

TABLE OF CHANGES – FORM
Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker
OMB Number: 1615-0111
04/06/2020

Reason for Revision: Merging Public Charge and CNMI Act versions.

Legend for Proposed Text:

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

Expires 10/31/2021

Edition Date 01/27/20

Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1. Information about the Employer Filing This Petition	<p>[Page 1]</p> <p>START HERE - Type or print in black ink.</p> <p>Part 1. Information about the Employer Filing This Petition</p> <p><i>Name of Representative for Employer/Organization</i></p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p><i>Name of Employer/Organization and Address</i></p> <p>2.a. Name of Employer/Organization 2.b. In Care Of Name (if any) 2.c. Street Number and Name 2.d. Apt. Ste. Flr. 2.e. City or Town 2.f. State 2.g. ZIP Code</p>	<p>[Page 1]</p> <p>[no change]</p> <p>Part 1. Information about the Employer Filing This Petition</p> <p>If you are an individual employer or sole proprietor filing this application, complete Item Numbers 1.a. - 2. All petitioners should complete Item Numbers 3. - 9.c.</p> <p><i>Legal Name of Individual Petitioner or Sole Proprietor</i></p> <p>[no change]</p> <p>2. Date of Birth (mm/dd/yyyy)</p> <p><i>Petitioning Company or Organization Name and Address</i></p> <p>3. Name of Employer/Organization 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code</p> <p>4.g. If your place of business does not have a physical address, provide a description of your location, (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition. If you need more space to provide your explanation,</p>

	<p>3. Federal Employer Identification Number</p> <p>4. USCIS Online Account Number (if any)</p>	<p>use the space provided in Part 11. Additional information.</p> <p>[fillable text box]</p> <p>5. Trade Name or “Doing Business As” Name (if applicable)</p> <p><i>Petitioner’s Contact Information</i></p> <p>6.a. Daytime Telephone Number 6.b. Mobile Telephone Number 6.c. Email Address (if any)</p> <p>[Page 2]</p> <p><i>Taxpayer Identification Numbers</i></p> <p>Provide the following information as applicable:</p> <p>7.a. Employer Identification Number (EIN) 7.b. Individual Taxpayer Identification Number (ITIN) 7.c. U.S. Social Security Number (SSN)</p> <p>8. USCIS Online Account Number (if any)</p> <p><i>E-Verify Information</i></p> <p>9.a. Do you certify that you are a participant in good standing in the E-Verify program? Yes No</p> <p>9.b. Employer’s Name as Listed in E-Verify</p> <p>9.c. Employer’s E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number</p>
<p>Pages 1-2,</p> <p>Part 2. Information About This Petition</p>	<p>[Page 2]</p> <p>Part 2. Information About This Petition</p> <p>NOTE: See the Instructions for fee information.</p> <p>1. Requested Nonimmigrant Classification</p> <p>Basis for Classification (Select only one box):</p> <p>2.a. New employment (including a duplicate for U.S. Department of State notification). 2.b. Continuation of previously approved employment without change with the same employer.</p>	<p>[Page 2]</p> <p>Part 2. Information About This Petition</p> <p>[delete]</p> <p>Basis for Classification (Select only one box):</p> <p>1.a. New employment (including a duplicate for U.S. Department of State notification). 1.b. Continuation of previously approved employment without change with the same employer.</p>

