

START HERE - Type or print in black ink.

Part 1. Petitioner Information

*(If the employer is an individual, complete **Number 1**; Organizations complete **Number 2.**) Use the mailing address of the petitioner.*

1. Current Legal Name of Employer:

a. Last Name (Family Name)

b. First Name (Given Name)

c. Full Middle Name

2. Company or Organization:

Name of Company or Organization

3. Mailing Address:

a. C/O: (In Care Of)

b. Street Number and Name

c. Suite/Apt. Number

d. City

e. State/Province

f. Country

g. Zip/Postal Code

h. Telephone Number (include area code)

(Do not leave spaces or type any special characters)

i. E-Mail Address

**j. Federal Employer Identification
Number**

k. Individual Tax Number

l. Social Security Number

Receipt

Class: _____

of Workers: _____

Job Code: _____

Validity Dates: _____

From: _____

To: _____

☐ **Classification Approved**

☐ Consulate/POE/PFI Notified

At _____

☐ Extension Granted

☐ COS/Extension Granted

Partial Approval (explain)

Action Block

Part 2. Information About This Petition *(See instructions for fee information.)*

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

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

- ☐ **a.** New employment.
- ☐ **b.** Continuation of previously approved employment without change with the same employer.
- ☐ **c.** Change in previously approved employment.
- ☐ **d.** New concurrent employment.
- ☐ **e.** Change of employer.
- ☐ **f.** Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "N/A."

4. Requested Action *(Check one):*

- ☐ **a.** Notify the office in **Part 4** so each beneficiary can obtain a visa or be admitted. **(NOTE: A petition is not required for an E-1, E-2, H-1B1 Chile/Singapore, or TN visa.)**
- ☐ **b.** Change each beneficiary's status and extend their stay since he, she, or they are all now in the U.S. in another status *(see instructions for limitations)*. This is available only where you check "New Employment" in **Item 2**, above.
- ☐ **c.** Extend the stay of each beneficiary since he, she, or they now hold this status.
- ☐ **d.** Amend the stay of each beneficiary since he, she, or they now hold this status.
- ☐ **e.** Extend the status of a nonimmigrant classification based on a Free Trade Agreement. *(See Free Trade Supplement for TN and H1B1 to Form I-129.)*
- ☐ **f.** Change status to a nonimmigrant classification based on a Free Trade Agreement. *(See Free Trade Supplement for TN and H1B1 to Form I-129.)*

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

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

1. If an Entertainment Group, Give the Group Name**a. Family Name (Last Name)****b. Given Name (First Name)****c. Full Middle Name****d. All Other Names Used (include aliases, maiden name and names from all previous marriages)****e. Date of Birth (mm/dd/yyyy)****f. Gender****g. U.S. Social Security Number (if any)****h. A-Number (if any)**☐ Male☐ Female**i. Country of Birth****j. Province of Birth****k. Country of Citizenship****2. If in the United States, complete the following:****a. Date of Last Arrival**

(mm/dd/yyyy)

b. I-94 Number (Arrival/Departure Document)**c. Current Nonimmigrant Status****d. Date Status Expires**

(mm/dd/yyyy)

e. Student & Exchange Visitor Information System (SEVIS) Number (if any)**f. Employment Authorization Document (EAD) Number****g. Passport Number****h. Date Passport Issued**
(mm/dd/yyyy)**i. Date Passport Expires**
(mm/dd/yyyy)**j. Current U.S. Address (if applicable)**

Part 4. Processing Information

1. 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.**a. Type of Office (Check one):** ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry**b. Office Address (City)****c. U.S. State or Foreign Country****d. Beneficiary's Foreign Address**

Part 4. Processing Information *(Continued)*

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

☐ Not required to have passport

☐ No - Go to **Page 7, Part 10** and write your explanation

☐ Yes

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

☐ No

☐ Yes - How many?

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

☐ No

☐ Yes - How many?

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

☐ No

☐ Yes - How many?

