

Form I-129 Table of Changes
January 28, 2010
OMB No. 1615-0009

| LOCATION | CURRENT | PROPOSED |
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| Page 1 For USCIS Use Only | For USCIS Use Only Returned [text box] Date [text box] Date [text box] Resubmitted [text box] Date [text box] Date [text box] Reloc Sent [text box] Date [text box] Date [text box] Reloc Rec'd [text box] Date [text box] Date [text box] <input type="checkbox"/> Petitioner Interviewed on _____ [text box] <input type="checkbox"/> Beneficiary Interviewed on _____ [text box] <hr/> Class: _____ # of Workers: _____ Priority Number: _____ Validity Dates: _____ From: _____ To: _____ <hr/> To Be Completed by <i>Attorney or Representative, if</i> <i>any,</i> <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. ATTY State License #: | For USCIS Use Only Delete all boxes to the left of the "Receipt" box: Receipt [reduce size of box to 3 x 2 in– large enough to fit a barcode label] <hr/> Class: _____ # of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____ <hr/> Delete this entire section & enlarge the " Action Block " box to fit stamp size. |
| Page 1 Part 1. Petitioner Information | Part 1. Information About the Employer Filing This Petition <i>(If the employer is an individual, complete Number 1. Organizations should complete Number 2.)</i> 2. Company or Organization Name [text box] | Part 1. Petitioner Information. Information About the Employer Filing This Petition <i>(If the employer is an individual, complete Number 1; Organizations complete Number 2.)</i> Please use the mailing address of the petitioner. 1. Current Legal Name of Employer: |

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| | <p>Telephone No. w/Area Code [text box: ()]</p> <p>Mailing Address: (<i>Street Number and Name</i>) [text box]</p> <p>Suite # [text box]</p> <p>C/O: (<i>In Care Of</i>) [text box]</p> <p>City [Text box]</p> <p>State/Province [Text box]</p> <p>Country [Text box]</p> <p>Zip/Postal Code [Text box]</p> <p>E-Mail Address (<i>if Any</i>) [Text box]</p> <p>Federal Employer Identification # [Text box]</p> <p>U.S. Social Security # [Text box]</p> <p>Individual Tax # [Text box]</p> | <p>[text box]</p> <p>“C/O” line moved above line with “Mailing Address” and “Suite #”; Also “Zip/Postal Code” moved to same line as “City” & “State/Province” to allow for more space for “E-Mail Address”:</p> <p>2. Company or Organization Name [text box]</p> <p>Telephone No. w/Area Code [text box: ()]</p> <p>C/O: (<i>In Care Of</i>) [text box]</p> <p>Mailing Address: (<i>Street Number and Name</i>) [text box]</p> <p>Suite # [text box]</p> <p>City [Text box]</p> <p>State/Province [Text box]</p> <p>Zip/Postal Code [Text box]</p> <p>Country [Text box]</p> <p>E-Mail Address [Text box]</p> <p>Federal Employer Identification # [Text box]</p> <p>U.S. Social Security # [Text box]</p> <p>Individual Tax # [Text box]</p> |
| <p>Page 2</p> <p>Part 2. Information about this petition</p> | <p>Basis for Classification</p> <p>a. <input type="checkbox"/> New employment (including new employer filing H-1B extension).</p> | <p>Basis for Classification</p> <p>a. <input type="checkbox"/> New employment.</p> |

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| Page 2 Part 2. Information about this petition | 3. If you checked Box 2b, 2c, 2d, 2e, or 2f , give the petition receipt number. [text box] | 3. Provide the most recent petition/application receipt number for the beneficiary. If none exists indicate "N/A." [text box] |
| Page 2 Part 2. Information about this petition | 4. Prior Petition. If the beneficiary is in the U.S. as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt number: [text box] | [Delete this question] |
| Page 2 Part 2. Information about this petition | 5. Requested Action (Check one): a. <input type="checkbox"/> Notify the office in Part 4 so the person(s) can obtain a visa or be admitted. (NOTE: a petition is not required for an E-1 or E-2 visa) b. <input type="checkbox"/> Change the person(s) status and extend their stay since the person(s) are all now in the U.S. in another status (<i>see instructions for limitations</i>). This is available only where you check "New Employment" in Item 2, above. c. <input type="checkbox"/> Extend the stay of the person(s) since they now hold this status. d. <input type="checkbox"/> Amend the stay of the person(s) since they now hold this status. e. <input type="checkbox"/> Extend the status of a nonimmigrant classification based on a Free Trade Agreement. (<i>See Free Trade Supplement for TN and H1B1 to Form I-129</i>). f. <input type="checkbox"/> Change status to a nonimmigrant classification based on a Free Trade Agreement. (<i>See Free Trade Supplement for TN and H1B1 to Form I-129</i>). | Renumber to: 4. Requested Action (Check one): a. <input type="checkbox"/> 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. <input type="checkbox"/> Change each beneficiary's status and extend their stay since he, she or they are all now in the U.S. in another status (<i>see instructions for limitations</i>). This is available only where you check "New Employment" in Item 2, above. c. <input type="checkbox"/> Extend the stay of each beneficiary since he, she, or they now hold this status. d. <input type="checkbox"/> Amend the stay of each beneficiary since he, she, or they now hold this status. e. <input type="checkbox"/> Extend the status of a nonimmigrant classification based on a Free Trade Agreement. (<i>See Free Trade Supplement for TN and H-1B1 to Form I-129</i>). f. <input type="checkbox"/> Change status to a nonimmigrant classification based on a Free Trade Agreement. (<i>See Free Trade Supplement for TN and H-1B1 to Form I-129</i>). |
| Page 2 Part 2. Information about this petition | 6. Total number of workers in petition (<i>See instructions relating to when more than one worker can be included</i>): [text box] | 5. Total number of workers in petition (<i>See instructions relating to when more than one worker can be included</i>): [text box] |
| Page 2 | Part 3. Information about | Part 3. Beneficiary |