	<p>2.c. Change in previously approved employment.</p> <p>2.d. New concurrent employment.</p> <p>2.e. Change of employer.</p> <p>2.f. Amended petition.</p> <p>3. If you selected Item Number 2.b., 2.c., 2.d., 2.e., or 2.f., provide the petition receipt number.</p> <p>4. Prior Petition. If the beneficiary is in the CNMI as a nonimmigrant and is applying to change and/or extend his or her status, provide the prior petition or application receipt number.</p> <p>[Page 2]</p> <p>Requested Action (Select only one box):</p> <p>5.a. Notify the office in Part 4. so the beneficiary can obtain a visa or be admitted.</p> <p>5.b. Change the beneficiary's status and extend their stay since the beneficiary is in the CNMI in another status (see the Instructions for limitations). This option is available only where you select "New Employment" in Item Number 2.a., above. Select the appropriate box indicating the type of status change. Initial Grant of CW-1 Status in CNMI Change of Federal Nonimmigrant Status to CW-1</p> <p>5.c. Extend the stay of the beneficiary since they now hold this status.</p> <p>5.d. Amend the stay of the beneficiary since they now hold this status.</p> <p>6. Total number of workers in petition (See instructions relating to when more than one worker can be included):</p>	<p>1.c. Change in previously approved employment (provide an explanation in Part 11. Additional Information).</p> <p>1.d. New concurrent employment.</p> <p>1.e. Change of employer for a worker already in the requested classification.</p> <p>1.f. Amended petition (provide an explanation in Part 11. Additional Information).</p> <p>[delete]</p> <p>2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."</p> <p>Requested Action (Select only one box):</p> <p>3.a. Notify the office in Part 4. so each worker can obtain a visa or be admitted.</p> <p>3.b. Change the worker's status and extend their stay since the worker is in the CNMI in another status. This option is available only if you selected Item Number 1.a., "New Employment" as the Basis for Classification (see the Instructions for limitations).</p> <p>3.c. Extend the stay of each worker since they now hold this status.</p> <p>3.d. Amend the stay of each worker since they now hold this status.</p> <p>If you selected Item Number 3.b., indicate the type of status change you are requesting (Select only one box):</p> <p>4.a. Initial Grant of CW-1 Status in CNMI</p> <p>4.b. Change of Federal Nonimmigrant Status to CW-1</p> <p>5. Total number of workers in petition (See Instructions relating to when more than one worker can be included):</p> <p>6.a. Are you requesting a long-term CW-1 worker(s)? Yes No</p>
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<p>Page 2,</p> <p>Part 3. Information About the Beneficiaries For Whom You Are Filing</p>	<p>[Page 2]</p> <p>Part 3. Information About the Beneficiaries For Whom You Are Filing</p> <p>Provide the requested information below. If you need additional space to complete this section, use the space provided in Part 10. Additional Information. If you need additional space to name each beneficiary included in this petition use Form I-129CW Classification Supplement.</p> <p><i>Beneficiary's Full Name</i> 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p><i>Other Names Used (if any)</i> Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. U.S. Social Security Number (if any)</p> <p>5. Alien Registration Number (A-Number) (if any)</p>	<p>[Page 2]</p> <p>Part 3. Worker Information</p> <p>Provide the information requested about the worker(s) for whom you are filing. If you are providing information for more than one worker, complete a separate copy of the Additional Worker Attachment for Form I-129CW for each additional worker.</p> <p><i>Worker's Full Name</i> 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>[Page 3]</p> <p><i>Other Names the Worker Has Used</i> Include nicknames, aliases, maiden name, and names from all previous marriages.</p> <p>[no change]</p> <p><i>Other Information</i> 3. Date of Birth (mm/dd/yyyy) 4. Gender Male Female 5. U.S. Social Security Number (if any) 6. Alien Registration Number (A-Number) (if any) 7. City or Town of Birth 8. State or Province of Birth</p>