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

☐ No

☐ Yes - explain on **Page 7, Part 10**

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

☐ No

☐ Yes - explain on **Page 7, Part 10**

8. If you indicated you were filing a new petition in **Part 2** within the past 7 years, has any beneficiary in this petition:

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

☐ No

☐ Yes - explain on **Page 7, Part 10**

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

☐ No

☐ Yes - explain on **Page 7, Part 10**

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

☐ No

☐ Yes - explain on **Page 7, Part 10**

10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least 1 year?

☐ No

☐ Yes - explain on **Page 7, Part 10**

11a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

☐ No

☐ Yes - explain on **Page 7, Part 10**

11b. If yes, to **11a**, 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 status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer *(Attach the supplement relating to the classification you are requesting.)*

1. Job Title

2. LCA or ETA Case Number

3. NAICS Code

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

Part 5. Basic Information About the Proposed Employment and Employer *(Attach the supplement relating to the classification you are requesting.)*

5. Name and Title of Contact Individual at Place of Employment

6. Phone Number at work site
(including area code)

7. Will the beneficiary(ies) work exclusively in the CNMI?

☐ Yes ☐ No

8. Is this a full-time position?

☐ Yes - ☐ No - Hours per week:

9. Wages per week or per year:

10. Other Compensation *(Explain)*

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

From:

To:

12. Type of Business

13. Year Established

14. Current Number of Employees

15. Gross Annual Income

16. Net Annual Income

Part 6. Additional Information About Employment Under a Third Party Contract

1. Will the beneficiary work off-site? *(If yes, complete questions 2-5)*

☐ No

☐ Yes

2. Name of company where beneficiary will work if employment is to be under a third party contract.

3. Address of third party worksite *(Street Number and Name, City/Town, State, Zip code)*

4. Name and Title of Contact Individual at third party work site

5. Phone Number *(including area code)*

Part 7. Deemed Export Acknowledgement (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 classification. See **Page 3** of the Instructions before completing this section.)

Check Box 1 or Box 2 (If Box 1 is checked, complete a, b, c and d):

☐ **1. No Deemed Export License Required**

a. Is the technology subject to the Export Administration Regulations (EAR)? ☐ No ☐ Yes

b. List the Export Control Classification Number for the technology:

c. Did you self-classify this technology? ☐ N/A ☐ No ☐ Yes

d. Did the U.S. Department of Commerce classify the technology? ☐ N/A ☐ No ☐ Yes

If yes, provide CCATS number:

☐ **2. Deemed Export License Required - Provide License Number:**

Part 8. Signature *Read the information on penalties in the instructions before completing this section.*

I certify under penalty of perjury that this petition and the evidence submitted with it is true and correct to the best of my knowledge. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I authorized 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. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriated by USCIS, including but not limited to on-site compliance reviews.

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

Signature

Daytime Phone Number (Area/Country Code)

Print Name

Date (mm/dd/yyyy)

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

Part 9. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person and I certify that it is true and correct to the best of my knowledge.

Signature

Daytime Phone Number (Area/Country Code)

Print Name

Date (mm/dd/yyyy)

Firm Name and Address

Part 10. Explanation Page

Signature

Date (*mm/dd/yyyy*)

Print Name

1. Name of the petitioner:

2. Name of the beneficiary:

3. Classification sought (*Check one*):

☐ E-1 Treaty Trader

☐ E-2 Treaty Investor

☐ E-2 CNMI Treaty Investor

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

Section 1. Information About the Employer Outside the United States (if any)

Employer's Name

Total Number of Employees

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

Principal Product, Merchandise or Service

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

Section 2. Additional Information About the U.S. Employer

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

☐ Parent

☐ Branch

☐ Subsidiary

☐ Affiliate

☐ Joint Venture

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

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

Name (<i>First/Middle/Last</i>)	Nationality	Immigration Status	% Ownership

4. Assets

5. Net Worth

6. Total Annual Income

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1. Name of the petitioner:

2. Name of the beneficiary:

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

☐ U.S. Employer ☐ Foreign Employer

4. If Foreign Employer, name the foreign country.

Section 1. Information About Requested Extension or Change (*See instructions attached to this form.*)

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

☐ a. Free Trade, Canada (TN1)

☐ d. Free Trade, Singapore (H-1B1)

☐ b. Free Trade, Mexico (TN2)

☐ e. Free Trade, Other

☐ c. Free Trade, Chile (H-1B1)

☐ f. I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my sixth consecutive request for an extension.

