <p>1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000?</p> <p>2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? No/Yes</p> <p>d. Has the petitioner received TARP funding? No/Yes</p> <p>e. Does the petitioner employ 50 or more individuals in the U.S.? No/Yes</p> <p>If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? No/Yes</p> <p>2. Beneficiary's Highest Level of Education....</p> <p>6. NAICS Code</p> <p>Part B. Fee Exemption and /or Determination (Continued)</p> <p>In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:</p> <p>1. Are you an... No/Yes</p> <p>2. Are you a.... No/Yes</p> <p>3. Are you a.... No/Yes</p> <p>4. Is this the.... No/Yes</p> <p>5. Is this an.... No/Yes</p> <p>6. Are you... No/Yes</p> <p>7. Is the.... No/Yes</p> <p>8. Is the....</p>	<p>c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? Yes/No</p> <p>c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? Yes/No</p> <p>c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? Yes/No</p> <p>d. Does the petitioner employ 50 or more individuals in the United States? Yes/No</p> <p>d.1. If yes, are more than 50 percent of those employees in H-1B or L-1A or L-1B nonimmigrant status? Yes/No</p> <p>2. Beneficiary's Highest Level of Education....</p> <p>6. NAICS Code</p> <p>Section 2. Fee Exemption and /or Determination (Continued)</p> <p>In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, please answer all of the following questions:</p> <p>1. Are you an... Yes/No</p> <p>2. Are you a.... Yes/No</p> <p>3. Are you a.... Yes/No</p> <p>4. Is this the.... Yes/No</p> <p>5. Is this an.... Yes/No</p> <p>6. Are you... Yes/No</p> <p>7. Is the.... Yes/No</p> <p>8. Is the petitioner a nonprofit entity...</p>
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	<p>No/Yes</p> <p>If you answered “Yes” to any of the questions above, you are only required to submit the fee for your H-1B Form I-129 petition. If you answered “NO” to all questions, answer Question 9.</p> <p>9. Do you currently.... No/Yes If you answered “Yes” to Question 9 above, you are required to pay an additional ACWIA fee of \$750. If you answered “No,” then you are required to pay an additional ACWIA fee of \$1,500.</p> <p>NOTE: On or after March 8, 2005, a U.S. employer seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B 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. 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. <i>This \$500 fee must be paid by separate check or money order.</i></p> <p>For petitions postmarked on or after August 14, 2010, through September 30, 2014, an additional fee of \$2,000 must be submitted if you responded “yes” to both questions in 1e of Part A of this supplement. This \$2,000 fee was mandated by the provisions of Public Law 111-230 and should be submitted by separate check or money order.</p> <p>The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. <i>Each of these fee(s) should be paid by separate check(s) or money order(s).</i></p> <p>Part C. Numerical Limitation Information</p> <p>1. Specify how this petition should be counted against the H-1B numerical limitation (aka. the H-1B “CAP”). <i>(Check one):</i></p>	<p>Yes /No</p> <p>If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer Item Number 9 of Form I-129.</p> <p>9. Do you currently.... Yes/No If you answered yes to Question 9 above, you are required to pay an additional ACWIA fee of \$750. If you answered no then you are required to pay an additional ACWIA fee of \$1,500.</p> <p>NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed before October 1, 2015, an additional fee of \$2,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1 of this supplement. This \$2,000 fee was mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.</p> <p>The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fee(s) when you submit this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. <i>Each of these fee(s) should be paid by separate check(s) or money order(s).</i></p> <p>Section 3. Numerical Limitation Information</p> <p>1. Specify the type of H-1B petition you are filing. <i>(Check one):</i></p>