		<p>18.d. State</p> <p>18.e. ZIP Code</p> <p>19. Have you ever filed an immigrant petition for this worker? Yes No</p> <p>If you answered “Yes” to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information.</p> <p>20. Have you ever filed a nonimmigrant petition for this worker? Yes No</p> <p>If you answered “Yes” to Item Number 20., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information.</p> <p>[Page 4]</p> <p>21. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary? Yes No</p> <p>If you answered “Yes” to Item Number 21., identify the receipt number for the petition and the date of the decision in Part 11. Additional Information.</p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 22.a. - 24.c.. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status, for example, CW-2 status. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>NOTE: Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)</p> <p>Period of Stay 1 22.a. Employer’s Name 22.b. Period of Stay From (mm/dd/yyyy) 22.c. To (mm/dd/yyyy)</p> <p>Period of Stay 2</p>
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<p>Page 3,</p> <p>Part 4. Processing Information</p>	<p>[Page 3]</p> <p>Part 4. Processing Information</p> <p>If the beneficiary named in Part 3. is outside the CNMI, or a requested extension of stay, or change of status cannot be granted, provide the U.S. Consulate or inspection facility you want notified if this petition is approved.</p> <p>1.a. Type of Office (Select only one box): Consulate Pre-flight Inspection Port of Entry</p> <p>1.b. Office Address (City)</p> <p>1.c. U.S. State or Foreign Country</p> <p>Beneficiary's Foreign Address 2.a. Street Number and Name 2.b. Apt. Ste. Flr. 2.c. City or Town 2.d. State 2.e. ZIP Code 2.f. Province 2.g. Postal Code 2.h. Country</p> <p>3. Does each beneficiary in this petition have a valid passport? Yes No. If no, type or print a brief explanation in Part 10. Additional Information. Not Required to Have Passport</p> <p>4. Are you filing any other petitions with this one? Yes. If yes, how many? No</p> <p>5. Are applications for replacement/initial Form I-94's being filed with this petition? Yes. If yes, how many? No</p>	<p>[Page 4]</p> <p>Part 4. Processing Information</p> <p>If any of the workers in Part 3. Worker Information or in an Additional Worker Attachment for Form I-129CW are outside the CNMI, or if a requested extension of stay or change of status cannot be granted, provide the U.S. Consulate or CBP inspection facility you want notified if this petition is approved.</p> <p>1.a. Type of Office (Select only one box): U.S. Embassy or U.S. Consulate CBP Pre-flight Inspection U.S. Port of Entry</p> <p>1.b. Office Location (City or Town)</p> <p>1.c. Foreign Country or U.S. State</p> <p>[deleted]</p> <p>2. Does each worker in this petition have a valid passport? Yes No [deleted]</p> <p>If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. Additional Information.</p> <p>3. Are you filing any other petitions with this one? Yes No If yes, how many? [delete]</p>

		<p>[Page 5]</p> <p>7.a. Does any worker in this petition have ownership interest in the petitioning organization? Yes No</p> <p>7.b. If you answered “Yes” to Item Number 7.a., provide an explanation of the worker’s ownership interests. [fillable field]</p> <p>8.a. Are you or the employer currently debarred by the U.S. Department of Labor (DOL)? Yes No</p> <p>8.b. Has the temporary labor certification supporting this petition been revoked by DOL? Yes No</p> <p>8.c. Have you or the employer ever received a final order of debarment from DOL in any foreign labor certification program? Yes No</p> <p>8.d. If you answered “Yes” to Item Numbers 8.a., 8.b., or 8.c., please explain. [Fillable field]</p> <p>9.a. Is this petition exempt from the CW-1 numerical limit (or cap) because the worker(s) has been previously counted against the CW-1 cap in the same fiscal year? Yes No</p> <p>9.b. If you answered “Yes” to Item Number 9.a., provide the receipt number</p> <p>10. Are you requesting consideration under the governor’s cap reservation? Yes No</p>
<p>Pages 3-4,</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p>	<p>[Page 3]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>NOTE: Attach Form I-129CW Classification Supplement for each beneficiary you are petitioning for.</p> <p>1. Job Title</p>	<p>[Page 5]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>[delete]</p> <p>1. Job Title</p>

