



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

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

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

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

2. Company or Organization Name

3. Mailing Address of Individual, Company or Organization

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

In Care Of Name

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"/>		
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>

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

1. **Requested Nonimmigrant Classification** (Write classification symbol):
2. **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.
 - 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 "None."**
4. **Requested Action** (select **only one** box):
- a. Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - 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 instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.,** 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.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - 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.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**
2. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
4. **Other Information**
- | | | |
|----------------------------|---|--------------------------------------|
| Date of birth (mm/dd/yyyy) | Gender | U.S. Social Security Number (if any) |
| <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> |

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth

▶ A-

Province of Birth Country of Citizenship or Nationality

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

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

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy)

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

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Fl. Number

City or Town State ZIP Code

Part 4. Processing Information

1. 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 U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City) **c. U.S. State or Foreign Country**

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Fl. Number

City or Town State

Province Postal Code Country

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 10.** and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ▶ No
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.
 Yes. If yes, how many? ▶ No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ▶ No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 10.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ▶ No
8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 10.** and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, 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.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

2. LCA or ETA Case Number

Part 5. Basic Information About the Proposed Employment and Employer (continued)

- 3. Address where the beneficiary(ies) will work if different from address in **Part 1**.
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
- 4. Did you include an itinerary with the petition? Yes No
- 5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
- 6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
- 7. Is this a full-time position? Yes No
- 8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶
- 9. Wages: \$ per (Specify hour, week, month, or year) ▶
- 10. Other Compensation (Explain)

- 11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)
- 12. Type of Business
- 13. Year Established
- 14. Current Number of Employees in the United States
- 15. Gross Annual Income
- 16. Net Annual Income

Part 6. Information About The Beneficiary's Public Benefits

Part 6. only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

[Empty box for Type of Benefit]

Agency that Granted the Benefit

[Empty box for Agency that Granted the Benefit]

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

[Empty box for Date the Beneficiary Started Receiving the Benefit]

Date Benefit Ended or Expires
(mm/dd/yyyy)

[Empty box for Date Benefit Ended or Expires]

3. If you answered "Yes" to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

4.a. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

4.b. Provide the applicable dates From: (mm/dd/yyyy) [Empty box] To: (mm/dd/yyyy) [Empty box]

Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(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.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

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:

- 1. 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
- 2. 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 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

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

Title

2. Signature and Date

Signature of Authorized Signatory	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

3. Signatory's Contact Information

Daytime Telephone Number	Email Address (if any)
<input type="text"/>	<input type="text"/>

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 delayed or the petition may be denied.

Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)

Part 10. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 10.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A-

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2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**



E-1/E-2 Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

2. Name of the Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Classification sought (select **only one** box):

E-1 Treaty Trader

E-2 Treaty Investor

E-2 CNMI Investor

4. Name of country signatory to treaty with the United States

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?

Yes No

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

1. Employer's Name

2. Total Number of Employees

3. Employer's Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Principal Product, Merchandise or Service

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

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

1. How is the U.S. company related to the company abroad? (select **only one** box)

- Parent Branch Subsidiary Affiliate Joint Venture

2.a. Place of Incorporation or Establishment in the United States

2.b. Date of incorporation or establishment

(mm/dd/yyyy)

3. Nationality of Ownership (Individual or Corporate)

Name (First/MI/Last)	Nationality	Immigration Status	Percent of Ownership

4. Assets

5. Net Worth

6. Net Annual Income

7. Staff in the United States

- a. How many executive and managerial employees does the petitioner have who are nationals of the treaty country in either E, L, or H nonimmigrant status?
- b. How many persons with special qualifications does the petitioner employ who are in either E, L, or H nonimmigrant status?
- c. Provide the total number of employees in executive and managerial positions in the United States.
- d. Provide the total number of positions in the United States that require persons with special qualifications.

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.

Section 3. Complete If Filing for an E-1 Treaty Trader

1. Total Annual Gross Trade/
Business of the U.S. company

2. For Year Ending
(yyyy)

3. Percent of total gross trade between the United States and the treaty trader country.

Section 4. Complete If Filing for an E-2 Treaty Investor

Total Investment:

Cash

Equipment

Other

Inventory

Premises

Total



Trade Agreement Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

2. Name of the Beneficiary

3. Employer is a (select **only one** box):

- 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 (select **only one** box):

- | | |
|---|--|
| <input type="checkbox"/> a. Free Trade, Canada (TN1) | <input type="checkbox"/> d. Free Trade, Singapore (H-1B1) |
| <input type="checkbox"/> b. Free Trade, Mexico (TN2) | <input type="checkbox"/> e. Free Trade, Other |
| <input type="checkbox"/> c. Free Trade, Chile (H-1B1) | <input type="checkbox"/> f. A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1) |

Section 2. Petitioner's Declaration, Signature, and Contact Information (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

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

1. Name of Petitioner

Family Name (Last Name)

Given Name (First Name)

2. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)

➔

3. Petitioner's Contact Information

Daytime Telephone Number

Mobile Telephone Number

Email Address (if any)

Section 3. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA)).

