

**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 Page Number	Current Text	Proposed Text
<b>Page 1, To Be Completed by Attorney or Accredited Representative, if any.</b>	<p>[Page 1]</p> <p>Fill in box if G-28 is attached to represent the petition.</p> <p>ATTY State License Number</p>	<p>[Page 1]</p> <p>Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number</p> <p>Attorney or Accredited Representative USCIS ELIS Account Number (if any)</p>
<p><b>Page 1, Part 1. Information About the Employer</b></p> <p>and</p> <p><b>Page 1, Part 1A. Data Collection</b></p>	<p>[Page 1]</p> <p><b>Part 1. Information About the Employer</b></p> <p>Sponsoring Company or Organization's Name</p> <p>Addressee - ATTN:  Street Number and Name  Room/Suite Number  City or Town  State or Province  Country  Zip/Postal Code</p>	<p>[Page 1]</p> <p><b>Part 1. Information About the Employer (Petitioner)</b></p> <p><i>Sponsoring Company's or Organization's Full Name</i></p> <p><b>1. Name of Company or Organization</b></p> <p><i>Sponsoring Company's or Organization's Mailing Address</i></p> <p><b>2.a. In Care Of Name (if any)</b>  <b>2.b. Street Number and Name</b>  <b>2.c. Apt. Ste. Flr. [Number]</b>  <b>2.d. City or Town</b>  <b>2.e. State</b>  <b>2.f. ZIP Code</b></p> <p><b>3. Is this mailing address the same as the physical location of the sponsoring company or organization?</b>  Yes/No</p> <p>If you answered "No" to <b>Item Number 3.</b>, provide the sponsoring company's or organization's physical address in <b>Item Numbers 4.a. - 4.e.</b></p> <p><i>Sponsoring Company's or Organization's Physical Address</i></p> <p><b>4.a. Street Number and Name</b>  <b>4.b. Apt. Ste. Flr. [Number]</b>  <b>4.c. City or Town</b>  <b>4.d. State</b>  <b>4.e. ZIP Code</b></p> <p><i>Sponsoring Company's or Organization's</i></p>

	<p>Does the petitioner employ 50 or more individuals in the United States? Yes/No</p> <p>If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes/No</p>	<p><b>Contact Information</b>  <b>5.</b> Daytime Telephone Number  <b>6.</b> Fax Number  <b>7.</b> Email Address (if any)  <b>8.</b> Web site Address (if any)</p> <p><b>[Page 2]</b></p> <p><b>Sponsoring Company's or Organization's Employees in the United States</b>  <b>9.</b> Does the petitioner employ 50 or more individuals in the United States?  Yes/No</p> <p>If you answered "Yes" to <b>Item Number 9.</b>, complete <b>Item Number 10.</b></p> <p><b>10.</b> Are more than 50% of <b>your</b> employees in H-1B, L-1A, or L-1B nonimmigrant status?  Yes/No</p>
<p><b>Page 1, Part 3. Information About the Employee</b></p>	<p><b>[Page 1]</b></p> <p><b>Part 3. Information About the Employee</b></p> <p>Family Name  Given Name  Middle Name</p> <p><b>Address Outside the United States:</b></p> <p>Street Number and Name  Room/Suite Number  City or Town  State or Province  Country  Zip/Postal Code</p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Information About the Beneficiary</b></p> <p><b>Provide the following information about the beneficiary.</b></p> <p><b>1.</b> Alien Registration Number (A-Number) (if any)  <b>2.</b> USCIS ELIS Account Number (if any)  <b>3.</b> U.S. Social Security Number (if any)</p> <p><b>Beneficiary's Full Name</b>  <b>4.a.</b> Family Name (Last Name)  <b>4.b.</b> Given Name (First Name)  <b>4.c.</b> Middle Name</p> <p><b>Other Names Used</b> [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 <b>Part 9. Additional Information.</b></p> <p><b>5.a.</b> Family Name (Last Name)  <b>5.b.</b> Given Name (First Name)  <b>5.c.</b> Middle Name</p> <p><b>Beneficiary's Foreign Mailing Address</b>  <b>6.a.</b> In Care Of Name (if any)  <b>6.b.</b> Street Number and Name or P.O. Box  <b>6.c.</b> Apt. Ste. Flr. [Number]  <b>6.d.</b> City or Town  <b>6.e.</b> State  <b>6.f.</b> ZIP Code  <b>6.g.</b> Province  <b>6.h.</b> Postal Code  <b>6.i.</b> Country</p>