	<p>Other (Type or print a brief explanation in Part 10. Additional Information.)</p> <p>9. Type of Business</p> <p>10. Year Established</p> <p>11. Current Number of Employees</p> <p>12. Gross Annual Income</p> <p>13. Net Annual Income</p>	<p>11. Type of Business</p> <p>12. Year Established</p> <p>13. Current Number of Employees</p> <p>14. Gross Annual Income</p> <p>15. Net Annual Income</p>
<p>Pages 4-6,</p> <p>Part 6. Information about the Beneficiary's Public Benefits</p> <p>And</p> <p>Pages 10-11,</p> <p>Part 12. Employer Attestation</p>	<p>[Page 4]</p> <p>Part 6. Information about the Beneficiary's Public Benefits</p> <p>This Part 6. only applies to beneficiaries who are seeking to change nonimmigrant status or extend their nonimmigrant stay while they are in the CNMI. If the beneficiary is not seeking a change of status or extension of stay, you may skip this Part 6.</p> <p>Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in Part 2., Information about the Additional Beneficiary's Public Benefits, in the Form I-129CW Classification Supplement.</p> <p>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (Select all that apply)</p> <p>Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):</p> <p>Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF) General Assistance (GA) Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps") Section 8 Housing Assistance under the Housing Choice Voucher Program Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. Federally-funded Medicaid</p>	<p>[Page 6]</p> <p>Part 6. Information about the Beneficiary's Public Benefits</p> <p>This Part 6. only applies to beneficiaries who are seeking to change nonimmigrant status or extend their nonimmigrant stay while they are in the CNMI. If the beneficiary is not seeking a change of status or extension of stay, you may skip this Part 6.</p> <p>Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in Part 2., Information about the Additional Beneficiary's Public Benefits, in the Form I-129CW Classification Supplement.</p> <p>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (Select all that apply)</p> <p>Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):</p> <p>Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF) General Assistance (GA) Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps") Section 8 Housing Assistance under the Housing Choice Voucher Program Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. Federally-funded Medicaid</p>

	<p>No, the beneficiary has not received any of the above listed public benefits.</p> <p>No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 10. Additional Information. Submit evidence as outlined in the Instructions.</p> <p>[Page 5]</p> <p>A. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>B. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>C. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>D. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.</p> <p>The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p>	<p>No, the beneficiary has not received any of the above listed public benefits.</p> <p>No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 11. Additional Information. Submit evidence as outlined in the Instructions.</p> <p>[Page 5]</p> <p>A. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>B. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>C. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>D. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.</p> <p>The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p>
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	<p>[Page 10]</p> <p>Part 12. Employer Attestation</p> <p>Employer Attestation</p> <p>There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.</p> <p>The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).</p> <p>The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).</p> <p>The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.</p> <p>The beneficiary meets the qualifications for the position.</p> <p>The beneficiary, if present in the CNMI, is lawfully present in the CNMI.</p> <p>The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.</p> <p>The position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).</p> <p>Select only one box:</p> <p>1.a. Professional, Technical, or Management Occupations 1.b. Clerical and Sales Occupations 1.c. Service Occupations 1.d. Agricultural, Fisheries, Forestry, and Related Occupations 1.e. Processing Occupations 1.f. Machine Trade Occupations 1.g. Benchwork Occupations 1.h. Structural Occupations 1.i. Miscellaneous Occupations</p>	<p>[Page 7]</p> <p>[delete]</p> <p>Part 7. Employer's Attestation</p> <p>The above named petitioning employer has not displaced and will not displace a United States worker in order to employ the worker as agreed to in the application for Temporary Labor Certification.</p> <p>The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(iii).</p> <p>The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vii).</p> <p>The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.</p> <p>Each worker meets the qualifications for the position.</p> <p>Each worker, if present in the CNMI, is lawfully present in the CNMI.</p> <p>The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification including H-2A or H-2B.</p> <p>[Page 8]</p> <p>The position falls within the list of occupational categories designated by USCIS (Select only one box):</p> <p>5.a. Professional, Technical, or Management Occupations 5.b. Clerical and Sales Occupations 5.c. Service Occupations 5.d. Agricultural, Fisheries, Forestry, and Related Occupations 5.e. Processing Occupations 5.f. Machine Trade Occupations 5.g. Benchwork Occupations 5.h. Structural Occupations 5.i. Miscellaneous Occupations</p>
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	<p>I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.</p> <p>2. Petitioner's Printed Name 3. Title 4. Employer/Organization Name</p> <p>[Page 11]</p> <p><i>Employer/Organization's Physical Address</i> 5.a. Street Number and Name 5.b. Apt. Ste. Flr. 5.c. City or Town 5.d. State 5.e. ZIP Code</p> <p><i>Employer/Organization's Contact Information</i> 6. Daytime Telephone Number 7. Fax Number (if any) 8. Email Address (if any)</p> <p><i>Petitioner's Signature</i> 9.a. Petitioner's Signature 9.b. Date of Signature (mm/dd/yyyy)</p>	<p>The above named petitioning employer will pay each worker a wage that is not less than the greater of: 1) The CNMI minimum wage; 2) The Federal minimum wage; or 3) The prevailing wage in the CNMI for the occupation in which the worker will be employed as established by the U.S. Department of Labor; and</p> <p>The above named petitioning employer will comply with the reporting and retention requirements in 8 CFR 214.2(w)(26).</p> <p>I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition.</p> <p>6. Employer's Printed Name 7. Title 8. Employer/Organization Name</p> <p>[delete]</p> <p><i>Employer's Signature</i> 9.a. Employer's Signature 9.b. Date of Signature (mm/dd/yyyy)</p>
<p>Pages 6-7,</p> <p>Part 7. Statement, Contact Information, Declaration, Certification, and</p>	<p>[Page 6]</p> <p>Part 7. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</p>	<p>[Page 8]</p> <p>Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory</p>