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| <p>Part 3. Beneficiary Information</p> | <p>the person(s) you are filing for <i>Complete the blocks below. Use the continuation sheet to name each person included in this petition.</i></p> <p>Current form has no place to capture EAD#, SEVIS#.</p> <p>1. If an Entertainment Group, Give the Group Name</p> <p>Family Name (<i>Last Name</i>) [Text box]</p> <p>Given Name (<i>First Name</i>) [Text box]</p> <p>Full Middle Name [Text box]</p> <p>All Other Names Used (<i>include maiden name and names from all previous marriages</i>) [Text box]</p> <p>Date of Birth (<i>mm/dd/yyyy</i>) [Text box]</p> <p>U.S. Social Security Number (<i>if any</i>) [Text box]</p> <p>*****</p> <p>If in the U.S.</p> <p>Date of Last Arrival (<i>mm/dd/yyyy</i>) [Text box]</p> <p>I-94 # (Arrival-Departure Document) [Text box]</p> <p>Current Nonimmigrant Status [Text box]</p> <p>Date Status Expires (<i>mm/dd/yyyy</i>) [Text box]</p> <p>Passport Number [Text box]</p> <p>Date Passport Issued</p> | <p>Information: Information about the alien(s) you are filing for. <i>Complete the blocks below. Use the continuation sheet to name each alien included in this petition.</i></p> <p>Add boxes to capture Gender, EAD# and SEVIS#:</p> <p>1. If an Entertainment Group, Give the Group Name [Text box]</p> <p>Family Name (<i>Last Name</i>) [Text box]</p> <p>Given Name (<i>First Name</i>) [Text box]</p> <p>Full Middle Name [Text box]</p> <p>All Other Names Used (<i>include aliases, maiden name and names from all previous marriages</i>) [Text box]</p> <p>Date of Birth (<i>mm/dd/yyyy</i>) [Text box]</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>U.S. Social Security Number (<i>if any</i>) [Text box]</p> <p>*****</p> <p>If in the U.S.</p> <p>Date of Last Arrival (<i>mm/dd/yyyy</i>) [Text box]</p> <p>I-94 # (Arrival-Departure Document) [Text box]</p> <p>Current Nonimmigrant Status [Text box]</p> <p>Date Status Expires (<i>mm/dd/yyyy</i>) [Text box]</p> |
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| | <p>(mm/dd/yyyy) [Text box]</p> <p>Date Passport Expires (mm/dd/yyyy) [Text box]</p> <p>Current U.S. Address [Text box]</p> | <p>Student & Exchange Visitor Information System (SEVIS) # (if any) [Text box]</p> <p>Employment Authorization Document (EAD) # [Text box]</p> <p>Passport Number [Text box]</p> <p>Date Passport Issued (mm/dd/yyyy) [Text box]</p> <p>Date Passport Expires (mm/dd/yyyy) [Text box]</p> <p>Current U.S. Address (if applicable) [Text box]</p> |
| <p>Page 3</p> <p>Part 4. Processing Information</p> | <p>1. If the person named in Part 3 is outside the United States or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.</p> <p>a. Type of Office (<i>Check one</i>):</p> <p><input type="checkbox"/> Consulate</p> <p><input type="checkbox"/> Pre-flight inspection</p> <p><input type="checkbox"/> Port of entry</p> <p>b. Office Address (<i>City</i>) [Text box]</p> <p>c. U.S. State or Foreign Country [Text box]</p> <p>d. Person's Foreign Address [Text box]</p> <p>2. Does each person in this petition have a valid passport?</p> <p><input type="checkbox"/> Not Required to have a passport</p> <p><input type="checkbox"/> No-Go to Page 7, Part 9 and write your explanation</p> <p><input type="checkbox"/> Yes</p> <p>3. *****</p> <p>4. *****</p> | <p>Two new questions inserted:</p> <p>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.</p> <p>a. Type of Office (<i>Check one</i>):</p> <p><input type="checkbox"/> Consulate</p> <p><input type="checkbox"/> Pre-flight inspection</p> <p><input type="checkbox"/> Port of entry</p> <p>b. Office Address (<i>City</i>) [Text box]</p> <p>c. U.S. State or Foreign Country [Text box]</p> <p>d. Beneficiary's Foreign Address [Text box]</p> <p>2. Does each person in this petition have a valid passport?</p> <p><input type="checkbox"/> Not Required to have a passport</p> <p><input type="checkbox"/> No-Go to Page 7, Part 10 and write your explanation</p> <p><input type="checkbox"/> Yes</p> |

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| | <p>5. *****</p> <p>6. Is any person in this petition in removal proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>7. Have you ever filed an immigrant petition for any person in this petition? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>8. If you indicated you were filing a new petition in Part 2, within the past seven years has any person in this petition: a. Ever been given the classification you are now requesting? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>b. Ever been denied the classification you are now requesting? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>9. Have you ever previously filed a petition for this person? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>10. If you are filing for an entertainment group, has an person in this petition not been with the group for at least one year? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> | <p>3. *****</p> <p>4. *****</p> <p>5. *****</p> <p>6. Is any beneficiary in this petition in removal proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>7. Have you ever filed an immigrant petition for any beneficiary in this petition? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>8. If you indicated you were filing a new petition in Part 2, within the past seven years has any beneficiary in this petition: a. Ever been given the classification you are now requesting? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>b. Ever been denied the classification you are now requesting? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>9. Have you ever previously filed a petition for this beneficiary? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes-explain on Page 7, Part 10</p> <p>11a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1</p> |
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| | | <p>exchange visitor? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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.</p> |
| <p>Page 4</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> | <p>1. Job Title [Box for text]</p> <p>2. Nontechnical Job Description [Box for text]</p> <p>3. LCA Case Number [Box for text]</p> <p>4. NAICS Code [Box for text]</p> <p>5. Address where the person(s) will work if different from the address in Part 1. (<i>Street number and name, city/town, state, zip code</i>) [Box for text]</p> <p>6. Is this a full-time position? <input type="checkbox"/> No – Hours per week: [box for text] <input type="checkbox"/> Yes – Wages per week or per year: [box for text]</p> <p>7. Other Compensation (<i>Explain</i>) [Box for text]</p> <p>8. Dates of intended employment (<i>mm/dd/yyyy</i>): From: [Box for text] To: [Box for text]</p> <p>9. Type of Petitioner – <i>Check one</i>: <input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Organization <input type="checkbox"/> Other – explain on a separate paper</p> <p>10. Type of Business [Box for text]</p> <p>11. Year Established</p> | <p>1. Job Title [Box for text]</p> <p>2. LCA or ETA Case Number [Box for text]</p> <p>3. NAICS Code [Box for text: create a box that only allows for a 6-digit code to be entered (see page 13, Part A, item 8 of old Form I-129 for example)]</p> <p>4. Address where the beneficiary(ies) will work if different from the address in Part 1. (<i>Street number and name, city/town, state, zip code</i>) [box for text]</p> <p>5. Name and Title of Contact Individual at Place of Employment [box for text]</p> <p>6. Phone Number at Work Site (<i>including area code</i>) [box for text]</p> <p>7. Will the beneficiary(ies) work exclusively in the CNMI? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is this a full-time position? <input type="checkbox"/> Yes <input type="checkbox"/> No – Hours per week: [box for text]</p> <p>9. Wages per week or per year: [box for text]</p> <p>10. Other Compensation (<i>Explain</i>) [Box for text]</p> <p>11. Dates of intended</p> |

