

**TABLE OF CHANGES – FORM**  
**Form I-129, Petition for a Nonimmigrant Worker**  
**OMB Number: 1615-0009**  
**01/31/2022**

**Reason for Revision: Changes to support H-1B Registration requirements.**

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Current Page Number and Section	Current Text	Proposed Text
<b>Page 13, H Classification Supplement to Form I-129</b>	<p>...</p> <p><b>4.</b> Classification sought (select only one box):</p> <p><b>a.</b> H-1B Specialty Occupation</p> <p><b>b.</b> H-1B1 Chile and Singapore</p> <p><b>c.</b> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)</p> <p><b>d.</b> H-1B3 Fashion model of distinguished merit and ability</p> <p><b>e.</b> H-2A Agricultural worker</p> <p><b>f.</b> H-2B Non-agricultural worker</p> <p><b>g.</b> H-3 Trainee</p> <p><b>h.</b> H-3 Special education exchange visitor program</p> <p><b>5.</b> Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p><b>6.</b> Are you requesting a change of employer and was the beneficiary previously subject to the</p>	<p>...</p> <p><b>4.</b> Classification sought (select only one box):</p> <p><b>a.</b> H-1B Specialty Occupation</p> <p><b>b.</b> H-1B1 Chile and Singapore</p> <p><b>c.</b> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)</p> <p><b>d.</b> H-1B3 Fashion model of distinguished merit and ability</p> <p><b>e.</b> H-2A Agricultural worker</p> <p><b>f.</b> H-2B Non-agricultural worker</p> <p><b>g.</b> H-3 Trainee</p> <p><b>h.</b> H-3 Special education exchange visitor program</p> <p><b>5.</b> If you selected <b>a.</b> or <b>d.</b> in <b>Item Number 4.</b>, and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the H-1B Registration Selection Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).</p> <p><b>6.</b> Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p><b>7.</b> Are you requesting a change of employer and was the beneficiary previously subject to the</p>

	<p>Guam-CNMI cap exemption under Public Law 110-229?  Yes  No</p> <p><b>7.a.</b> Does any beneficiary in this petition have ownership interest in the petitioning organization?  Yes. If yes, please explain in <b>Item Number 7.b.</b>  No</p> <p>[Page 14]</p> <p><b>7.b.</b> Explanation</p> <p>...</p>	<p>Guam-CNMI cap exemption under Public Law 110-229?  Yes  No</p> <p><b>8.a.</b> Does any beneficiary in this petition have ownership interest in the petitioning organization?  Yes. If yes, please explain in <b>Item Number 7.b.</b>  No</p> <p>[Page 14]</p> <p><b>8.b.</b> Explanation</p> <p>...</p>
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