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

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

Signature

Daytime Phone Number (*Area/Country Code*)

Print Name

Date (*mm/dd/yyyy*)

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

Part 3. Signature of Person Preparing Form, If Other Than Above

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

Signature

Daytime Phone Number (*Area/Country Code*)

Print Name

Date (*mm/dd/yyyy*)

Firm Name and Address

1. Name of the petitioner:

2. Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries:

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

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

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

4. Classification sought (*Check one*):

☐ a. H-1B Specialty Occupation

☐ e. H-2A Agricultural worker

☐ b. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)

☐ f. H-2B Non-agricultural worker

☐ c. H-1B3 Fashion model of national or international acclaim

☐ g. H-3 Trainee

☐ d. H-1C Registered Nurse

☐ h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ No

☐ Yes

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties

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

Section 1. Complete This Section If Filing for H-1B Classification (Continued)

Statement for H-1B specialty occupations only:

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. If I assign the beneficiary to work at a third party work site, I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

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

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

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

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

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

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

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

Section 2. Complete This Section If Filing For H-1C Classification

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

Signature**Print or Type Name****Title****Date (mm/dd/yyyy)****Firm Name and Address**

Section 3. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: *(Check one)*

☐ a. Seasonal

☐ c. Intermittent

☐ b. PeakLoad

☐ d. One-time occurrence

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

☐ a. Unpredictable

☐ c. Recurrent annually

☐ b. Periodic

3. Explain your temporary need for the beneficiary or beneficiaries' services *(Attach a separate sheet if additional space is needed.)*

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

Name of country(ies):

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

Family Name (Last Name):

Given Name (First Name):

Full Middle Name:

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

All Other Names Used:

Country of Birth:

Country of Citizenship:

Section 3. Complete This Section If Filing for H-2A or H-2B Classification (Continued)

- 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 ? ☐ Yes ☐ No

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

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

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

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

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

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

Name: _____

Address: _____

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

- b.** If the workers paid a fee, have they been reimbursed for such fees or compensation, or if the workers had an agreement to pay a fee that has not been paid, has that agreement been terminated before being paid by the workers? ☐ Yes ☐ No

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

- 9a.** Have you ever had an H-2A/H-2B petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer? ☐ Yes ☐ No

If "Yes,"

When? _____

Receipt Number: _____

- b.** Was the worker reimbursed for such fees and compensation? ☐ Yes ☐ No

(Attach evidence of reimbursement.) If you answered "No" because of a failure to locate the worker, attach evidence of the efforts to locate the worker.

- 10.** If you are an H-2A petitioner, are you a participant in the E-Verify program? ☐ Yes ☐ No

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

The H-2A/H-2B petitioner and each employer consent to allow Government access to the site where the labor is being performed for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner further agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker absconds from the worksite or is terminated prior to the completion of agricultural labor or services for which he or she was hired. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a 1-year period. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

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

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

Part A. Petitioner:

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

Petitioner's Signature

Print or Type Name

Date (mm/dd/yyyy)

Part B. Employer who is not the petitioner:

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

Employer's Signature

Print or Type Name

Date (mm/dd/yyyy)

Part C. Joint Employers:

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

Joint Employer's Signature(s)

Print or Type Name

Date (mm/dd/yyyy)

Joint Employer's Signature(s)

Print or Type Name

Date (mm/dd/yyyy)

Joint Employer's Signature(s)

Print or Type Name

Date (mm/dd/yyyy)

Joint Employer's Signature(s)

Print or Type Name

Date (mm/dd/yyyy)

Section 4. Complete This Section If Filing for H-3 Classification

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

- | | | |
|--------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| a. Is the training you intend to provide, or similar training, available in the beneficiary's country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Will the training benefit the beneficiary in pursuing a career abroad? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Does the training involve productive employment incidental to training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Does the beneficiary already have skills related to the training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Is this training an effort to overcome a labor shortage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Do you intend to employ the beneficiary abroad at the end of this training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