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| | <p>[Box for text]</p> <p>12. Current Number of Employees [Box for text]</p> <p>13. Gross Annual Income [Box for text]</p> <p>14. Net Annual Income [Box for text]</p> | <p>employment (<i>mm/dd/yyyy</i>): From: [Box for text] To: [Box for text]</p> <p>Current item 9, “Type of Petitioner” removed, section now reads:</p> <p>12. Type of Business [Box for text]</p> <p>13. Year Established [Box for text]</p> <p>14. Current Number of Employees [Box for text]</p> <p>15. Gross Annual Income [Box for text]</p> <p>16. Net Annual Income [Box for text]</p> |
| <p>New section Page 5</p> <p>Part 6. Additional Information About Employment under a Third Party Contract</p> | <p>Insert a new section after Part 5.</p> <p>Part 6. Additional Information About Employment under a Third Party Contract</p> | <p>Insert a new section after Part 5.</p> <p>Part 6. Additional Information About Employment under a Third Party Contract</p> <p>1. Will the beneficiary work off-site? (<i>If yes, complete questions 2-5</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2. Name of company where beneficiary will work if employment is to be under a third party contract. [box for text]</p> <p>3. Address of third party worksite (<i>Street number and name, city/town, state, zip code</i>) [box for text]</p> <p>4. Name and Title of Contact Individual at third party work site [box for text]</p> <p>5. Phone Number (<i>including area code</i>) [box for text]</p> |

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| <p>New section Page 6</p> <p>Part 7. Deemed Export Acknowledgement</p> | <p>Insert a new section after Part 6:</p> <p>Part 7. Deemed Export Acknowledgement</p> | <p>Insert a new section after Part 6:</p> <p>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 classifications. See Page 3 of the Instructions before completing this section.)</p> <p>Check Box 1 or Box 2 (If Box 1 is checked, complete a, b, c, and d):</p> <p><input type="checkbox"/> 1. No Deemed Export License Required</p> <p>a. Is the technology subject to the Export Administration Regulations (EAR)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b. List the Export Control Classification Number for the technology: [Insert line for this info.]</p> <p>c. Did you self-classify this technology? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d. Did the U.S. Department of Commerce classify this technology? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes – If “Yes” give CCATS Number: [Insert box for CCATS #]</p> <p><input type="checkbox"/> 2. Deemed Export License Required – Provide License Number [Insert Line for License #]</p> |
| <p>Page 6</p> <p>Part 8. Signature</p> | <p>Part 6. Signature <i>Read the information on penalties in the instructions before completing this section.</i></p> | <p>Renumber Part 6 to read:</p> <p>Part 8. Signature <i>Read the information on penalties in the instructions before completing this section.</i></p> |
| <p>Page 6</p> <p>Part 8. Signature</p> | <p>Currently reads:</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence</p> | <p>Add wording so certification now reads:</p> <p>I certify, under penalty of perjury that this petition and the evidence submitted with it is true and</p> |

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| | <p>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 the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.</p> | <p>correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>If filing this on behalf of an organization, I certify that I am authorized to do so by the organization.</p> |
| <p>Page 6</p> <p>Part 9. Signature of Person Preparing Form, If Other Than Above</p> | <p>Part 7. Signature of person preparing form, if other than above</p> <p>I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.</p> | <p>renumber to read:</p> <p>Part 9. Signature of Person Preparing Form, If Other Than Above</p> <p>I declare that I prepared this petition at the request of the above person and I certify that it is true and correct to the best of my knowledge.</p> |
| <p>Page 7</p> <p>New section</p> <p>Part 10. Explanation Page</p> | <p>Insert a new section after Part 8:</p> <p>Part 10. Explanation Page</p> | <p>Insert a new section after Part 8:</p> <p>Part 10. Explanation Page</p> <p>[Text box]</p> <p>Signature. [Text box]</p> <p>Date. [Text box]</p> |
| <p>Page 8</p> | <p>Currently entitled E Classification Supplement to Form I-</p> | <p>E-1/E-2 Classification Supplement to Form I-129 and is now page 8.</p> |