	<p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth Country of Citizenship/Nationality</p>	<p><b>7.</b> Is this mailing address also where the beneficiary physically resides? Yes/No</p> <p>If you answered “No” to <b>Item Number 7.</b>, provide the beneficiary's physical address in <b>Item Numbers 8.a. - 8.h.</b></p> <p><i><b>Beneficiary's Foreign Physical Address</b></i>  <b>8.a.</b> Street Number and Name  <b>8.b.</b> Apt. Ste. Flr. [Number]  <b>8.c.</b> City or Town  <b>8.d.</b> State  <b>8.e.</b> ZIP Code  <b>8.f.</b> Province  <b>8.g.</b> Postal Code  <b>8.h.</b> Country</p> <p><i><b>Other Information About the Beneficiary</b></i>  <b>9.</b> Date of Birth (mm/dd/yyyy)  <b>10.</b> Gender Male/Female  <b>11.</b> City or Town of Birth  <b>12.</b> Province or State of Birth</p> <p><b>[Page 3]</b></p> <p><b>13.</b> Country of Birth  <b>14.</b> Country of Citizenship <b>or</b> Nationality</p>
<p><b>Page 1, Part 2. Information About the Proposed Employment</b></p> <p><b>and</b></p> <p><b>Page 2-3, Part 4. Additional Information About the Proposed Employment</b></p>	<p><b>[Page 1]</b></p> <p><b>Part 2. Information About the Proposed Employment</b></p> <p>This alien will be a:</p> <p><b>a.</b> Manager or Executive (L-1A)  <b>b.</b> Specialized Knowledge Professional (L-1B)</p> <p><b>Blanket petition approval number:</b></p> <p><b>[Page 2]</b></p> <p><b>Part 4. Additional Information About the Proposed Employment</b></p> <p><b>a. Employment Address:</b></p> <p>Street Number and Name  Room/Suite Number  City or Town</p> <p><b>b. State or Province</b>  Country  Zip/Postal Code</p>	<p><b>[Page 2]</b></p> <p><b>Part 3. Information About Proposed United States Employment</b></p> <p>This <b>beneficiary</b> will <b>work as a:</b></p> <p><b>1.a.</b> Manager or Executive (L-1A)  <b>1.b.</b> Specialized Knowledge Professional (L-1B)</p> <p><b>2.</b> Provide the receipt number for the Blanket L petition upon which this petition is based.</p> <p><b>3.</b> Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition?  Yes/No</p> <p><b>[Deleted]</b></p> <p><i><b>Proposed Employment Address for the Beneficiary</b></i>  <b>4.a.</b> Street Number and Name  <b>4.b.</b> Apt. Ste. Flr. [Number]  <b>4.c.</b> City or Town</p> <p><b>4.d.</b> State</p> <p><b>4.e.</b> ZIP Code</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>If you answered "Yes" to <b>Item Number 14.</b>, describe how and <b>who will control and supervise</b> the beneficiary's work <b>in Item Numbers 15.a. and 15.b.</b></p> <p><b>15.a. Supervisor’s Name</b>  <b>15.b. Nature of Supervision and Control of the Beneficiary’s Work</b></p> <p><b>16.</b> If you answered “Yes” to <b>Item Number 14.</b>, 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 <b>your</b> need for the specialized knowledge he or she possesses.</p>
<p><b>Page 2, Part 4. Additional Information About the Proposed Employment</b></p>	<p>[Page 2]</p> <p><b>Part 2. Information About the Proposed Employment</b></p> <p><b>f. Provide the name and address of the alien's foreign employers, dates of employment, and job duties for the last 3 years.</b></p>	<p>[Page 4]</p> <p><b>Part 4. Information About Foreign Employment</b></p> <p>Provide information for <b>each</b> qualifying foreign employer for whom the beneficiary worked. If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information.</b></p> <p><i><b>Qualifying Foreign Position</b></i>  Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employer.</p> <p><b>1.a. Manager</b>  <b>1.b. Executive</b>  <b>1.c. Specialized Knowledge Professional</b></p> <p><i><b>Qualifying Foreign Employer Name and Address</b></i>  Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.</p> <p><b>2. Foreign Employer Name</b></p> <p><b>Mailing Address</b>  <b>3.a. Street Number and Name</b>  <b>3.b. Apt. Ste. Flr. [Number]</b>  <b>3.c. City or Town</b>  <b>3.d. Province</b>  <b>3.e. Postal Code</b>  <b>3.f. Country</b></p> <p><i><b>Other Information About the Beneficiary’s Foreign Employment</b></i>  Provide the beneficiary’s job titles, dates of foreign employment, and the duties of the jobs the</p>

