



Nonimmigrant Petition Based on Blanket L Petition

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

USCIS
Form I-129S
OMB No. 1615-0010
Expires 06/30/2015

For USCIS Use Only	Fee Receipt		Action Block
	Received:	Beneficiary Interviewed on: _____	Denial Reason
	Resubmitted:	<input type="checkbox"/> Manager/Executive	
	Relocated:	<input type="checkbox"/> Specialized Knowledge Professional	
	Relocated Received:	Approved as: _____	
Approval Date: _____			

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS ELIS Account Number (if any) _____
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► START HERE - Type or print in black ink.

Part 1. Information About The Employer (Petitioner)

Sponsoring *Company's* or Organization's *Full Name*

1. Name of Company or Organization

Sponsoring *Company's* or Organization's *Mailing Address*

2.a. In Care Of Name (if any)

2.b. Street Number and Name

2.c. ☐ Apt. ☐ Ste. ☐ Flr.

2.d. City or Town

2.e. State

2.f. ZIP Code

3. Is this mailing address the same as the physical location of the sponsoring company or organization?

☐ Yes ☐ No

If you answered "No" to Item Number 3., provide the sponsoring company's or organization's physical address in Item Numbers 4.a. - 4.e.

Sponsoring *Company's* or Organization's *Physical Address*

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State

4.e. ZIP Code

Sponsoring *Company's* or Organization's *Contact Information*

5. Daytime Telephone Number

6. Fax Number

7. Email Address (if any)

8. Web site Address (if any)

**Part 1. Information About The Employer
(Petitioner)** (continued)

***Sponsoring Company's or Organization's
Employees in the United States***

9. Does the petitioner employ 50 or more individuals in the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 9.**, complete **Item Number 10.**

10. Are more than 50 percent of **your** employees in H-1B, L-1A, or L-1B nonimmigrant status? ☐ Yes ☐ No

Part 2. Information About the Beneficiary

Provide the following information about the beneficiary.

1. Alien Registration Number (A-Number) (if any)
▶ A-
2. USCIS ELIS Account Number (if any)
▶
3. U.S. Social Security Number (if any)
▶

Beneficiary's Full Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Other Names Used

List all other names the beneficiary has ever used, including aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

Beneficiary's Foreign Mailing Address

- 6.a. In Care Of Name (if any)
- 6.b. Street Number and Name or P.O. Box
- 6.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 6.d. City or Town
- 6.e. State 6.f. ZIP Code
- 6.g. Province
- 6.h. Postal Code
- 6.i. Country
7. Is this mailing address also where the beneficiary physically resides? ☐ Yes ☐ No

If you answered "No" to **Item Number 7.**, provide the beneficiary's physical address in **Item Numbers 8.a. - 8.h.**

Beneficiary's Foreign Physical Address

- 8.a. Street Number and Name
- 8.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 8.c. City or Town
- 8.d. State 8.e. ZIP Code
- 8.f. Province
- 8.g. Postal Code
- 8.h. Country

Other Information About the Beneficiary

9. Date of Birth (mm/dd/yyyy)
10. Gender ☐ Male ☐ Female
11. City or Town of Birth
12. Province or State of Birth

Part 2. Information About the Beneficiary
(continued)

13. Country of Birth

14. Country of Citizenship or Nationality

Part 3. Information About Proposed United States Employment

This beneficiary will work as a:

1.a. ☐ Manager or Executive (L-1A)

1.b. ☐ Specialized Knowledge Professional (L-1B)

2. Provide the receipt number for the Blanket L petition upon which this petition is based.

▶

3. Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition? ☐ Yes ☐ No

Proposed Employment Address for the Beneficiary

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State

4.e. ZIP Code

Dates, Wages, and Hours of Proposed Employment

Provide the dates of proposed employment, the wages per week the beneficiary will receive, and the number of hours the beneficiary will work per week.

5.a. Start Date (mm/dd/yyyy)

5.b. End Date (mm/dd/yyyy)

6. Beneficiary's Wages Per Week \$

7. Beneficiary's Hours Per Week

Proposed Job Title and Duties

Provide the job title and duties the beneficiary will perform. Also indicate the percentage of time the beneficiary will spend performing the duties on a daily basis. If you need extra space to complete this section, use the space provided in **Part 9.**

Additional Information.

