

Table of Changes - FORM I-129S
Nonimmigrant Petition Based on Blanket L Petition
OMB No. 1615-0010
11/20/2012

Reason for Revision: Clarify language in some areas and add language to match L Supplement of Form I-129.

Location	Current Form I-129S (rev. 04/01/12)	Changes or Description
Page 1	<p>For USCIS Use Only</p> <p>ATTY State License #</p> <p>Part 1. Information About Employer</p> <p>Sponsoring Company of Organization's Name</p> <p>Address – ATTN:</p> <p>Room/Suite#</p> <p>*****</p> <p>Part 1A. Data Collection</p> <p>Does the petitioner employ 50 or more individuals in the U.S.?</p> <p>If yes, are more than 50% of those employees in H-1B or L nonimmigrant status?</p> <p>*****</p> <p>Part 2. Information About Employment</p> <p>This alien will be a:</p> <p><input type="checkbox"/> a. Manager/Executive</p> <p><input type="checkbox"/> b. Specialized Knowledge Professional</p> <p>Blanket petition approval number:</p>	<p>For USCIS Use Only</p> <p>ATTY State License Number</p> <p>Part 1. Information About the Employer</p> <p>Sponsoring Company or Organization's Name</p> <p>Addressee – ATTN:</p> <p>Room/Suite Number</p> <p>*****</p> <p>Part 1A. Data Collection</p> <p>Does the petitioner employ 50 or more individuals in the United States?</p> <p>If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status?</p> <p>*****</p> <p>Part 2. Information About the Proposed Employment</p> <p>This alien will be a:</p> <p><input type="checkbox"/> a. Manager or Executive (L-1A)</p> <p><input type="checkbox"/> b. Specialized Knowledge Professional (L-1B)</p> <p>Blanket petition approval number:</p>

	<p>***</p> <p>Part 3. Information About Employee</p> <p>***</p> <p>Foreign Address: Street Number and Name</p> <p>Room/Suite #</p> <p>*****</p>	<p>***</p> <p>Part 3. Information About the Employee</p> <p>***</p> <p>Address Outside the United States: Street Number and Name</p> <p>Room/Suite Number</p> <p>*****</p>
Page 2	<p>Part 4. Additional Information About the Employment</p> <p>Address: Street Number and Name Room/Suite # City or Town</p> <p>State or Province Country Zip/Postal Code</p> <p>Dates of intended employment and Wage</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy) Weekly Wage Hours Per Week</p> <p>Title and detailed description of duties to be performed.</p> <p>Give the alien's dates of prior periods of stay in the United States in a work authorized capacity and the type of visa.</p> <p>Give the alien's dates of employment and job duties for the immediate prior 3 years.</p>	<p>Part 4. Additional Information About the Proposed Employment</p> <p>a. Employment Address: Street Number and Name Room/Suite #Number City or Town</p> <p>b. State or Province Country Zip/Postal Code</p> <p>c. Dates of intended employment and Wage</p> <p>From (mm/dd/yyyy) To (mm/dd/yyyy) Weekly Wage Hours Per Week</p> <p>d. Job title and detailed description of duties to be performed.</p> <p>e. Provide the alien's dates of prior periods of stay in the United States in a work authorized capacity and the type of visa.</p> <p>f. Provide the name and address of the alien's foreign employers, dates of employment, and job duties for</p>

	<p>Summarize the alien’s education and other work experience.</p>	<p>the last 3 years.</p> <p>g. Summarize the alien’s education and other work experience.</p> <p>h. If you are seeking L-1B specialized knowledge professional status for the alien, will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?</p> <p>If you answered “Yes” to the preceding question, describe how and by whom the beneficiary’s work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. Use an attachment if needed.</p> <p>If you answered “Yes” to the preceding question, also describe the reasons why placement at another worksite outside the petitioner, subsidiary, or parent is needed. Include a description of how the beneficiary’s duties at another worksite relate to the need for the specialized knowledge he or she possesses. Use an attachment if needed.</p>
<p>Page 3</p>	<p>New</p>	<p>Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</p> <p>Check Box 1 or Box 2 as appropriate:</p> <p>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</p>

		<p>Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:</p> <p>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</p> <p>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 alien beneficiary and the petitioner will prevent access to the controlled technology or technical data by the alien beneficiary until and unless the petitioner has received the required license or other authorization to release it to the alien beneficiary.</p>
<p>Page 3</p> <p>Renumber existing Part 5 as Part 6</p>	<p>Part 5. Signature <i>Read the information on penalties in the instructions before completing this section.</i></p> <p>*** Signature</p> <p>Print or Type Your Name</p> <p>Date (mm/dd/yyyy)</p> <p>Daytime Telephone Number (with area code)</p> <p>E-mail Address (If any)</p> <p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, the person(s) petitioned may not be found eligible for the</p>	<p>Part 6. Signature of Petitioner <i>Read the information on penalties in the instructions before completing this section.</i></p> <p>*** Signature of Petitioner</p> <p>Printed Name of Petitioner</p> <p>Date (mm/dd/yyyy)</p> <p>Daytime Telephone Number (with area code)</p> <p>E-mail Address (if any)</p> <p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, the employee for whom you are petitioning may not</p>

	requested benefit and this petition may be denied.	be found eligible for the requested benefit and this petition may be denied.
<p>Page 3</p> <p>Renumber existing Part 6 as Part 7</p>	<p>Part 6. Signature of Person Preparing Form, If Other Than Above <i>(sign below)</i></p> <p>***</p> <p>Signature of Preparer</p> <p>Print or Type Your Name</p> <p>Date <i>(mm/dd/yyyy)</i></p> <p>Daytime Telephone Number <i>(with area code)</i></p> <p>E-mail Address <i>(If any)</i></p> <p>Firm Name and Address</p>	<p>Part 7. Signature and Contact Information of Person Preparing Form, If Other Than Above</p> <p>Declaration of Preparer I declare that this document was prepared by me at the request of the petitioner, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information or provided responses for the petitioner.</p> <p>***</p> <p>Signature of Preparer</p> <p>Printed Name of Preparer</p> <p>Preparer's Firm Name and Address</p> <p>Date <i>(mm/dd/yyyy)</i></p> <p>Daytime Telephone Number <i>(with area code)</i></p> <p>E-mail Address <i>(if any)</i></p> <p>[See above]</p>