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	<p>.....</p> <p>2. If you answered question</p> <p>.....</p> <p>d. Address of the U.S. institution of higher education</p> <p>3. If you answered....</p> <p>a. The petitioner....</p> <p>b. The petitioner...</p> <p>c. The petitioner...</p> <p>d. The petitioner....</p> <p>e. The petitioner....</p> <p>f. The beneficiary...</p> <p>g. The beneficiary...</p> <p>h. The petitioner....</p> <p>i. The petitioner.</p> <p>Part D. Off-site Assignment of H-1B Beneficiaries</p> <p>No/Yes a. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification is sought.</p>	<p>.....</p> <p>2.If you answered Item Number 1.b. “Cap H-1B U.S. Master’s Degree or Higher,” provide the following information. . .</p> <p>d. Address of the U.S. institution of higher education</p> <p>Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>3.If you answered Item Number 1.d. “CAP Exempt,” you must specify. . .</p> <p>a. The petitioner....</p> <p>b. The petitioner...</p> <p>c. The petitioner...</p> <p>d. The petitioner...(see Item Numbers 3.a-3.c. above) that directly and predominately. . .</p> <p>e. The petitioner....</p> <p>f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.</p> <p>g. The beneficiary of this petition has been counted against the cap and: (1) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the 6 years, or (3) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).</p> <p>h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.</p> <p>[Delete.]</p> <p>Section 4. Off-site Assignment of H-1B Beneficiaries.</p> <p>1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification is sought.</p>
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	<p>No/Yes b. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification .</p> <p>No/Yes c. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations.</p>	<p>If no, please do not complete-Item Numbers 2. and 3. Yes/No</p> <p>2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes/No</p> <p>3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes/No</p>
<p>Pages 20-24, Supplement L</p>	<p>1. Name of the petitioner 2. Name of the beneficiary</p> <p>3. This petition....</p> <p>4.a. Does the petitioner employ 50 or more individuals in the U.S.? No/Yes</p> <p>4b. If yes, are more than 50 percent of those employee in H-1B, L nonimmigrant status?</p> <p>Section 1. Complete This Section For An Individual Petition (Continued)</p> <p>2. List the beneficiary’s and any dependent family member’s prior periods of stay in an H or L classification in the United States for the last 7 years. Be sure to list only those periods in which the beneficiary and/or family members were physically present 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 , go to Page 7, Part 9.If more space is needed, go to Part 9.</p> <p>3. Name of employer abroad</p> <p>4. Address of Employer abroad...</p> <p>Street Number and Name</p> <p>City/Town</p> <p>State/Province</p> <p>Country</p>	<p>1. Name of the Petitioner 2. Name of the Beneficiary</p> <p>3. This petition....</p> <p>4.a. Does the petitioner employ 50 or more individuals in the U.S.? Yes/No</p> <p>4b. If yes, are more than 50 percent of those employee in H-1B, L-1A or L-1B nonimmigrant status?</p> <p>Section 1. Complete This Section For An Individual Petition (Continued)</p> <p>2. List the beneficiary’s and any dependent family member’s prior periods of stay in an H or L classification in the United States for the last 7 years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. If more space is needed, go to Part 9 of Form I-129.</p> <p>.....</p> <p>3. Name of employer abroad</p> <p>4. Address of employer abroad</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p>

	<p>Zip/Potal Code</p> <p>5. Date of beneficiary's</p> <p>6. Description of the beneficiary's duties abroad for the 3 years preceding the filing of the petition. (If the beneficiary is currently employed by the petitioner, describe the beneficiary's duties abroad for the 3 years preceding the beneficiary's admission to the U.S.)</p> <p>7. Description of the...</p> <p>8. Summary of the...</p> <p>9. The U.S. company is to the company abroad.....</p> <p>10. Describe the stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.</p> <p>[Table, first column.] Company stock ownership...</p> <p>11. Do the companies currently have the same qualifying . . . with the company abroad? No (<i>Attach explanation</i>)</p> <p>Yes</p> <p>12. Is the beneficiary coming to the United States to open a new office?</p> <p>13. Will the beneficiary. . .</p> <p>If you answered "Yes" to the preceding question, describe. . . and supervise the work. Use an attachment if needed.