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| Page 8 | <p>1. Name of person or organization filing petition: [Text box]</p> <p>2. Name of person for whom you are filing: [Text box]</p> <p>3. Classification sought (<i>Check one</i>): <input type="checkbox"/> E-1 Treaty Trader <input type="checkbox"/> E-2 Treaty Investor</p> <p>*****</p> | <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of the beneficiary: [Text box]</p> <p>3. Classification sought (<i>Check one</i>): <input type="checkbox"/> E-1 Treaty Trader <input type="checkbox"/> E-2 Treaty Investor <input type="checkbox"/> E-2 CNMI Treaty Investor</p> <p>*****</p> |
| Page 9 Section 2. Additional Information About the U.S. Employer | <p>*****</p> <p>7. Staff in United States a. How many executive and/or managerial employees does petitioner have who are nationals of the treaty country in either E or L status? [Text box]</p> <p>*****</p> <p>8. Total number of employees the alien would supervise; or describe the nature of the specialized skills essential to the U.S. company. [Text box]</p> <p>*****</p> | <p>*****</p> <p>7. Staff in United States a. How many executive and/or managerial employees does the petitioner have who are nationals of the treaty country in either E or L status? [Text box]</p> <p>*****</p> <p>8. Total number of employees the beneficiary would supervise; or describe the nature of the specialized qualifications essential to the U.S. company. [Text box]</p> <p>*****</p> |
| Page 10 | <p>Currently page 7</p> <p>Nonimmigrant Classification Based on Free Trade Agreement, Supplement to Form I-129</p> <p>1. Name of person or organization filing petition: [Text box]</p> <p>2. Name of person you are filing for: [Text box]</p> | <p>Now page 10</p> <p>Trade Agreement Supplement to Form I-129</p> <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of the beneficiary: [Text box]</p> <p>*****</p> <p>1. This is a request for Free Trade status based on (<i>Check one</i>): <input type="checkbox"/> a. Free Trade, Canada (TN1) <input type="checkbox"/> b. Free Trade, Mexico (TN2)</p> |

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| | <p>*****</p> <p>1. This is a request for an extension of Free Trade status based on (<i>Check one</i>):</p> <p><input type="checkbox"/> a. Free Trade, Canada (TN)</p> <p><input type="checkbox"/> b. Free Trade, Chile (H1B1)</p> <p><input type="checkbox"/> c. Free Trade, Mexico (TN)</p> <p><input type="checkbox"/> d. Free Trade, Singapore (H1B1)</p> <p><input type="checkbox"/> e. Free Trade, Other</p> <p><input type="checkbox"/> f. I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my sixth consecutive request for an extension.</p> <p>Or</p> <p>2. This is a request for a change of nonimmigrant status to (<i>Check one</i>):</p> <p><input type="checkbox"/> a. Free Trade, Canada (TN1)</p> <p><input type="checkbox"/> b. Free Trade, Chile (H1B1)</p> <p><input type="checkbox"/> c. Free Trade, Mexico (TN2)</p> <p><input type="checkbox"/> d. Free Trade, Singapore (H1B1)</p> <p><input type="checkbox"/> e. Free Trade, Other</p> <p><input type="checkbox"/> f. I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my first request for a change of status to H-1B1 within the past six years.</p> <p>*****</p> | <p><input type="checkbox"/> c. Free Trade, Chile (H-1B1)</p> <p><input type="checkbox"/> d. Free Trade, Singapore (H-1B1)</p> <p><input type="checkbox"/> e. Free Trade, Other</p> <p><input type="checkbox"/> f. I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my sixth consecutive request for an extension.</p> <p>[Delete Or and #2]</p> <p>*****</p> |
| <p>Page 11</p> | <p>1. Name of person or organization filing petition: [Text box]</p> <p>2. Name of person or total number of workers or trainees you are filing for: [Text box]</p> <p>3. List each alien's prior periods of stay in H or L classification in the United States for the last six years (aliens requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each alien was actually in the United States in an H or L classification. Do not include periods in which the alien was in a dependent status, for example,</p> | <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries: [Text box]</p> <p>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</p> |

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| | <p>H-4 or L-2 status.</p> <p>*****</p> <p>4. Classification sought (<i>Check one</i>)</p> <p><input type="checkbox"/> H-1B1 Specialty Occupation <input type="checkbox"/> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defence (DOD) <input type="checkbox"/> H-1B3 Fashion model of national or international acclaim <input type="checkbox"/> H-2A Agricultural worker <input type="checkbox"/> H-2B Non-agricultural worker <input type="checkbox"/> H-3 Trainee <input type="checkbox"/> H-3 Special education exchange visitor program</p> | <p>was in a dependent status, for example, H-4 or L-2 status.</p> <p>*****</p> <p>4. Classification sought (<i>Check one</i>)</p> <p><input type="checkbox"/> <input type="checkbox"/> H-1B Specialty Occupation <input type="checkbox"/> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defence (DOD) <input type="checkbox"/> H-1B3 Fashion model of national or international acclaim <input type="checkbox"/> H-1C Registered Nurse. <input type="checkbox"/> H-2A Agricultural worker <input type="checkbox"/> H-2B Non-agricultural worker <input type="checkbox"/> H-3 Trainee <input type="checkbox"/> H-3 Special education exchange visitor program</p> <p>5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under to Public Law 110-229?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>Page 11</p> <p>Section 1. Complete This Section If Filing for H-1B Classification</p> | <p>*****</p> <p>2. Alien's present occupation and summary of prior work experience [Text box]</p> <p><i>Statement for H-1B specialty occupation only:</i></p> <p>By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.</p> <p>*****</p> <p><i>Statement for H-1B specialty occupations and U.S. Department of Defense projects:</i></p> <p>As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return</p> | <p>*****</p> <p>2. Beneficiary's present occupation and summary of prior work experience [Text box]</p> <p><i>Statement for H-1B specialty occupation only:</i></p> <p>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 worksite, I certify that I will maintain a valid employer-employee</p> |

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| | <p>transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of authorized stay.</p> <p>*****</p> <p>Statement for H-1B U.S. Department of Defense projects only:</p> <p>I certify that the alien will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.</p> <p>*****</p> | <p>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.</p> <p>*****</p> <p>Statement for H-1B specialty occupations and U.S. Department of Defense projects:</p> <p>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.</p> <p>*****</p> <p>Statement for H-1B U.S. Department of Defense projects only:</p> <p>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.</p> <p>*****</p> |
| <p>Page 12</p> <p>New Section added as Section 2. Complete this section if filing for H-1C Classification</p> | <p>Add new section as Section 2. (and renumber subsequent Sections in this supplement t).</p> | <p>Section 2. Complete this section if filing for H-1C Classification</p> <p>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</p> |