<p>Signature of the Petitioner or Authorized Signatory</p>	<p>NOTE: Read the Penalties section of the Form I-129CW Instructions before completing this part. You, the petitioner, must file Form I-129CW while in the United States.</p> <p><i>Petitioner's or Authorized Signatory's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. The interpreter named in Part 8. has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. At my request, the preparer named in Part 9., [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p><i>Petitioner's or Authorized Signatory's Contact Information</i></p> <p>3.a. Authorized Signatory's Family Name (Last Name)</p> <p>3.b. Authorized Signatory's Given Name (First Name)</p> <p>4. Authorized Signatory's Title</p> <p>5. Authorized Signatory's Daytime Telephone Number</p> <p>6. Authorized Signatory's Mobile Telephone Number (if any)</p> <p>7. Authorized Signatory's Email Address (if any)</p> <p><i>Petitioner's or Authorized Signatory's Declaration and Certification</i></p> <p>Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit</p>	<p>NOTE: Read the Penalties section of the Form I-129CW Instructions before completing this section. You, the petitioner, must file Form I-129CW while in the United States.</p> <p>[no change]</p> <p>1.b. The interpreter named in Part 9. has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. At my request, the preparer named in Part 10., [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p>[no change]</p> <p>[Page 9]</p> <p><i>Petitioner's or Authorized Signatory's Certification</i></p> <p>[no change]</p> <p>I authorize the release of any information contained in this petition, in supporting documents, in my USCIS records, and in the petitioning organization's USCIS records, to USCIS or other entities and persons where</p>
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	<p>sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my petition; and</p> <p>2) All of this information was complete, true, and correct at the time of filing.</p> <p>[Page 7]</p> <p>I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p><i>Petitioner's or Authorized Signatory's Signature</i> 8.a. Petitioner's Signature 8.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.</p>	<p>necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>[delete]</p> <p>[no change]</p>
<p>Page 7,</p> <p>Part 8. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 7]</p> <p>Part 8. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1.a. Interpreter's Family Name (Last Name)</p>	<p>[Page 9]</p> <p>Part 9. Interpreter's Contact Information, Certification, and Signature</p> <p>[no change]</p>

	<p>1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> 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</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable field] which is the same language specified in Part 7., Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>	<p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable field] which is the same language specified in Part 8., Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Certification, and has verified the accuracy of every answer.</p> <p>[no change]</p>
<p>Pages 7-8,</p> <p>Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</p>	<p>[Page 7]</p> <p>Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 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)</p> <p>[Page 8]</p>	<p>[Page 10]</p> <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory</p> <p>[no change]</p>