</p>	<p>Province</p> <p>Postal Code</p> <p>Country</p> <p>5. Date of beneficiary's</p> <p>6. Describe the beneficiary's duties abroad for the 3 years preceding the filing of the petition. (If the beneficiary is currently inside the United States, please describe the beneficiary's duties abroad for the 3 years preceding the beneficiary's admission to the United States.)</p> <p>7. Describe the...</p> <p>8. Summarize the...</p> <p>9. How is the U.S. company related to the company abroad?...</p> <p>10. Describe the percentage of stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.</p> <p>[Table, first column.] Percentage of company stock ownership...</p> <p>11. Do the companies currently have the same qualifying . . . with the company abroad? Yes</p> <p>No. If no, please provide an explanation that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.</p> <p>12. Is the beneficiary coming to the United States to open a new office? Yes</p> <p>No (<i>attach explanation</i>)</p> <p>13.a. Will the beneficiary. . . Yes</p> <p>No</p> <p>13. b. If you answered yes to the preceding question, please describe how and by whom the beneficiary's work will be controlled and supervised. Include a description . . .supervise the work. If you need additional space to respond to this question, please</p>
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	<p>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 and attachment if needed.</p> <p>Section 2. Complete This Section If Filing A Blanket Petition</p> <p>List all U.S. and foreign parent, branches, subsidiaries and affiliates....</p> <p>Section 3. Additional Fees</p> <p>NOTE: On or after 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 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004.</p> <p>For petitions postmarked on or after August 14, 2010, through September 30, 2014, an additional fee of \$2,250 must be submitted if you responded “yes” to both questions in 4a and 4b at the top of this supplement. This \$2,250 fee was mandated by the provisions of Public Law 111-230 and must be submitted by separate check or money order.</p> <p>These fees, when applicable, may not be waived. You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. <i>Each of these fee(s) should be paid by separate check(s) or money order(s).</i></p>	<p>attach a separate sheet(s) of paper and include your name (or company name), the Page Number, Part Number, and Item Number.</p> <p>13. c. If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include.....he or she processes. If you need additional space to respond to this question, please attach a separate sheet(s) of paper and include your name (or company name), the Page Number, Part Number, and Item Number.</p> <p>Section 2. Complete This Section If Filing A Blanket Petition</p> <p>List all U.S. and foreign parent, branches, subsidiaries, and affiliates....</p> <p>Section 3. Additional Fees</p> <p>NOTE: A petitioner that seeks initial approval of L nonimmigrant status for a beneficiary, or seeks approval to employ an L nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed before October 1, 2015, you must submit an additional fee of \$2,250 if you responded yes to both questions in 4a and 4b on the first page of this L Classification Supplement. This \$2,250 fee is mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.</p> <p>These fees, when applicable, may not be waived. You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. <i>Each of these fee(s) should be paid by separate check(s) or money order(s).</i></p>
<p>Page 24-25, Supplement O/P</p>	<p>1. Name of the petitioner</p> <p>2. Name of the beneficiary or total number of workers you are filing for</p>	<p>1. Name of the Petitioner</p> <p>Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries.</p> <p>2.a. Name of the Beneficiary</p>