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| | | <p>or entity's records, that U.S. Citizenship and Immigration Services may need to determine eligibility for the benefit being sought.</p> <p>Signature [Insert text box]</p> <p>Print Name [Insert text box]</p> <p>Title [Insert text box]</p> <p>Date (mm/dd/yyyy) [Insert text box]</p> <p>Firm Name and Address [Insert text box]</p> |
| <p>Page 13</p> <p>Section 3. Complete this section if filing for H-2A or H-2B classification</p> | <p>Current section:</p> <p>Section 2. Complete this section if filing for H-2A or H-2B classification</p> <p>*****</p> <p>3. Explain your temporary need for the alien's services (<i>attach a separate sheet if additional space is needed.</i>)</p> <p>*****</p> <p>10. If you are an H-2A petitioner, are you a participant in the E-Verify Program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," E-Verify Company ID or Client Company ID: _____</p> <p>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</p> | <p>Move this section to begin at top of p. 13 and renumber to read:</p> <p>Section 3. Complete this section if filing for H-2A or H-2B classification</p> <p>*****</p> <p>3. Explain your temporary need for the beneficiary's or beneficiaries' services (<i>attach a separate sheet if additional space is needed.</i>)</p> <p>*****</p> <p>10. If you are an H-2A petitioner, are you a participant in the E-Verify Program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," E-Verify Company ID or Client Company ID: _____</p> <p>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</p> |

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| | <p>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 principle activity or activities.</p> <p>*****</p> | <p>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.</p> <p>*****</p> |
| <p>Page 16</p> <p>Section 4. Complete this section if filing for H-3 classification</p> | <p>Current section:</p> <p>Section 3. Complete this section if filing for H-3 classification</p> <p>1. If you answer "yes" to any of the following questions, attach a full explanation.</p> <p>a. Is the training you intend to provide, or similar training, available in the alien's country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b. Will the training benefit the alien in pursuing a career abroad? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c. Does the training involve productive employment incidental to training? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d. Does the alien already have skills related to the training?</p> | <p>Move this section to begin at top of p. 16 and renumber to read:</p> <p>Section 4. Complete this section if filing for H-3 classification</p> <p>1. If you answer "yes" to any of the following questions, attach a full explanation.</p> <p>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</p> <p>b. Will the training benefit the beneficiary in pursuing a career abroad? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c. Does the training involve productive employment</p> |

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| | <input type="checkbox"/> No <input type="checkbox"/> Yes e. Is this training an effort to overcome a labor shortage? <input type="checkbox"/> No <input type="checkbox"/> Yes f. Do you intend to employ the alien abroad at the end of this training? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. If you do not intend to employ this person abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training? [Text box] | 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? [Text box] |
| Page 17 Part A. General Information | Part A. General Information 1. Employer Information – <i>(check all items that apply)</i> a. Is the petitioner a dependent employer? <input type="checkbox"/> No <input type="checkbox"/> Yes b. Has the petitioner ever been found to be a willful violator? <input type="checkbox"/> No <input type="checkbox"/> Yes c. Is the beneficiary an exempt H-1B nonimmigrant? <input type="checkbox"/> No <input type="checkbox"/> Yes 1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Or is it because the beneficiary has a master's or higher degree in a speciality related to the employment? <input type="checkbox"/> No <input type="checkbox"/> Yes d. Has the petitioner received TARP funding? <input type="checkbox"/> No <input type="checkbox"/> Yes ***** 2. Beneficiary's Last Name ***** 3. Beneficiary's Highest Level of Education (Check on box below) ***** 4. Major/Primary Field of Study | Part A. General Information 1. Employer Information – <i>(check all items that apply)</i> a. Is the petitioner an H-1B dependent employer? <input type="checkbox"/> No <input type="checkbox"/> Yes b. Has the petitioner ever been found to be a willful violator? <input type="checkbox"/> No <input type="checkbox"/> Yes c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes 1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? <input type="checkbox"/> No <input type="checkbox"/> Yes d. Has the petitioner received TARP funding (please provide explanation on Page 8, Part 10 if the answer is yes but the petitioner has subsequently repaid all TARP funding)? <input type="checkbox"/> No <input type="checkbox"/> Yes ***** 2. Beneficiary's Highest Level |

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| | <p>[29-digit text box]</p> <p>5. Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education as defined in 20 U.S.C. section 1001(a)? *****</p> <p>6. Rate of Pay Per Year [text box]</p> <p>7. LCA Code [3-digit text box]</p> <p>8. NAICS Code [six-digit text box]</p> | <p>of Education (Check on box below) *****</p> <p>3. Major/Primary Field of Study [insert a regular text box]</p> <p>4. Rate of Pay Per Year [text box]</p> <p>5. DOT Code [3-digit text box]</p> |
| <p>Page 17</p> <p>Part B. Fee Exemption Determination</p> | <p>Part B. Fee Exemption and/or Determination</p> <p>In order for USCIS to determine if you must pay the additional \$1,500 or \$750 fee, answer all of the following questions:</p> <p>*****</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Is this the second or subsequent request for an extension of stay that you have filed for this alien?</p> <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an amended petition that does not contain any request for extension of stay?</p> <p>6. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you filing this petition in order to correct a USCIS error?</p> <p>7. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the petitioner a primary or secondary education institution?</p> <p>8. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the petitioner a non-profit entity that engages in an established curriculum-related clinical training of students register at such an institution?</p> <p>If you answered "Yes" to any of the questions above, then you are</p> | <p>Part B. Fee Exemption Determination</p> <p>In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:</p> <p>*****</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Is this the second or subsequent request for an extension of stay that you have filed for this beneficiary?</p> <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an amended petition that does not contain any request for extension of stay?</p> <p>6. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you filing this petition in order to correct a USCIS error?</p> <p>7. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the petitioner a primary or secondary education institution?</p> <p>8. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the petitioner a non-profit entity that engages in an established curriculum-related clinical training of students register at such an institution?</p> |

