TABLE OF CHANGES – FORM Form I-129S, Nonimmigrant Petition Based on Blanket L Petition OMB Number: 1615-0010 02/09/2015

Reason for Revision: Operational, USCIS standard formatting, and plain language updates.

Current Section and	Current Text	Proposed Text
Page Number	[Page 1]	[Page 1]
Page 1, To Be Completed by		
Attorney or	Fill in box if G-28 is attached to represent the	Select this box if Form G-28 is attached.
Accredited	petition.	
Representative, if	ATTY State License Number	Attorney State Bar Number
any.		
		Attorney or Accredited Representative USCIS ELIS Account Number (if any)
Page 1, Part 1.	[Page 1]	[Page 1]
Information About the Employer	Part 1. Information About the Employer	Part 1. Information About the Employer (Petitioner)
and	Sponsoring Company or Organization's Name	Sponsoring Company's or Organization's Full Name
Page 1, Part 1A. Data Collection		1. Name of Company or Organization
Conection		Sponsoring Company's or Organization's
	Addressee - ATTN:	Mailing Address 2.a. In Care Of Name (if any)
	Street Number and Name	2.b. Street Number and Name
	Room/Suite Number	2.c. Apt. Ste. Flr. [Number]
	City or Town State or Province	2.d. City or Town 2.e. State
	Country	2.f. ZIP Code
	Zip/Postal Code	3. Is this mailing address the same as the physical
		location of the sponsoring company or
		organization? Yes/No
		I es/INO
		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 Name4.b. Apt. Ste. Flr. [Number]
		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)
		8. Web site Address (if any)
		[Page 2]
	Does the petitioner employ 50 or more individuals in the United States? Yes/No	 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.
	If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes/No	10. Are more than 50% of your employees in H- 1B, L-1A, or L-1B nonimmigrant status? Yes/No
Page 1, Part 3.	[Page 1]	[Page 2]
Information About the Employee	Part 3. Information About the Employee	Part 2. Information About the Beneficiary
		Provide the following information about the beneficiary.
		 Alien Registration Number (A-Number) (if any) USCIS ELIS Account Number (if any) U.S. Social Security Number (if any)
	Family Name Given Name Middle Name	 Beneficiary's Full Name 4.a. Family Name (Last Name) 4.b. Given Name (First Name) 4.c. Middle Name
		<i>Other Names Used</i> [subheader] 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
	Address Outside the United States:	Beneficiary's Foreign Mailing Address 6.a. In Care Of Name (if any)
	Street Number and Name	6.b. Street Number and Name or P.O. Box
	Room/Suite Number	6.c. Apt. Ste. Flr. [Number]
	City or Town	6.d. City or Town
		6.e. State
	State or Province	
	Country	6.f. ZIP Code

		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. [Number]8.c. City or Town8.d. State
		8.e. ZIP Code
		8.f. Province 8.g. Postal Code
		8.h. Country
	Date of Birth (<i>mm/dd/yyyy</i>)	Other Information About the Beneficiary 9. Date of Birth (mm/dd/yyyy)
		10. Gender Male/Female11. City or Town of Birth
		12. Province or State of Birth
		[Page 3]
	Country of Birth	13. Country of Birth
	Country of Citizenship/Nationality	14. Country of Citizenship or Nationality
Page 1, Part 2.	[Page 1]	[Page 2]
Information About		
Information About	Dent 2 July and the Albert the Devenue of	Dent 2 July and the Albert December 1 July 1
the Proposed	Part 2. Information About the Proposed Employment	Part 3. Information About Proposed United States Employment
	Employment	States Employment
the Proposed Employment		
the Proposed	EmploymentThis alien will be a:a. Manager or Executive (L-1A)	States Employment This beneficiary will work as a: 1.a. Manager or Executive (L-1A)
the Proposed Employment	Employment This alien will be a:	States Employment This beneficiary will work as a:
the Proposed Employment and Page 2-3, Part 4. Additional Information About	EmploymentThis alien will be a:a. Manager or Executive (L-1A)	States Employment This beneficiary will work as a: 1.a. Manager or Executive (L-1A)
the Proposed Employment and Page 2-3, Part 4. Additional	 Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) 	 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
the Proposed Employment and Page 2-3, Part 4. Additional Information About the Proposed	 Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) 	 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?
the Proposed Employment and Page 2-3, Part 4. Additional Information About the Proposed	 Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) Blanket petition approval number: 	 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?
the Proposed Employment and Page 2-3, Part 4. Additional Information About the Proposed	Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) Blanket petition approval number: [Page 2] Part 4. Additional Information About the	States EmploymentThis 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[Deleted]Proposed Employment Address for the
the Proposed Employment and Page 2-3, Part 4. Additional Information About the Proposed	Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) Blanket petition approval number: [Page 2] Part 4. Additional Information About the Proposed Employment a. Employment Address: Street Number and Name	States EmploymentThis 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 Lpetition upon which this petition is based.3. Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition? Yes/No[Deleted]Proposed Employment Address for the Beneficiary 4.a. Street Number and Name
the Proposed Employment and Page 2-3, Part 4. Additional Information About the Proposed	Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) Blanket petition approval number: [Page 2] Part 4. Additional Information About the Proposed Employment a. Employment Address:	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 [Deleted] Proposed Employment Address for the Beneficiary
the Proposed Employment and Page 2-3, Part 4. Additional Information About the Proposed	Employment This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B) Blanket petition approval number: [Page 2] Part 4. Additional Information About the Proposed Employment a. Employment Address: Street Number and Name Room/Suite Number	 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 [Deleted] Proposed Employment Address for the Beneficiary 4.a. Street Number and Name 4.b. Apt. Ste. Flr. [Number]