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

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H-1B Data Collection and Filing Fee Exemption Supplement

1. Name of the petitioner:

2. Name of the beneficiary:

Part A. General Information

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

- a. Is the petitioner an H-1B dependent employer? ☐ No ☐ Yes
- b. Has the petitioner ever been found to be a willful violator? ☐ No ☐ Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements? ☐ No ☐ Yes
1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☐ No ☐ Yes
2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? ☐ No ☐ Yes
- d. Has the petitioner received TARP funding (provide explanation on **Page 7, Part 10** if the petitioner has subsequently repaid all TARP funding)? ☐ No ☐ Yes

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

- ☐ a. NO DIPLOMA
- ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (example: GED)
- ☐ c. Some college credit, but less than 1 year
- ☐ d. One or more years of college, no degree
- ☐ e. Associate's degree (for example: AA, AS)
- ☐ f. Bachelor's degree (for example: BA, AB, BS)
- ☐ g. Master's degree (for example: MA, MS, MEd, MEd, MSW, MBA)
- ☐ h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

4. Rate of Pay Per Year

5. DOT Code

6. NAICS Code

Part B. Fee Exemption Determination

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:

- ☐ Yes ☐ No 1. Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?
- ☐ Yes ☐ No 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?
- ☐ Yes ☐ No 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
- ☐ Yes ☐ No 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien?
- ☐ Yes ☐ No 5. Is this an amended petition that does not contain any request for extensions of stay?

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Part B. Fee Exemption and/or Determination (Continued)

- ☐ Yes ☐ No 6. Are you filing this petition to correct a USCIS error?
- ☐ Yes ☐ No 7. Is the petitioner a primary or secondary education institution?
- ☐ Yes ☐ No 8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

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

- ☐ Yes ☐ No 9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?

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**.

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

Part C. Numerical Limitation Information

1. Specify how this petition should be counted against the H-1B numerical limitation (a.k.a. the H-1B "Cap"). (Check one):

- ☐ a. CAP H-1B Bachelor's Degree ☐ c. CAP H-1B1 Chile/Singapore
- ☐ b. CAP H-1B U.S. Master's Degree or Higher ☐ d. CAP Exempt

2. If you answered question **1b** CAP H-1B U.S. Master's Degree or Higher, provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. Section 1001(a):

a. Name of the U.S. institution of higher education

b. Date Degree Awarded

c. Type of U.S. Degree

d. Address of the U.S. institution of higher education

3. If you answered question **1d** CAP Exempt you must specify the reason this petition is exempt the numerical limitation for H-1B classification:

- ☐ a. The petitioner is an institution of higher education as defined in the Higher Education Act of 1965, 20 U.S.C. 1001(a)

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Part C. Numerical Limitation Exemption Information (Continued)

- ☐ **b.** The petitioner is a nonprofit organization or entity related to or affiliated with an institution of higher education, such as institutions of higher education as defined in the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- ☐ **c.** The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
- ☐ **d.** The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **a - c** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
- ☐ **e.** The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- ☐ **f.** The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1)(1)(B) or (C) of the Act (commonly called a Conrad Medical Waiver).
- ☐ **g.** The beneficiary of this petition: **(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 six years, or **(3)** is seeking a 7th year extension based upon AC21 and the beneficiary's previous H-1B petitioner/employer **was not** a CAP exempt organization as defined above in **a.**, **b.**, and **c.**
- ☐ **h.** The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.
- ☐ **i.** The petitioner is requesting a change of employer and the beneficiary previously worked as an H-1B for an employer subject to Guam-CNMI cap exemption pursuant to Public Law 110-229.