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| | <p>required to submit the fee for your H-1B Form I-129 petition, which is \$320. If you answered “No” to all questions, please answer Question 9.</p> <p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently employ a total of no more than 25 full-time equivalent employees in the United States, including any affiliate or subsidiary of your company?</p> <p>If you answered “Yes” to Question 9 above, then you are required to pay an additional fee of ACWIA fee of \$750. If you answered “No”, then you are required to pay an additional fee of \$1,500.</p> <p>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.</p> | <p>If you answered “Yes” to any of the questions above, then 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.</p> <p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently employ a total of no more than 25 full-time equivalent employees in the United States, including any affiliate or subsidiary of your company?</p> <p>If you answered “Yes” to Question 9 above, then you are required to pay an additional ACWIA fee of \$750. If you answered “No”, then you are required to pay an additional ACWIA fee of \$1,500.</p> <p>NOTE: On or after March 8, 2005, a U.S. employer seeking initial approval of H-1B 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.</p> |
| <p>Page 18 Part C. Numerical Limitation Information</p> | <p>Part C. Numerical Limitation Information</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a nonprofit organization or entity</p> | <p>Part C. Numerical Limitation Information</p> <p>1. Specify how this petition should be counted against the H-1B numerical limitation (aka. the H-1B “CAP”). (Check one):</p> <p>a. <input type="checkbox"/> CAP H-1B Bachelor’s Degree</p> |

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| | <p>related to or affiliated with institution of higher education as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a nonprofit research organization or governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the beneficiary of this petition a J-1 nonimmigrant alien who received a waiver of the two-year foreign residency requirement described in section 214(l)(1)(B) or (C) of the Act?</p> <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the beneficiary of this petition been previously granted status as an H-1B nonimmigrant in the past 6 years and not left the United States for more than one year after attaining such status?</p> <p>6. <input type="checkbox"/> Yes <input type="checkbox"/> No If the petition is to request a change of employer, did the beneficiary previously work as an H-1B for an institution of higher education, an entity related to or affiliated with an institution of higher education, or a nonprofit research organization or governmental research institution defined in questions 1, 2, and 3 of Part C of this form?</p> <p>7. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the beneficiary earned a master's or higher degree from a U.S. institution of higher education, as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?</p> | <p>b. <input type="checkbox"/> CAP H-1B U.S. Master's Degree or Higher c. <input type="checkbox"/> CAP H-1B1 Chile/Singapore d. <input type="checkbox"/> CAP Exempt</p> <p>2. If you answered question 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. Section 1001(a):</p> <p>Name of the U.S. institution of higher education: [text box]</p> <p>Date Degree Awarded [text box]</p> <p>Type of U.S. Degree [text box]</p> <p>Address of the U.S. institution of higher education [text box]</p> <p>3. If you answered question 1. "d. CAP Exempt" you must specify the reason this petition is exempt the numerical limitation for H-1B classification:</p> <p>a. <input type="checkbox"/> The petitioner is an institution of higher education as defined in the Higher Education Act of 1965, 20 U.S.C. 1001(a).</p> <p>b. <input type="checkbox"/> 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).</p> <p>c. <input type="checkbox"/> The petitioner is a nonprofit research organization or a</p> |
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| | | <p>governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).</p> <p>d. <input type="checkbox"/> 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.</p> <p>e. <input type="checkbox"/> The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.</p> <p>f. <input type="checkbox"/> 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).</p> <p>g. <input type="checkbox"/> 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 6 years, or (3) is seeking a 7th year extension based upon AC21 AND the beneficiary's previous H-1B petitioner/employer <u>was not</u> a CAP exempt organization as defined above in a., b., and c.</p> <p>h. <input type="checkbox"/> The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.</p> |
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| | | <p>i. <input type="checkbox"/> 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.</p> |
| <p>Page 19</p> <p>New Part D. Attestation Regarding Off-site Assignment of H-1B Beneficiaries</p> | | <p>Part D. Attestation Regarding Off-site Assignment of H-1B Beneficiaries</p> <p><input type="checkbox"/> The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification is sought.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> The beneficiary will be paid the prevailing rate of pay at any and all off-site locations.</p> <p><input type="checkbox"/> An itinerary is attached.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Beneficiary Signature [Text box]</p> <p>Date [Text box]</p> <p>Petitioner Signature _____</p> <p>[Text box] _____</p> <p>Date [Text box]</p> <p>Printed Name [Text box]</p> <p>Title</p> |

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| Page 20 | <p>Currently pages 16-17.</p> <p>1. Name of person or organization filing petition: [Text box]</p> <p>2. Name of person you are filing for: [Text box]</p> | <p>Now page 20</p> <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of beneficiary: [Text box]</p> |
| <p>Page 20</p> <p>Section 1. Complete This Section if Filing For an Individual Petition</p> | <p>Section 1. Complete This Section if Filing For an Individual Petition *****</p> <p>2. List the alien'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 alien and/or family members were actually 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).</p> <p>*****</p> <p>4. Address of employer abroad (<i>Street number and name, city/town, state/province, zip/postal code</i>). [text box]</p> <p>5. Dates of alien's employment with this employer. Explain any interruptions in employment. [Text box]</p> <p>6. Description of the alien's duties for the past three years. [Text box]</p> <p>7. Description of the alien's proposed duties in the United States. [Text box]</p> <p>8. Summary of the alien's education and work experience.</p> | <p>Section 1. Complete This Section if Filing For an Individual Petition *****</p> <p>2. List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last 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. 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).</p> <p>*****</p> <p>4. Address of employer abroad: Street number [text box] City/Town [text box] State/Province [text box] Country [text box] Zip/Postal Code. [text box]</p> <p>5. Dates of beneficiary's employment with this employer. Explain any interruptions in employment. [Text box]</p> <p>6. Description of the beneficiary's duties abroad for the three years preceding the filing of the petition. (If the</p> |