	<p>3. Classification sought (<i>Check one</i>)</p> <p>a. O-1A Alien of extraordinary ability in sciences, education, business, business or athletics (not including the arts, motion picture or television industry.)</p> <p>b.</p> <p>c. O-2 Accompanying alien who is coming to the U.S.....</p> <p>d. ...</p> <p>e. P-1 Athletic/Entertainment Group (includes minor league sports)</p> <p>f. ...</p> <p>g. ...</p> <p>h. ...</p> <p>i. ...</p> <p>j. ...</p> <p>4. Explain... event</p> <p>5. Describe.... performed</p> <p>6. If... alien</p> <p>7. Does an appropriate labor organization exist for the petition?....</p> <p>***</p> <p>8. Is the required consultation or written advisory opinion being submitted with this petition?</p> <p>If not, give the following information about the organization (s) to which you have sent a duplicate of this petition.</p> <hr/> <p><u>O-1 Extraordinary Ability</u></p>	<p>OR</p> <p>2.b. Provide the total number of beneficiaries</p> <p>3. Classification sought (<i>Check one</i>)</p> <p>a. O-1A Alien of extraordinary ability in sciences, education, business, business, or athletics (not including the arts, motion picture, or television industry.)</p> <p>b.</p> <p>c. O-2 Accompanying alien who is coming to the United States</p> <p>d. ...</p> <p>e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)</p> <p>f. ...</p> <p>g. ...</p> <p>h. ...</p> <p>i. ...</p> <p>j. ...</p> <p>4. Explain... event.</p> <p>5. Describe.... performed.</p> <p>6. If... alien.</p> <p>7. Does an appropriate labor organization exist for the petition? Yes</p> <p>No. If no, please go to Part 9 in Form I-129 to write your explanation.</p> <p>8. Is the required consultation or written advisory opinion being submitted with this petition? Yes No – Copy of request attached N/A</p> <p>If no, please give the following information about the organization (s) to which you have sent a duplicate of this petition.</p> <hr/> <p><u>O-1 Extraordinary Ability</u></p>
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	<p>Name of Recognized Peer Group.....</p> <p><u>O-1 Extraordinary achievement in motion pictures or television:</u></p> <p>....</p> <p><u>O-2 or P alien:</u></p>	<p>9.a. Name of Recognized Peer/Peer Group/or Labor Organization</p> <p>9.b. Physical Address</p> <p>Street Number and name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>9.c. Date Sent (mm/dd/yyyy)</p> <p>9.d. Daytime Telephone Number</p> <p><u>O-1 Extraordinary achievement in motion pictures or television</u></p> <p>10.a. Name of Labor Organization</p> <p>10.b. Complete Address</p> <p>Street Number and Name Apt. Ste. Flr. Number City State ZIP Code</p> <p>10.c. Date Sent (mm/dd/yyyy)</p> <p>10.d. Daytime Telephone Number</p> <p>11.a. Name of Management Organization</p> <p>11.b. Physical Address</p> <p>Street Number and Name Apt. Ste. Flr. Number City State ZIP Code</p> <p>11.c. Date Sent (mm/dd/yyyy)</p> <p>11.d. Daytime Telephone Number</p> <p><u>O-2 or P alien</u></p>
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	<p>Petitioner's Signature Date (mm/dd/yyyy) Print or Type Name</p>	<p>1. Name of Petitioner Family name (last name) Given Name (first name) Middle Name</p> <p>2. Signature and Date Signature of Petitioner Date of Signature</p> <p>3. Petitioner's Contact Information Daytime Telephone Number E-mail (if any)</p>
<p>Pages 27-32, R-1 Classification Supplement</p>	<p>1. Name of the petitioner 2. Name of the beneficiary</p> <p>Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker</p> <p>1. Provide the.... the petitioner. a. Number of members of the petitioner. b. Number of.... be employed c. Number of... 5 years d. Number of... 5 years</p> <p>2. Has the.... 5 years? No/Yes</p> <p>If yes, complete... last 5 years. Be sure... R classification.</p> <p>Note: Submit photocopies.... on Page 7, Part 9.</p> <p>..... Period of Stay (mm/dd/yyyy) From: To:</p> <p>3. Provide a summary.... additional paper.</p> <p>.....</p> <p>5. Provide the following information about the prospective employment: a. Title of position offered. b. Detailed.... duties. c. Description... offered.</p>	<p>1. Name of the Petitioner 2. Name of the Beneficiary</p> <p>Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker</p> <p>Provide the.... the petitioner. 1.a. Number of members of the petitioner's religious organization? 1.b. Number of.... be employed? 1.c. Number of... 5 years? 1.d. Number of... 5 years?</p> <p>2. Has the.... 5 years? Yes/No</p> <p>If yes, complete... last 5 years. Please be sure... R classification.</p> <p>Note: Submit photocopies.... in Part 9 of Form I-129.</p> <p>..... Period of Stay (mm/dd/yyyy) From To</p> <p>3. Provide a summary.... additional sheet(s) of paper.</p> <p>.....</p> <p>Provide the following information about the prospective employment: 5.a. Title of position offered. 5.b. Detailed.... duties. 5.c. Description... offered.</p>