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)



H Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

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

2.a. Name of the Beneficiary

OR

2.b. Provide 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 six years (beneficiaries requesting H-2A or H-2B classification need only list the last three 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 (select **only one** box):

- a. H-1B Specialty Occupation
- b. H-1B1 Chile and Singapore
- c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- d. H-1B3 Fashion model of distinguished merit and ability
- e. H-2A Agricultural worker
- f. H-2B Non-agricultural worker
- g. H-3 Trainee
- h. H-3 Special education exchange visitor program

5. If you selected **a.** or **d.** in **Item Number 4.**, and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

- Yes
- No

7. 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

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

Yes. If yes, please explain in **Item Number 8.b.** No

8.b. Explanation

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

1. Describe the proposed duties.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

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. 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.

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)

➔

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) 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

Name of Authorized Official of Employer

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.

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)

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

1. Employment is: (select **only one** box)

- a. Seasonal b. Peak load c. Intermittent d. One-time occurrence

2. Temporary need is: (select **only one** box)

- a. Unpredictable b. Periodic c. Recurrent annually

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

4. List the countries of citizenship for the H-2A or H-2B workers you plan to hire.

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. (Attach a separate sheet if additional space is needed.)

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

5.b. Provide all other name(s) used

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

5.c. Date of Birth (mm/dd/yyyy) 5.d. Country of Birth

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

5.e. Country of Citizenship or Nationality

6.a. 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?

- Yes. If yes, go to **Part 10.** of Form I-129 and write your explanation. No

6.b. Visa Classification (H-2A or H-2B):

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 United States interest.

* For H-2A petitions only: You must also show that workers with the required skills are not available from among United States workers.

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

7.a. 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 or agent used below. Please use **Part 10.** of Form I-129 if you need to include the name and address of more than one service or agent.

7.b. Name

7.c. Address

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

8.a. 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. This phrase does 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. Yes No

8.b. If yes, list the types and amounts of fees that the worker(s) paid or will pay.

8.c. If the workers paid any fee or compensation, were they reimbursed? Yes No

8.d. 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

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

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.

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

10.a.1 If yes, when?

10.a.2 Receipt Number:

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

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

11. Have any of the workers you are requesting experienced an interrupted stay associated with their entry as an H-2A or H-2B? (See form instructions for more information on interrupted stays.) Yes No

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.

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

12.b. If yes, provide the E-Verify Company ID or Client Company ID.

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

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**.

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.

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).

Signature of Petitioner	Name of Petitioner	Date (mm/dd/yyyy)
➔ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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.

Signature of Employer	Name of Employer	Date (mm/dd/yyyy)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Part C. Joint Employers

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

Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>



H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. General Information

1. **Employer Information** - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? Yes No
- b. Has the petitioner ever been found to be a willful violator? Yes No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? Yes No
 - c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? Yes No
 - 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
- d. Does the petitioner employ 50 or more individuals in the United States? Yes No
 - d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes No

2. **Beneficiary's Highest Level of Education** (select **only one** box)

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

3. Major/Primary Field of Study

4. Rate of Pay Per Year

5. DOT Code

6. NAICS Code

Section 2. Fee Exemption and/or 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:

- 1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 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 8 CFR 214.2(h)(19)(iii)(B)? Yes No

Section 2. Fee Exemption and/or Determination (continued)

- 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? 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? Yes No

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.** below.

- 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? Yes No

If you answered yes, to **Item Number 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: 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 on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

- 1. Specify the type of H-1B petition you are filing. (select **only one** box):

- 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 **Item Number 1.b. "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. 1001(a):

- a. Name of the United States Institution of Higher Education

- b. Date Degree Awarded
- c. Type of United States Degree

- d. Address of the United States institution of higher education

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
 - d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
 - 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(l) of the Act.
 - g. The beneficiary of this petition has been counted against the cap and **(1)** is applying for the remaining portion of the 6 year period of admission, or **(2)** 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).
 - h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

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 sought. Yes No
- If no, do not complete **Item Numbers 2.** and **3.**
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
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No



L Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner
2. Name of the Beneficiary
3. This petition is (select **only one** box): a. An individual petition b. A blanket petition
- 4.a. Does the petitioner employ 50 or more individuals in the U.S.? Yes No
- 4.b. If yes, are more than 50 percent of those employee in H-1B, L-1A, or L-1B nonimmigrant status? Yes No

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

1. Classification sought (select **only one** box): 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 seven 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. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to **Part 10. of Form I-129.**

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

3. Name of Employer Abroad
4. Address of Employer Abroad
- Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

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

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	

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, describe the beneficiary's duties abroad for the 3 years preceding the beneficiary's admission to the United States.)

7. Describe the beneficiary's proposed duties in the United States.

8. Summarize the beneficiary's education and work experience.

9. How is the U.S. company related to the company abroad? (select **only one** box)

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

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

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.

Percentage of 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. If no, provide an explanation in **Part 10. of Form I-129** 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.

12. Is the beneficiary coming to the United States to open a new office?
 Yes No (attach explanation)

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

13.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

13.b. 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. If you need additional space to respond to this question, proceed to **Part 10.** of the Form I-129, and type or print your explanation.

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 a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this question, proceed to **Part 10.** of the Form I-129, and type or print your explanation.