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| | <p>[Text box]</p> <p>*****</p> <p>10. Describe the stock ownership and managerial control of each company. Provide the U.S. Tax Code Number for each company.</p> <p>Company stock ownership and managerial control of each company [text boxes]</p> <p>U.S. Tax Code Number [text boxes]</p> <p>*****</p> <p>12. Is the alien coming to the United States to open a new office? [Text box]</p> <p>*****</p> <p>On or after March 8, 2005, a U.S. employer seeking initial approval of L nonimmigrant status for a beneficiary, or seeking approval to employ an L nonimmigrant currently working for another U.S. employer, must submit an additional \$500 fee. This additional \$500 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. 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.</p> | <p>beneficiary is currently employed by the petitioner, describe the beneficiary's duties abroad for the three years preceding the beneficiary's admission to the U.S.) [Text box]</p> <p>7. Description of the beneficiary's proposed duties in the United States. [Text box]</p> <p>8. Summary of the beneficiary's education and work experience. [Text box]</p> <p>*****</p> <p>10. Describe the stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.</p> <p>Company stock ownership and managerial control of each company that has a qualifying relationship [text boxes]</p> <p>Federal Employer Identification Number for each U.S. company that has a qualifying relationship [text boxes]</p> <p>*****</p> <p>12. Is the beneficiary coming to the United States to open a new office? [Text box]</p> <p>*****</p> <p>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</p> |
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| | | <p>submit an additional \$500 fee. This additional \$500 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004.</p> <p>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.</p> |
| <p>Page 24</p> <p>Section 1. Complete This Section if Filing for O or P Classification</p> | <p>1. Name of the person or organization filing petition: [Text box]</p> <p>2. Name of person or group or total number of workers you are filing for: [Text box]</p> <p>3. Classification sought (<i>Check one:</i>)</p> <p>a. <input type="checkbox"/> O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry.)</p> <p>b. <input type="checkbox"/> O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry.</p> <p>c. <input type="checkbox"/> O-2 Accompanying alien who is coming to the U.S. to assist in the performance of the O-1.</p> <p>d. <input type="checkbox"/> P-1 Athletic/Entertainment Group.</p> <p>e. <input type="checkbox"/> P-1S Essential Support Personnel for P-1.</p> <p>f. <input type="checkbox"/> P-2 Artist or entertainer for reciprocal exchange program</p> <p>g. <input type="checkbox"/> P-2S Essential Support Personnel for P-2</p> <p>h. <input type="checkbox"/> P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program</p> | <p>Section 1. Complete this section if filing for O or P Classification</p> <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of the beneficiary or total number of workers you are filing for: [Text box]</p> <p>3. Classification sought (<i>Check one:</i>)</p> <p>a. <input type="checkbox"/> O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry.)</p> <p>b. <input type="checkbox"/> O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry.</p> <p>c. <input type="checkbox"/> O-2 Accompanying alien who is coming to the U.S. to assist in the performance of the O-1.</p> <p>d. <input type="checkbox"/> P-1 Major League Sports</p> <p>e. <input type="checkbox"/> P-1 Athletic/Entertainment Group (includes minor league sports)</p> <p>f. <input type="checkbox"/> P-1S Essential Support Personnel for P-1.</p> <p>g. <input type="checkbox"/> P-2 Artist or entertainer for reciprocal exchange program</p> |

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| | <p>that is culturally unique.</p> <p>i. <input type="checkbox"/> P-3S Essential Support Personnel for P-3</p> <p>*****</p> <p>6. If filing for an O-2 or P support alien, list dates of the alien's prior experience with O-1 or P alien [Text box]</p> <p>7. Have you obtained the required written consultation(s)? <input type="checkbox"/> Yes-Attached <input type="checkbox"/> No-Copy of request attached</p> <p>*****</p> | <p>h. <input type="checkbox"/> P-2S Essential Support Personnel for P-2</p> <p>i. <input type="checkbox"/> P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique.</p> <p>j. <input type="checkbox"/> P-3S Essential Support Personnel for P-3</p> <p>*****</p> <p>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 [Text box]</p> <p>7. Does an appropriate labor organization exist for the petition? <input type="checkbox"/> Yes <input type="checkbox"/> No-explain on Page 7, Part 10</p> <p>8. Is the required consultation or written advisory opinion being submitted with this petition? <input type="checkbox"/> Yes <input type="checkbox"/> No-Copy of request attached <input type="checkbox"/> N/A</p> <p>*****</p> |
| <p>Page 25 New Section 2. Statement by the petitioner</p> | | <p>Section 2. Statement by the petitioner</p> <p>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.</p> <p>Petitioner's Signature [Text box] Print or Type Name [Text box] Date (mm/dd/yyyy) [Text box]</p> |