		<p>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.</p> <p><b>Job 1</b>  <b>4. Job Title</b>  <b>5.a. Start Date (mm/dd/yyyy)</b>  <b>5.b. End Date (mm/dd/yyyy)</b>  <b>6. Job Duties</b>  <b>7. Wages Earned Per Week</b>  <b>8. Hours Worked Per Week</b></p> <p><b>Job 2</b>  <b>9. Job Title</b>  <b>10.a. Start Date (mm/dd/yyyy)</b>  <b>10.b. End Date (mm/dd/yyyy)</b>  <b>11. Job Duties</b></p> <p><b>[Page 5]</b>  <b>12. Wages Earned Per Week</b>  <b>13. Hours Worked Per Week</b></p> <p><b>[Deleted]</b></p>
	<p><b>g. Summarize the alien's education and other work experience.</b></p>	
<p><b>Page 3, Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b></p>	<p><b>[Page 3]</b></p> <p><b>Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b>  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 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:</p> <p><b>1.</b> 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><b>2.</b> 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><b>[Page 5]</b></p> <p><b>Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b></p> <p>Select <b>Item Number 1.</b> or <b>2.,</b> as appropriate.</p> <p>With respect to the technology or technical data the petitioner will release or otherwise provide access to <b>the beneficiary</b>, the petitioner certifies that <b>he or she</b> has reviewed the <b>Export Administration Regulations (EAR)</b> and the <b>International Traffic in Arms Regulations (ITAR)</b> and has determined that:</p> <p><b>1.</b> 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><b>2.</b> 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 <b>the beneficiary</b> AND the petitioner will prevent access to the controlled technology or technical data by <b>the beneficiary</b> until and unless the petitioner has received the required license or other authorization to release it to <b>the beneficiary</b>.</p>



	<p>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.</p> <p><b>Signature of Petitioner</b>  <b>Printed Name of Petitioner</b>  <b>Date</b> (mm/dd/yyyy)</p> <p><b>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.</b></p>	<p>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.</p> <p>I am filing this petition on behalf of an organization, and I certify that I am empowered to do so by that organization.</p> <p><b>Petitioner's Signature</b>  <b>6.a. Petitioner's Signature</b>  <b>[Deleted]</b>  <b>6.b. Date of Signature</b> (mm/dd/yyyy)</p> <p><b>NOTE TO ALL PETITIONERS:</b> If you do not completely fill out this petition or fail to submit required documents listed in the instructions, USCIS may deny your petition.</p>
<p><b>New</b></p>		<p><b>[Page 6]</b></p> <p><b>Part 7. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b>Interpreter's Full Name</b>  <b>1.a.</b> Interpreter's Family Name (Last Name)  <b>1.b.</b> Interpreter's Given Name (First Name)  <b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><b>Interpreter's Mailing Address</b>  <b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr. [Number]  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b>Interpreter's Contact Information</b>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b>  <b>I certify that:</b></p> <p>I am fluent in English and [Fillable Field], which is the same language provided in <b>Part 6., Item Number 1.b.;</b></p>