8. Job Title

9. Duties Performed on a Daily Basis

Prior Periods of Stay in the United States

If the beneficiary was previously in the United States, provide the dates of the beneficiary's prior periods of stay for the last seven years in a work-authorized capacity and indicate the beneficiary's immigration status and visa category (for example, H-1B, O-1) during the period of stay. If you need extra space to complete this section, use the space provided in **Part 9.**

Additional Information.

Period of Stay 1

10.a. From (mm/dd/yyyy)

10.a. To (mm/dd/yyyy)

11. Nonimmigrant Status During Period of Stay

Period of Stay 2

12.a. From (mm/dd/yyyy)

12.b. To (mm/dd/yyyy)

13. Nonimmigrant Status During Period of Stay

Primary Worksite

If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

14. If you are seeking L-1B specialized knowledge professional status for the beneficiary, will the beneficiary work primarily offsite (at a worksite of an employer other than the petitioner or its affiliate, branch, subsidiary, or parent company)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, describe how and who will control and supervise the beneficiary's work in **Item Numbers 15.a. and 15.b.**

Part 3. Information About Proposed United States Employment (continued)

15.a. Supervisor's Name

15.b. Nature of Supervision and Control of the Beneficiary's Work

- 16.** If you answered "Yes" to **Item Number 14.**, describe the reasons why the placement of the beneficiary at this worksite is not an arrangement to provide labor for hire. Also include a description of how the beneficiary's duties at this worksite relate to your need for the specialized knowledge he or she possesses.

Part 4. Information About Foreign Employment

Provide information for **each** qualifying foreign employer for whom the beneficiary worked. If you need extra space to complete this section, use the space provided in **Part 9.**
Additional Information.

Qualifying Foreign Position

Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employer.

- 1.a.** ☐ Manager
- 1.b.** ☐ Executive
- 1.c.** ☐ Specialized Knowledge Professional

Qualifying Foreign Employer Name and Address

Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.

2. Foreign Employer Name

Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. Province

3.e. Postal Code

3.f. Country

Other Information About the Beneficiary's Foreign Employment

Provide the beneficiary's job titles, dates of foreign employment, and the duties of the jobs the beneficiary performed during the required one continuous year out of three years. Also provide the weekly wage the beneficiary received and the number of hours the beneficiary worked per week.

Job 1

4. Job Title

5.a. Start Date (mm/dd/yyyy)

5.b. End Date (mm/dd/yyyy)

6. Job Duties

7. Wages Earned Per Week

\$

8. Hours Worked Per Week

Job 2

9. Job Title

10.a. Start Date (mm/dd/yyyy)

10.b. End Date (mm/dd/yyyy)

11. Job Duties

Part 4. Information About Foreign Employment (continued)

12. Wages Earned Per Week \$

13. Hours Worked Per Week

Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

Select **Item Number** 1. or 2., as appropriate.

With respect to the technology or technical data the petitioner will release or otherwise provide access to **the beneficiary**, the petitioner certifies that **he or she** 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 6. Petitioner's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the **Form I-129S** Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this **petition**, as well as my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** has also read to me every question and instruction on this **petition**, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this **petition** as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this **petition** for me.

Petitioner's Contact Information

3. **Petitioner's** Daytime Telephone Number
4. **Petitioner's** Mobile Telephone Number (if any)
5. **Petitioner's** Email Address (if any)

Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Photocopied, faxed, or scanned copies of Form I-129S that I will submit to any other Federal agency, including U.S. Department of State and U.S. Customs and Border Protection (CBP), are exact copies of this unaltered, original Form I-129S. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this **petition**, in supporting documents, and in my USCIS record to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my **petition** and any document submitted with my **petition** were provided by me and are complete, true, and correct.

I am filing this **petition** on behalf of an organization, and I certify that I am empowered to do so by that **organization**.

Petitioner's Signature

- 6.a. **Petitioner's** Signature
- 6.b. Date of Signature (mm/dd/yyyy)

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

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 6., Item Number 1.b.**;

I have read to this **petitioner** every question and instruction on this **petition**, as well as the answer to every question, in the language provided in **Part 6., Item Number 1.b.**; and

The **petitioner** has informed me that he or she understands every instruction and question on the **petition**, as well as the answer to every question, and the **petitioner** verified the accuracy of every answer.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this **Petition**, If Other Than the **Petitioner**

Provide the following information concerning the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case
☐ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney in Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

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. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this **petition**, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this **petition** or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

7.a. **Petitioner's Signature**

7.b. Date of Signature (mm/dd/yyyy)