	<p>d. Description... denomination.</p> <p>e. List... working.</p> <p>Does... below?</p> <p>6. The petitioner.... supplement.</p> <p>No/Yes If “No,” provide....</p> <p>7. The petitioner... denomination.</p> <p>No/Yes If “No,” provide....</p> <p>8. If the.... self-support.</p> <p>No/Yes If “No,” provide....</p> <p>9. If the....self-support.</p> <p>No/Yes If “No,” provide....</p> <p>10. The offered... denomination.</p> <p>No/Yes If “No,” provide....</p> <p>11. The beneficiary.... position.</p> <p>No/Yes If “No,” provide....</p> <p>12. The petitioner.... stay.</p> <p>No/Yes If “No,” provide....</p> <p>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.</p>	<p>5.d. Description... denomination.</p> <p>5.e. List... working.</p> <p>Petitioner Attestation</p> <p>Does... below?</p> <p>6. The petitioner.... supplement.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>7. The petitioner... denomination.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>8. If the.... self-support.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>9. If the....self-support.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>10. The offered... denomination.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>11. The beneficiary.... position.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>12. The petitioner.... stay.</p> <p>Yes/No. If no write your explanation below and if needed, go to Part 9 of Form I-129.</p> <p>Attestation</p> <p>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. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that, as a petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to make a decision on my petition.</p>
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		<p>I furthermore authorize release of information contained in this form, any supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.</p>
Signature		Name of Petitioner
Date (mm/dd/yyyy)		Title
Printed Name		Signature of Petitioner
Title		Date (mm/dd/yyyy)
Employer/Organization Name		Employer or Organization Name
Employer/Organization Street Address...		Employer or Organization Address (do not use a post office or private mail box)
		Street Number and Name
Suite Number		Apt. Ste. Flr. Number
City		City or Town
State		State
Zip Code		ZIP Code
		Employer or Organization's Contact Information
Daytime Phone Number (with area code)		Daytime Telephone Number
Fax Number (if any)		Fax Number
E-mail Address (if any)		E-mail Address (if any)
Section 2. This Section Is Required For Petitioners Affiliated with the Religious Denomination		Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination
I certify under penalty of perjury....		I certify under penalty of perjury....
.....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....	is tax-exempt as described in section under 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), or equivalent sections of prior enactments of the Internal Revenue Code....
Signature		Name of Petitioner
Printed Name		Title
Title		Signature of Petitioner

	<p>Date (mm/dd/yyyy)</p> <p>Attesting Organization Name</p> <p>Attesting Organization Street Address...</p> <p>Suite Number</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Daytime Phone Number (with area code)</p> <p>Fax Number (if any)</p> <p>E-mail Address (if any)</p>	<p>Date (mm/dd/yyyy)</p> <p>Attesting Organization Name and Address (<i>do not use a post office or private mail box</i>)</p> <p>Attesting Organization Name</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Attesting Organization's Contact Information</p> <p>Daytime Telephone Number</p> <p>Fax Number</p> <p>E-mail Address (if any)</p>
<p>Pages 33-35, Attachment - 1</p>	<p>Attachment – 1</p> <p>....</p> <p>Family Name (Last Name)</p> <p>Given Name (First Name)</p> <p>Full Middle Name</p> <p>Date of Birth mm/dd/yyyy</p> <p>Gender Male/Female</p> <p>U.S. Social Security Number (if any)</p> <p>A-Number (if any)</p> <p>All Other Names Used...</p> <p>Address in the United...</p>	<p>[Replace all Attachment-1 pages with the following:]</p> <p>Attachment–1</p> <p>....</p> <p>Family Name (last name)</p> <p>Given Name (first name)</p> <p>Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Gender Male/Female</p> <p>U.S. Social Security Number (if any)</p> <p>A-Number (if any)</p> <p>All Other Names Used...</p> <p>Address in the United...</p> <p>Street Number and Name</p> <p>Apt. Ste. Flr. Number</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p>