		<p>I have read to this <b>petitioner</b> every question and instruction on this <b>petition</b>, as well as the answer to every question, in the language provided in <b>Part 6., Item Number 1.b.</b>; and</p> <p>The <b>petitioner</b> has informed me that he or she understands every instruction and question on the <b>petition</b>, as well as the answer to every question, and the <b>petitioner</b> verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i>  <b>6.a.</b> Interpreter's Signature  <b>6.b.</b> Date of Signature (mm/dd/yyyy)</p>
<b>Page 4, Part 7.</b> <b>Signature and Contact Information of Person Preparing This Form, If Other than Above</b>	<p>[Page 4]</p> <p><b>Part 7. Signature and Contact Information of Person Preparing This Form, If Other than Above</b></p> <p><b>Printed Name of the Preparer</b></p> <p><b>Preparer's Firm Name and Address</b></p> <p><b>Daytime Telephone Number</b> <i>(with area code)</i></p> <p><b>E-Mail Address</b> <i>(if any)</i></p>	<p>[Page 6]</p> <p><b>Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this <b>Petition</b>, If Other Than the <b>Petitioner</b></b></p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i>  <b>1.a.</b> Preparer's Family Name (Last Name)  <b>1.b.</b> Preparer's Given Name (First Name)  <b>2.</b> Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i>  <b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr. [Number]  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p>[Page 7]</p> <p><i>Preparer's Contact Information</i>  <b>4.</b> Preparer's Daytime Telephone Number  <b>5.</b> Preparer's Fax Number  <b>6.</b> Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i>  <b>7.a.</b> I am not an attorney or accredited representative but have prepared this <b>petition</b> on behalf of the <b>petitioner</b> and with the <b>petitioner's</b> consent.  <b>7.b.</b> I am an attorney or accredited representative and my representation of the <b>petitioner</b> in this case extends/does not extend beyond the preparation of this <b>petition</b>.</p> <p><b>NOTE:</b> If you are an attorney or accredited</p>

	<p><b>Declaration of Preparer</b>  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><b>Signature of Preparer</b>  <b>Date</b> (mm/dd/yyyy)</p>	<p>representative whose representation extends beyond preparation of this <b>petition</b>, 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.</p> <p><b>Preparer's Certification</b>  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.</p> <p><b>Preparer's Signature</b>  <b>8.a.</b> Preparer's Signature  <b>8.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p><b>New</b></p>		<p><b>[Page 8]</b></p> <p><b>Part 9. Additional Information</b></p> <p>If you need extra space to provide any additional information within this <b>petition</b>, 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 <b>petition</b> or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b>, <b>Part Number</b>, and <b>Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1.a.</b> Family Name (Last Name)  <b>1.b.</b> Given Name (First Name)  <b>1.c.</b> Middle Name</p> <p><b>2.</b> A-Number (if any)</p> <p><b>3.a.</b> Page Number  <b>3.b.</b> Part Number  <b>3.c.</b> Item Number  <b>3.d.</b> [Fillable Field]</p> <p><b>4.a.</b> Page Number  <b>4.b.</b> Part Number  <b>4.c.</b> Item Number  <b>4.d.</b> [Fillable Field]</p> <p><b>5.a.</b> Page Number  <b>5.b.</b> Part Number  <b>5.c.</b> Item Number  <b>5.d.</b> [Fillable Field]</p>

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