



# Petition for a Nonimmigrant Worker: O Classifications

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

USCIS  
Form I-1290  
OMB No. 1615-0009  
Expires xx/xx/xxxx

▶ **START HERE - Type or print in black ink.**

If you are filing this petition for an O-1 classification, you may only include one beneficiary on this petition. If you are filing this petition for O-2 classification, you may include up to 25 beneficiaries on the same petition if they will be assisting the same O-1 for the same events or performances, during the same period of time, and in the same location.

## Part 1. Petitioner Information

If you are an individual or sole proprietor filing this petition, you must complete **Item Numbers 1. - 2.** If you are a company or an organization filing this petition, complete **Item Number 3.** **All petitioners should complete Item Numbers 4. - 11.,** as applicable.

**1.** Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**3.** Petitioning Company or Organization Name

**4.** USCIS Online Account Number (if any)

▶

**5.** Trade Name or "Doing Business As" Name (if applicable)

**6.** Primary U.S. Office Address of Petitioner

[\(USPS ZIP Code Lookup\)](#)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	County	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**7.** Is your mailing address different from your Primary U.S. Office Address?

Yes  No

If you answered "Yes," to **Item Number 7.**, provide your mailing address below.

**8.** Mailing Address

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)

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

**Part 1. Petitioner Information** (continued)

**9. Petitioner's Contact Information**

U.S. Daytime Telephone Number

U.S. Mobile Telephone Number (if any)

Email Address (if any)

**10. Tax Payer Identification Numbers**

Provide the following information, as applicable:

**A. Employer Identification Number (EIN)**

▶

**B. Individual Taxpayer Identification Number (ITIN)**

▶

**C. U.S. Social Security Number (SSN) (if applicable)**

▶

**11. E-Verify Information**

**A.** Are you a participate in the E-Verify program and filing this petition as an employer?

Yes  No

If you answered "Yes," to **Item A.** in **Item 12.**, provide the information requested in **Items B. - C.**

**B. Employer's Name as Listed in E-Verify**

**C. Employer's E-Verify Company Identification Number or an E-Verify Client Company Identification Number**

▶

**Part 2. Information About This Petition**

**1. Requested Nonimmigrant Classification (Select **only one** box.)**

- 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.
- C.**  O-1B Alien of extraordinary achievement in the motion picture or television industry.
- D.**  O-2 Accompanying alien who is coming to the United States to assist in the performance of an O-1 artist or athlete.
- E.**  O-2 Accompanying alien who is coming to the United States to assist in the performance of an O-1 alien in the motion picture or television industry.

**2.** If filing for an O-2 classification, provide the total number of beneficiaries included in this petition. (You may include up to 25 beneficiaries on a single I-129O petition in certain instances. See the **Information About Form I-129O** section of these Instructions.): ▶

**3. Basis for Classification (Select **only one** box)**

- A.**  New Employment
- B.**  Continuation of Previously Approved Employment Without Change With the Same Employer
- C.**  Change in Previously Approved Employment (provide an explanation in **Part 10. Additional Information**)
- D.**  New Concurrent Employment
- E.**  Change of Employer For a Beneficiary Already in the Requested Classification
- F.**  Amended Petition (provide an explanation in **Part 10. Additional Information**)

**Part 2. Information About This Petition (continued)**

4. If you selected **Item F. Amended petition** in **Item Number 3.**, provide the receipt number of the petition you seek to amend.

▶

5. Requested Action (Select **only one** box)

- A.  Notify the office in **Part 4.** so that the beneficiary can apply for and obtain a visa or be admitted, if eligible.
- B.  Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see the Instructions for limitations). This is available only when you select **Item A. New Employment** in **Item Number 3.** above.
- C.  Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- D.  Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.

**Part 3. Beneficiary Information**

Provide the information requested about the beneficiary(ies) for whom you are filing. Use Attachment 1-Additional Beneficiary for Form I-129O to provide information about each additional beneficiary included in this petition.

1. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Provide all other names the beneficiary has ever used, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**Other Information**

3. Date of Birth (mm/dd/yyyy)

4. Gender

Male  Female

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

▶

6. Alien Registration Number (A-Number) (if any)

▶ A-

7. Place of Birth

City or Town of Birth

Province of Birth

Country of Birth

8. Country of Citizenship or Nationality

**Part 3. Beneficiary Information** (continued)

**9.** Beneficiary's Foreign Address (if any)

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

**10.** If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number (if any)	Passport or Travel Document Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Passport or Travel Document Country of Issuance		
<input type="text"/>		
Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)	Date Status Expires or Duration of Status D/S (see Form I-94 Arrival/Departure Document) mm/dd/yyyy	
<input type="text"/>	<input type="text"/>	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
<input type="text"/>	<input type="text"/>	

**11.** Does the beneficiary have a U.S. residential address?  Yes  No

If you answered "Yes" to **Item Number 11.**, you must provide the beneficiary's U.S. residential address information in **Item Numbers 12.**

**12.** Beneficiary's Current Residential U.S. Address (Do not list a P.O. Box unless the beneficiary resides in the Commonwealth of Northern Mariana Islands CNMI.)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	County		State	ZIP Code
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

**13.** Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

▶

**14.** Have you ever filed an immigrant petition for this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 14.**, provide the receipt number for each petition you have filed for this beneficiary in **Part 10. Additional Information.**

**15.** Have you ever filed a nonimmigrant petition for this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 15.**, identify the classification requested and the receipt number for each petition in **Part 10. Additional Information.**

**Part 4. Processing Information**

**1. U.S. Consulate or Inspection Facility Notification**

Indicate the U.S. Consulate or U.S. Customs and Border Protection (CPB) inspection facility you would like notified if the petition will be approved with consular notification (for example, you requested consular notification or a requested extension of stay or change of status cannot be granted).

**A. Type of Office (Select only one box)**

U.S. Consulate     CBP Pre-flight inspection Facility     U.S. Port of Entry

**B. City Where Office is Located**

**C. U.S. State or Foreign Country**

**2. Are you filing any other petitions with this one?**

Yes     No

If yes, how many?    ▶

**3. Are you filing any applications for replacement/initial Form I-94, Arrival-Departure Records with this petition? (If the beneficiary(ies) was/were 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](http://www.cbp.gov/i94) instead of filing an application for a replacement/initial I-94.)**

Yes     No

If yes, how many?    ▶

**4. Has any beneficiary in this petition in removal proceedings?**

Yes     No

If you answered "Yes" to **Item Number 4.**, provide an explanation in **Part 10. Additional Information.**

**5. Has the beneficiary in this petition ever been granted the classification you are now requesting?**

Yes     No

If you answered "Yes" to **Item Number 5.**, provide explanation in **Part 10. Additional Information.**

**6. Has the beneficiary in this petition ever been denied the classification you are now requesting?**

Yes     No

If you answered "Yes" to **Item Number 6.**, provide explanation in **Part 10. Additional Information.**

**7. Has the beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?**

Yes     No

If you answered "Yes" to **Item Number 7.**, provide a response to **Item Number 8.**

**8. If you answered "Yes" to **Item Number 7.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp. Additionally, if applicable, provide evidence that the applicant or employee fulfilled the two-year foreign residence requirement or had such residence requirement waived.**

**9. Does any beneficiary in this petition have ownership interest in the petitioning organization?**

Yes     No

If you answered "Yes" to **Item Number 9.**, provide an explanation of beneficiary's(ies) ownership interests in **Item Number 10.**

**10. Explanation**

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**Part 4. Processing Information** (continued)

11. Does an appropriate labor organization exist for the petition?  Yes  No

If you answered "No" to **Item Number 11.**, provide an explanation in **Part 10. Additional Information.**

12. Is the required consultation or written advisory opinion being submitted with this petition?

- Yes
- No - a copy of the request is attached
- Consultation not required

If you answered "No" to **Item Number 12.**, indicate to which organizations you have sent a duplicate of this petition. In either **Item Numbers 13. - 14.** or **Item Numbers 15. - 17.**, provide the information about the organizations to which you have sent a duplicate of this petition, as relevant to the O classification you are seeking.