Part D. Attestation Regarding Off-site Assignment of H-1B Beneficiaries

- ☐ 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 sought.
- ☐ The beneficiary has been advised of this off-site placement. If the petition is approved and the beneficiary receives authorization to commence the approved H-1B employment, the beneficiary further accepts the terms and conditions of the off-site H-1B employment, including job location and possible relocation.
- ☐ Placement of the beneficiary off site during the period of employment will be in compliance with the statutory and regulatory requirements of the H-1B nonimmigrant classification.
- ☐ The beneficiary will be paid the prevailing rate of pay at any and all off-site locations.
- ☐ An itinerary is attached. ☐ Yes ☐ No

Beneficiary Signature

Date (mm/dd/yyyy)

Petitioner Signature

Date (mm/dd/yyyy)

Printed Name

Title

1. Name of the petitioner:

2. Name of the beneficiary:

3. This petition is (*Check one*):

☐ a. An individual petition

☐ b. A blanket petition

Section 1. Complete This Section If Filing For An Individual Petition

1. Classification sought (*Check one*):

☐ a. L-1A manager or executive

☐ b. L-1B specialized knowledge

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, attach an additional sheet(s).

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

3. Name of employer abroad

4. Address of employer abroad (*Street number and name*)

Street Number and Name

City/Town

State/Province

Country

Zip/Postal Code

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

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

Section 1. Complete This Section If Filing For An Individual Petition *(Continued)*

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.)

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

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

Section 1. Complete This Section If Filing For An Individual Petition (Continued)

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

- ☐ a. Parent ☐ b. Branch ☐ c. Subsidiary ☐ d. Affiliate ☐ e. Joint Venture

10. Describe the stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.

Company stock ownership and managerial control of each company that has a qualifying relationship	Federal Employer Identification Number for each U.S. company that has a qualifying relationship

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

- ☐ Yes ☐ No *(Attach explanation)*

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

- ☐ Yes *(Attach explanation)* ☐ No

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

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

- ☐ Yes ☐ No

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

--

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

--

Section 2. Complete This Section If Filing A Blanket Petition

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

Name and Address	Relationship

Section 3. Fraud Prevention and Detection Fee

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

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the petitioner:

2. Name of the beneficiary or total number of workers you are filing for:

3. Classification sought (*Check one*):

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

4. Explain the nature of the event

5. Describe the duties to be performed

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the principal O-1 or P alien

7. Does an appropriate labor organization exist for the petition? ☐ Yes ☐ No - explain on **Page 7, Part 10**

8. Is the required consultation or written advisory opinion being submitted with this petition? ☐ Yes - Attached ☐ No - Copy of request attached ☐ N/A

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

O-1 Extraordinary Ability

Name of Recognized Peer Group

Daytime Telephone # (*Area/Country Code*)

Complete Address

Date Sent (*mm/dd/yyyy*)

Section 1. Complete This Section if Filing for O or P Classification

O-1 Extraordinary achievement in motion pictures or television:

Name of Labor Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date Sent (mm/dd/yyyy)

Name of Management Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date sent (mm/dd/yyyy)

O-2 or P alien:

Name of Labor Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date Sent (mm/dd/yyyy)

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status 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.

Petitioner's Signature

Date (mm/dd/yyyy)

Print or Type Name

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

Q-1 Classification
Supplement to Form I-129

1. Name of the petitioner:

2. Name of the beneficiary:

Complete if you are filing for a Q-1 international cultural exchange alien

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

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

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

Petitioner's Signature

Date (mm/dd/yyyy)

1. Name of the petitioner:

2. Name of the beneficiary:

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker

Employer Attestation

1. Provide the following information about the petitioner.

a. Number of members of the petitioning organization

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

c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years

d. Number of special immigrant religious worker petition(s) (I-360) and nonimmigrant religious worker petition(s) (I-129) filed by the petitioner within the past 5 years

2. Has the beneficiary or any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the R visa classification for the last 5 years?

☐ Yes

☐ No

If yes, complete the blanks below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States for the last 5 years. Be sure to list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.

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

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

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(Continued)*

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

Position	Summary of the Type of Responsibilities for That Position

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

--

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(Continued)*

5. Provide the following information about the prospective employment:

a. Title of position offered.

b. Detailed description of the beneficiary's proposed daily duties.

c. Description of the beneficiary's qualifications for the position offered.