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| <p>Page 26</p> <p>Q-1 Classification Supplement to Form I-129</p> | <p>Currently on page 19 – 24 Q-1 and R-1 Classifications Supplement to Form I-129</p> <p>1. Name of person or organization filing petition: [Text box]</p> <p>2. Name of person you are filing for: [Text box]</p> <p>Section 1. Complete this section if you are filing for a Q-1 international cultural exchange alien</p> <p>I hereby certify... *****</p> <p>Section 2. Complete this section if you are filing for an R-1 religious worker</p> <p>Employer Attestation *****</p> <p>1. Provide the following information about the prospective employer.</p> <p>a. Number of members of the prospective employer's organization [Text box]</p> <p>b. Number of employees working at the same location where the beneficiary will be employed [Text box]</p> <p>c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed within the past five years [Text box]</p> <p>d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions Submitted by the prospective employer within the past five years [Text box]</p> <p>2. Has the alien or any of the alien's dependent family</p> | <p>Separate Q-1 and R-1 sections into 2 separate Supplements:</p> <p>Q-1 Classification Supplement to Form I-129</p> <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of the beneficiary: [Text box]</p> <p>Complete if you are filing for a Q-1 international cultural exchange alien</p> <p>I hereby certify... *****</p> |
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| | <p>members previously been admitted to the United States for a period of stay in the R visa classification for the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the blanks below. List the alien and any dependent family member's prior periods of stay in the R visa classification in the United States for the last five years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in an R classification.</p> <p>*****</p> <p>4. Describe the relationship, if any between the religious organization in the United States and the organization abroad of which the alien is a member. [Text box]</p> <p>5. Provide the following information about the prospective employment:</p> <p>Title of position offered [Text box]</p> <p>Detailed description of the alien's proposed daily duties [Text box]</p> <p>Description of the alien's qualifications for the position offered [Text box]</p> <p>Description of the proposed salaried compensation or non-salaried compensation. If the alien will be self-supporting, the petitioner must submit documentation establishing that the position the alien 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.</p> | |
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| | <p>[Text box]</p> <p>List of the specific address(es) or location(s) where the alien will be working</p> <p>[Text box]</p> <p>Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?</p> <p>6. The prospective employer is a bona fide non-profit 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 Form I-129 Religious Denomination Certification. <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach explanation(s).</p> <p>7. The prospective employer is willing and able to provide salaried or non-salaried compensation to the alien. If the alien will be self-supporting, the petitioner must submit documentation establishing that the position the alien 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach explanation(s).</p> <p>8. If the alien worked in the United States during the two years immediately before the petition was filed, the alien received verifiable salaried or non-salaried compensation, or provided uncompensated self-support. <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach</p> | |
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| | <p>explanation(s).</p> <p>9. If the position is not a religious vocation, the alien will not engage in secular employment, and the prospective employer will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the alien will not engage in secular employment, and the alien will provide self-support. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” attach explanation(s).</p> <p>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 alien will be self-supporting, the petitioner must submit documentation establishing that the position the alien 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” attach explanation(s).</p> <p>11. The alien is qualified to perform the duties of the proffered position. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” attach explanation(s).</p> <p>12. The prospective employer will notify USCIS within 14 days of any changes in the alien’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. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” attach explanation(s).</p> | |
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| | <p>*****</p> <p>Religious Denomination Certification</p> <p>*****</p> | |
| <p>Page 27</p> <p>R-1 Classification Supplement to Form I-129</p> | | <p>[Insert Page Break, begin R-1 supplement:]</p> <p>R-1 Classification Supplement to Form I-129</p> <p>1. Name of the petitioner: [Text box]</p> <p>2. Name of the beneficiary: [Text box]</p> <p>Section 1. Complete this section if you are filing for an R-1 religious worker.</p> <p>Employer Attestation *****</p> <p>1. Provide the following information about the petitioner.</p> <p>a. Number of members of the petitioner's <u>organization</u> [Text box]</p> <p>b. *****</p> <p>c. *****</p> <p>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 [Text box]</p> <p>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 five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 five years. Be sure to</p> |

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| | | <p>list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.</p> <p>*****</p> <p>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. [Text box]</p> <p>5. Provide the following information about the prospective employment:</p> <p>a. Title of position offered [Text box]</p> <p>b. Detailed description of the beneficiary's proposed daily duties [Text box]</p> <p>c. Description of the beneficiary's qualifications for the position offered [Text box]</p> <p>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. [Text box]</p> <p>e. List of the specific address(es) or location(s) where the beneficiary will be working [Text box]</p> <p>Does the petitioner attest to all of the requirements described in</p> |
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| | | <p>statements 6 through 12 below?</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” provide explanation, if more space is needed attached a separate sheet of paper. [Text box]</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” provide explanation, if more space is needed attached a separate sheet of paper. [Text box]</p> <p>8. If the beneficiary worked in the United States during the two years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” provide explanation, if more space is needed attached a separate sheet</p> |
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| | | <p>of paper. [Text box]</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” provide explanation, if more space is needed attached a separate sheet of paper. [Text box]</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” provide explanation, if more space is needed attached a separate sheet of paper. [Text box]</p> <p>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 proffered position. <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” provide</p> |
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| | | <p>explanation, if more space is needed attached a separate sheet of paper. [Text box]</p> <p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," provide explanation, if more space is needed attached a separate sheet of paper. [Text box]</p> <p>*****</p> <p>Section 2. This Section is required for petitioners affiliated with the religious denomination.</p> <p>Religious Denomination Certification *****</p> |
| Page 33 Attachment -1 | Family Name (<i>Last Name</i>) [Text box] Given Name (<i>First Name</i>) [Text box] Full Middle Name [Text box] Date of Birth (<i>mm/dd/yyyy</i>) [Text box] Address in the United States Where You Intend to Live (<i>Complete Address</i>) [Text box] Foreign Address (<i>Complete Address</i>) [Text box] Country of Birth [Text box] | Add boxes to capture Gender, All other names used, EAD#, SEVIS#: Family Name (<i>Last Name</i>) [Text box] Given Name (<i>First Name</i>) [Text box] Full Middle Name [Text box] Date of Birth (<i>mm/dd/yyyy</i>) [Text box] Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female All Other Names Used (<i>include aliases, maiden name and names from all previous marriages</i>) [Text box] Address in the United States |

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| | Country of Citizenship [Text box] U.S. Social Security # <i>(if any)</i> [Text box] A # <i>(if any)</i> [Text box] If in the U.S. ***** | Where You Intend to Live <i>(Complete Address)</i> [Text box] ***** If in the U.S. Date of Arrival <i>(mm/dd/yyyy)</i> [Text box] I-94 # (Arrival-Departure Document) [Text box] Current Nonimmigrant Status [Text box] Date Status Expires <i>(mm/dd/yyyy)</i> [Text box] Student & Exchange Visitor Information System (SEVIS) # <i>(if any)</i> [Text box] Employment Authorization Document (EAD) # <i>(mm/dd/yyyy)</i> [Text box] Country Where Passport Issued [Text box] ***** |
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