If you are filing for an O-1 beneficiary, complete **Item Numbers 13.** and **14.**

13. Explain the nature of the event in which the O-1 beneficiary will participate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe the services the O-1 beneficiary will perform.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are filing for one or more O-2 beneficiaries, complete **Item Numbers 15. - 17.**

15. Explain the nature of the event in which the O-2 beneficiary(ies) will participate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Describe the services the O-1 beneficiary(ies) will perform.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. List the dates of the prior work experience under the principal O-1 alien for the O-2 beneficiary listed in **Part 3. Beneficiary Information**, if any. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper. If you are applying for more than one beneficiary, provide this information for each additional beneficiary in the **Attachment 1-Additional Beneficiary for Form I-129O.**

Prior Work Experience	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

**Part 4. Processing Information** (continued)

**Additional Information for O Classifications**

Provide the information requested below, as relevant to the type of O classification you are seeking.

O-1 Extraordinary Ability

**18.** Name of Recognized Peer/Peer Group or Labor Organization

**19.** Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**20.** Date Sent (mm/dd/yyyy)

**21.** Daytime Telephone Number

**O-1 Extraordinary Achievement in Motion Picture or Television Industry**

Labor Organization

**22.** Name of Labor Organization

**23.** Complete Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**24.** Date Sent (mm/dd/yyyy)

**25.** Daytime Telephone Number

Management Organization

**26.** Name of Management Organization

**27.** Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**28.** Date Sent (mm/dd/yyyy)

**29.** Daytime Telephone Number

**Part 4. Processing Information** (continued)

***O-2 Accompanying an O-1 Artist or Athlete***

Labor Organization

**30.** Name of Labor Organization

**31.** Complete Address

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**32.** Date Sent (mm/dd/yyyy)

**33.** Daytime Telephone Number

***O-2 Accompanying an O-1 in motion picture or television industry***

Labor Organization

**34.** Name of Labor Organization

**35.** Complete Address

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**36.** Date Sent (mm/dd/yyyy)

**37.** Daytime Telephone Number

Management Organization

**38.** Name of Management Organization

**39.** Physical Address

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**40.** Date Sent (mm/dd/yyyy)

**41.** Daytime Telephone Number



**Part 5. Basic Information About the Proposed Employment and Employer**

1. Job Title/Title
2. Address where the beneficiary(ies) will work if different from the address in **Part 1**. (If beneficiary(ies) will work at more than one different address, include the additional addresses in the itinerary information submitted with the petition.)
- Street Number and Name  Apt. Ste. Flr.    Number
- City or Town  State  ZIP Code
3. Did you include an itinerary with the petition?  Yes  No
4. Will the beneficiary(ies) work for you off-site at another company or organization's location?  Yes  No
5. Will the beneficiary(ies) work exclusively in the (CNMI)?  Yes  No
6. Is this a full-time position?  Yes  No
7. If you answered "No" to **Item Number 6.**, how many hours per week for the position? ▶
8. Wages (in U.S. dollars): \$  per (Specify hour, week, month, or year) ▶
9. Other Compensation (Explain)  
\_\_\_\_\_  
\_\_\_\_\_
10. Dates of Intended Employment  
From (mm/dd/yyyy)  To (mm/dd/yyyy)
11. Type of Business  12. Year Established
13. Current Number of Employees in the United States ▶
14. Gross Annual Income \$  15. Net Annual Income \$

DRAFT  
Not for  
Production  
10/04/2019

**Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States**

If you are seeking an O-1A classification, you must complete Part 6. Please review the Form I-129O Instructions before completing this section. If you are petitioning for any other O classifications, you do not need to complete Part 6.

Select **Item Number 1.** or **Item Number 2.,** as appropriate. Select **only one** option.

1. With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that either:
  - A.  A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; **or**
  - B.  A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

**Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory**

**NOTE:** Read the **Penalties** section of the Form I-129O Instructions before completing this section.

***Petitioner's or Authorized Signatory's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's or Authorized Signatory's Statement Regarding the Interpreter
  - A.  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
  - B.  The interpreter named in **Part 8.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood all of this information as interpreted.
2. Petitioner's or Authorized Signatory's Statement Regarding the Preparer  
 At my request, the preparer named in **Part 9.**, , prepared this petition for me based only upon information I provided or authorized.