c. Dates of intended employment and wage From (<i>mm/dd/yyyy</i>) To (<i>mm/dd/yyyy</i>) Weekly Wage Hours Per Week	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
	[Page 3]
d. Job title and detailed description of duties to be performed.	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 Title9. Duties Performed on a Daily Basis
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.	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.b. To (mm/dd/yyyy)
	 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
[Page 3]	<i>Primary Worksite</i> If you need extra space to complete this section, use the space provided in Part 9. Additional Information .
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)?	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)?

	If you answered "Yes" to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. Use an attachment if needed.	If you answered "Yes" to Item Number 14. , describe how and who will control and supervise the beneficiary's work in Item Numbers 15.a. and 15.b. 15.a. Supervisor's Name 15.b. Nature of Supervision and Control of the Beneficiary's Work
	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.	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.
Page 2, Part 4.	[Page 2]	[Page 4]
Additional Information About the Proposed	Part 2. Information About the Proposed Employment	Part 4. Information About Foreign Employment
Employment	f. Provide the name and address of the alien's foreign employers, dates of employment, and job duties for the last 3 years.	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 .
		<i>Qualifying Foreign Position</i> Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employer.
		1.a. Manager1.b. Executive1.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. [Number] 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

Page 3, Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in	g. Summarize the alien's education and other work experience. [Page 3] Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States Check Box 1 or Box 2 as appropriate: With respect to the technology or technical data	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 9. Job 2 9. Job Title 10.a. Start Date (mm/dd/yyyy) 10.b. End Date (mm/dd/yyyy) 11. Job Duties [Page 5] 12. Wages Earned Per Week 13. Hours Worked Per Week 13. Hours Worked Per Week [Deleted] [Page 5] 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
	 With respect to the technology or technical data the petitioner will release or otherwise provide access to the alien beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that: 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or 2. A license is required from the U.S. Department 	 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
	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.	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.

Page 4, Part 6.	Page 4	[Page 5]
Signature of Petitioner Read the	Part 6. Signature of Petitioner	Part 6. Petitioner's Statement, Contact Information, Certification, and Signature
information on penalties in the instructions before completing this	Read the information on penalties in the instructions before completing this section.	NOTE: Read the information on penalties in the Penalties section of the Form I-129S Instructions before completing this part.
section.		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 [Fillable Field], 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 [Fillable Field], who is/is not an attorney or accredited representative, preparing this petition for me.
	Daytime Telephone Number (with area code) E-Mail Address (if any)	 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 under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I am filing this on behalf of an organization, and I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organizations records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. Signature of Petitioner Printed Name of Petitioner	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.
	Date (mm/dd/yyyy) 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 be found eligible for the requested benefit and this petition may be denied.	 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.
New		[Page 6]
		 Part 7. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter. <i>Interpreter's Full Name</i> 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) <i>Interpreter's Mailing Address</i> 3.a. Street Number and Name
		 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country <i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any) <i>Interpreter's Certification</i> I certify that:
		I am fluent in English and [Fillable Field], 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. <i>Interpreter's Signature</i> 6.a. Interpreter's Signature
		6.b. Date of Signature (mm/dd/yyyy)
Page 4, Part 7.	[Page 4]	[Page 6]
Signature and Contact Information of Person Preparing This Form, If Other than Above	Part 7. Signature and Contact Information of Person Preparing This Form, If Other than Above	Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner
		Provide the following information about the preparer.
	Printed Name of the Preparer	 <i>Preparer's Full Name</i> 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name)
	Preparer's Firm Name and Address	 Preparer's Business or Organization Name (if any)
		 Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
		[Page 7]
	Daytime Telephone Number (with area code) E-Mail Address (if any)	 Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number 6. Preparer's Email Address (if any)
		 <i>Preparer's Statement</i> 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

	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.	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. <i>Preparer's Certification</i> 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.
	Signature of Preparer Date (mm/dd/yyyy)	 Preparer's Signature 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)
New		[Page 8]
		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)
		 3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable Field]
		 4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable Field]
		 5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable Field]

	6.a. Page Number6.b. Part Number6.c. Item Number6.d. [Fillable Field]
	7.a. Petitioner's Signature7.b. Date of Signature (mm/dd/yyyy)