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

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

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(Continued)*

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

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

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

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

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

8. If the beneficiary worked in the United States during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

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

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

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

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(Continued)*

- 11.** The beneficiary has been a member of the petitioner's denomination for at least 2 years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position.

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

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

☐ Yes ☐ No If "No," provide explanation, if more space is needed attach a separate sheet.

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

Signature

Date (mm/dd/yyyy)

Printed Name

Title

Employer/Organization Name

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

Suite Number

City

State

Zip Code

Daytime Phone Number *(with area code)*

Fax Number *(if any)*

E-mail Address *(if any)*

Section 2. This Section Is Required For Petitioners Affiliated with the Religious Denomination

Religious Denomination Certification



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

Name of Employing Organization

is affiliated with:

Name of Religious Denomination

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

Signature

Printed Name

Title

Date (mm/dd/yyyy)

Attesting Organization Name

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

Suite Number

City

State

Zip Code

Daytime Phone Number (with area code)

Fax Number (if any)

E-mail Address (if any)

DRAFT - Not For Production

Attachment - 1

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

Family Name (<i>Last Name</i>)		Given Name (<i>First Name</i>)		Full Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth <i>mm/dd/yyyy</i>	Gender	U.S. Social Security Number (<i>if any</i>)		A-Number (<i>if any</i>)	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>		<input type="text"/>	
All Other Names Used (<i>include aliases, maiden name and names from previous Marriages</i>)					
<input type="text"/>					
Address in the United States Where You Intend to Live (<i>Complete Address</i>)					
<input type="text"/>					
Foreign Address (<i>Complete Address</i>)					
<input type="text"/>					
Country of Birth			Country of Citizenship		
<input type="text"/>			<input type="text"/>		
IF IN THE U.S.	Date of Arrival (<i>mm/dd/yyyy</i>)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (<i>mm/dd/yyyy</i>)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Student & Exchange Visitor Information System (SEVIS) Number (<i>if any</i>)		Employment Authorization Document (EAD) Number (<i>mm/dd/yyyy</i>)		
	<input type="text"/>		<input type="text"/>		
	Country Where Passport Issued	Passport Number	Date Passport Expires (<i>mm/dd/yyyy</i>)	Date Started With Group (<i>mm/dd/yyyy</i>)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Attachment - 1

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

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

Date of Birth
mm/dd/yyyy

Gender

☐

Male

☐

Female

U.S. Social Security Number (if any)

A-Number (if any)

All Other Names Used (include aliases, maiden name and names from previous Marriages)

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

Foreign Address (Complete Address)

Country of Birth

Country of Citizenship

IF
IN
THE
U.S.

Date of Arrival (mm/dd/yyyy) I-94 # (Arrival-Departure Document)

Current Nonimmigrant Status

Date Status Expires (mm/dd/yyyy)

Student & Exchange Visitor Information
System (SEVIS) Number (if any)

Employment Authorization Document (EAD)
Number (mm/dd/yyyy)

Country Where Passport Issued

Passport Number

Date Passport Expires
(mm/dd/yyyy)

Date Started With
Group (mm/dd/yyyy)

Attachment - 1

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

Family Name (Last Name)		Given Name (First Name)		Full Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth <i>mm/dd/yyyy</i>	Gender	U.S. Social Security Number (if any)		A-Number (if any)	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>		<input type="text"/>	
All Other Names Used (include aliases, maiden name and names from previous Marriages)					
<input type="text"/>					
Address in the United States Where You Intend to Live (Complete Address)					
<input type="text"/>					
Foreign Address (Complete Address)					
<input type="text"/>					
Country of Birth			Country of Citizenship		
<input type="text"/>			<input type="text"/>		
IF IN THE U.S.	Date of Arrival (mm/dd/yyyy)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (mm/dd/yyyy)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Student & Exchange Visitor Information System (SEVIS) Number (if any)		Employment Authorization Document (EAD) Number (mm/dd/yyyy)		
	<input type="text"/>		<input type="text"/>		
	Country Where Passport Issued	Passport Number	Date Passport Expires (mm/dd/yyyy)	Date Started With Group (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		