***Petitioner's or Authorized Signatory's Certification***

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner or authorized signatory, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information contained in this petition, in supporting documents, in my USCIS records, and in the petitioning organization's USCIS records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify that the petitioner and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

I certify, under penalty of perjury, that I provided or authorized all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

**Part 7. Statement, Contact Information, Certification, and Signature of Petitioner or Authorized Signatory** (continued)

***Petitioner's or Authorized Signatory's Signature***

3. Petitioner's or Authorized Signatory's Signature Date of Signature (mm/dd/yyyy)  
➔

***Name and Title of Authorized Signatory***

If **Part 7.** is being completed by an Authorized Signatory, provide the following information.

4. Family Name (Last Name)  Given Name (First Name)   
5. Title

***Authorized Signatory's Contact Information***

6. U.S. Daytime Telephone Number  7. U.S. Mobile Telephone Number (if any)   
8. Email Address (if any)

**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

**Part 8. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)   
2. Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

3. Street Number and Name  Apt.  Ste.  Flr.  Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

**Part 8. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item B., in Item Number 1.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory (continued)**

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's or authorized signatory's consent.
- B.  I am an attorney or accredited representative and my representation of the petitioner or authorized signatory in this case  extends  does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner or authorized signatory has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of the information in the petition and in the supporting documents is complete, true, and correct.

**Preparer's Signature**

8. Preparer's Signature  Date of Signature (mm/dd/yyyy)

DRAFT  
Not for  
Production  
10/04/2019

**Part 10. Additional Information About Your I-129O Petition for Nonimmigrant Worker**

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print the individual petitioner's legal name or the company or organization name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1. Individual Petitioner or Company Name (same as in Part 1.)**

Family Name Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Petitioning Company or Organization Name**

**3. A. Page Number**  **B. Part Number**  **C. Item Number**

**D.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. A. Page Number**  **B. Part Number**  **C. Item Number**

**D.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. A. Page Number**  **B. Part Number**  **C. Item Number**

**D.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. A. Page Number**  **B. Part Number**  **C. Item Number**

**D.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Attachment 1-Additional Beneficiary for Form I-129O

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

USCIS  
Form I-129H2B  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

Complete a separate copy of this attachment for each additional beneficiary included in this petition. (Do not complete a copy of Attachment 1 for the beneficiary you already named in Part 3. of Form I-129O.)

## Petitioner's Information

Provide the same petitioner name information that was provided in Part 1. of Form I-129O.

1. Legal Name of Petitioning Individual Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Petitioning Company or Organization Name

3. Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

4. Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

Family Name (Last Name)

Given Name (First Name)

Middle Name

  
  
  
  
  
  

## Other Information

5. Date of birth (mm/dd/yyyy)

6. Gender

Male

Female

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

8. Alien Registration Number (A-Number) (if any)

▶ A-

9. USCIS Online Account Number (if any)

▶

10. Place of Birth

Province of Birth

Country of Birth

11. Country of Citizenship or Nationality

12. Beneficiary's Foreign Address (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Other Information (continued)**

13. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) Form I-94 Arrival-Departure Record Number (if any)  
 ▶

Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy)

Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance

Your current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Date Status Expires (mm/dd/yyyy) or Duration of Status (D/S) (see Form I-94 Arrival/Departure Document)

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)

14. Does the beneficiary have a U.S. residential address?  Yes  No

If you answered "Yes" to **Item Number 14.**, you must provide the beneficiary's U.S. residential address information in **Item Number 15.**

15. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the (CNMI).)

Street Number and Name Apt. Ste. Flr. Number  
      
City or Town State ZIP Code

16. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

▶

17. Have you ever filed an immigrant petition for this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 17.**, provide the receipt number for each petition you have filed for this beneficiary in **Part 10. Additional Information.**

18. Have you ever filed a nonimmigrant petition for this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 18.**, identify the classification requested and the receipt numbers for each petition in **Part 10. Additional Information.**



**Other Information** (continued)

19. List the dates of the beneficiary's(ies') prior work experience under the principal O-1 alien, if any. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Prior Work Experience	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

DRAFT  
Not for  
Production  
10/04/2019