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 separate sheets of paper if additional space is needed.)

Name and Address	Relationship

Section 3. Additional Fees

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 on or after December 18, 2015, you must submit an additional fee of **\$4,500** if you responded yes to both questions in **Item Numbers 4.a.** and **4.b.** on the first page of this L Classification Supplement. This **\$4,500** fee is mandated by the provisions of Public Law 114-113.

These fees, when applicable, may not be waived. You must include payment of the fees with your submission of this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.



O and P Classifications Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

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

1. Name of the Petitioner

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries:

3. Classification sought (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 or extraordinary achievement in the motion picture or television industry
- c. O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
- d. P-1 Major League Sports
- e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major 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.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

- Yes. If yes, please explain in **Item Number 7.b.** No.

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

7.b. Explanation

8. Does an appropriate labor organization exist for the petition?
 Yes No. If no, proceed to **Part 10.** and type or print your explanation.

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

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

10.b. 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"/>	

10.c. Date Sent (mm/dd/yyyy)

10.d. Daytime Telephone Number

O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

11.b. 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"/>	

11.c. Date Sent (mm/dd/yyyy)

11.d. Daytime Telephone Number

12.a. Name of Management Organization

12.b. 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"/>	

12.c. Date Sent (mm/dd/yyyy)

12.d. Daytime Telephone Number

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

O-2 or P alien

13.a. Name of Labor Organization

13.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

Section 2. Statement by the Petitioner

I certify that I, 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.

1. Name of Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)



3. Petitioner's Contact Information

Daytime Telephone Number

Email Address (if any)



Q-1 Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. 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. (Applies only if the participant 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.

1. Name of Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)



3. Petitioner's Contact Information

Daytime Telephone Number

Email Address (if any)



R-1 Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

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

Provide the following information about the petitioner:

1.a. Number of members of the petitioner's religious organization?

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

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

1.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 five 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 in the last five years? Yes No

If yes, complete the spaces below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States in the last five years. Please 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 in Part 10. of Form I-129.

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 sheet(s) of 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.

Provide the following information about the prospective employment:

5.a. Title of position offered.

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

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

5.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.

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

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

Petitioner Attestations

Does the petitioner attest to all of the requirements described in Item Numbers 6. - 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, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

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, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

8. If the beneficiary worked in the United States in an R-1 status 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, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

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, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

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

10. The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires 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, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

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

Yes No. If no, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

12. The petitioner will notify USCIS within 14 days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay.

Yes No. If no, type or print your explanation below and if needed, go to **Part 10. of Form I-129.**

Attestation

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

Name of Petitioner

Title

Signature of Petitioner

➔

Date (mm/dd/yyyy)

Employer or Organization Name

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

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

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"/>

Employer or Organization's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination

Religious Denomination Certification

I certify, under penalty of perjury, 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 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), 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.

Name of Authorized Representative of Attesting Organization	Title
<input type="text"/>	<input type="text"/>

Signature of Authorized Representative of Attesting Organization	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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

Attesting Organization Name

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"/>

Attesting Organization's Contact Information

Daytime Telephone Number	Fax Number	Email Address (if any)
<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)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
		A-Number (if any)
		A- <input type="text"/>

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

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

Address in the United States Where You Intend to Live (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"/>

Foreign Address (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"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	Country of Citizenship or Nationality	
<input type="text"/>	<input type="text"/>	

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	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)	Country of Issuance for Passport or Travel Document
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Nonimmigrant Status	Date Status Expires or D/S (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"/>	

Information About the Additional Beneficiary's Public Benefits

1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public benefits:

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

Information About the Additional Beneficiary's Public Benefits (continued)

D. Type of Benefit

[Empty box for Type of Benefit]

Agency that Granted the Benefit

[Empty box for Agency that Granted the Benefit]

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

[Empty box for Date the Beneficiary Started Receiving the Benefit]

Date Benefit Ended or Expires
(mm/dd/yyyy)

[Empty box for Date Benefit Ended or Expires]

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates

From: (mm/dd/yyyy)

[Empty box for start date]

To: (mm/dd/yyyy)

[Empty box for end date]

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)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
		A-Number (if any)
		A- <input type="text"/>

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

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

Address in the United States Where You Intend to Live (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"/>

Foreign Address (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"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	Country of Citizenship or Nationality	
<input type="text"/>	<input type="text"/>	

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	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)	Country of Issuance for Passport or Travel Document
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Nonimmigrant Status	Date Status Expires or D/S (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"/>	

Information About the Additional Beneficiary's Public Benefits

1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public benefits:

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

Information About the Additional Beneficiary's Public Benefits (continued)

D. Type of Benefit

[Empty box for Type of Benefit]

Agency that Granted the Benefit

[Empty box for Agency that Granted the Benefit]

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

[Empty box for Date the Beneficiary Started Receiving the Benefit]

Date Benefit Ended or Expires
(mm/dd/yyyy)

[Empty box for Date Benefit Ended or Expires]

3. If you answered “Yes” to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates From: (mm/dd/yyyy) [Empty box] To: (mm/dd/yyyy) [Empty box]