	<p><i>Preparer's Mailing Address</i> 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</p> <p><i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p><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.</p> <p>NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.</p> <p><i>Preparer's Certification</i></p> <p>By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.</p> <p><i>Preparer's Signature</i> 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>	
<p>Page 9,</p> <p>Part 10. Additional Information</p>	<p>[Page 9]</p> <p>Part 10. Additional Information</p> <p>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. Type or print 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.</p>	<p>[Page 11]</p> <p>Part 11. Additional Information</p> <p>[no change]</p>

	<p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]</p>	
<p>Page 10,</p> <p>Part 11. Accommodations for Individuals With Disabilities and/or Impairments</p>	<p>[Page 10]</p> <p>Part 11. Accommodations for Individuals With Disabilities and/or Impairments</p> <p>NOTE: Read the information in the Form I-129CW Instructions before completing this part.</p> <p>1.Name of Employer or Organization Filing Petition:</p> <p>2.Name of Person for Whom You Are Filing:</p> <p>3.Are you, the petitioning employer, requesting an accommodation because of the beneficiary's disabilities and/or impairments? Yes No</p> <p>If you answered “Yes” to Item Number 3., select any applicable in Item Numbers 4.a. - 4.c. and provide an answer.</p> <p>4.a.The beneficiary is deaf or hard of hearing and requests the following accommodation. (If they are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)</p>	<p>[delete]</p>

	<p>3. U.S. Social Security Number (if any)</p> <p>4. Alien Registration Number (A-Number) (if any)</p> <p>7. Country of Birth</p> <p>8. Country of Citizenship or Nationality</p> <p>Beneficiary's Current CNMI Address</p> <p>5.a. Street Number and Name</p> <p>5.b. Apt. Ste. Flr.</p> <p>5.c. City or Town</p> <p>5.d. State</p> <p>5.e. ZIP Code</p> <p>Beneficiary's Foreign Address</p> <p>6.a. Street Number and Name</p> <p>6.b. Apt. Ste. Flr.</p> <p>6.c. City or Town</p> <p>6.d. State</p> <p>6.e. ZIP Code</p> <p>6.f. Province</p> <p>6.g. Postal Code</p> <p>6.h. Country</p> <p>IF IN THE CNMI</p> <p>9. Date of Last Arrival (mm/dd/yyyy)</p> <p>10. Form I-94 Arrival-Departure Record Number</p> <p>12.a. Passport Number</p> <p>12.c. Date Passport Issued (mm/dd/yyyy)</p> <p>12.d. Date Passport Expires (mm/dd/yyyy)</p> <p>12.b. Country Where Passport Issued</p> <p>11.a. Current Nonimmigrant Status</p> <p>11.b. Date Status Expires (mm/dd/yyyy)</p>	<p>8. U.S. Social Security Number (if any)</p> <p>9. Alien Registration Number (A-Number) (if any)</p> <p>10. City or Town of Birth</p> <p>11. State or Province of Birth</p> <p>12. Country of Birth</p> <p>13. Country of Citizenship or Nationality</p> <p>[delete]</p> <p><i>Worker's Foreign Address (if any)</i></p> <p>14.a. Street Number and Name</p> <p>14.b. Apt./Ste./Flr. Number</p> <p>14.c. City or Town</p> <p>14.d. State</p> <p>14.e. ZIP Code</p> <p>14.f. Province</p> <p>14.g. Postal Code</p> <p>14.h. Country</p> <p>[Page 13]</p> <p>[delete]</p> <p>If the worker is in the CNMI, provide the information requested in Item Numbers 15. - 20.</p> <p>15. Date of Last Arrival (mm/dd/yyyy)</p> <p>16. Form I-94 Arrival-Departure Record Number</p> <p>17.a. Passport or Travel Document Number</p> <p>17.b. Date Passport or Travel Document Issued (mm/dd/yyyy)</p> <p>17.c. Date Passport or Travel Document Expires (mm/dd/yyyy)</p> <p>17.d. Passport or Travel Document Country of Issuance</p> <p>18.a. Current Nonimmigrant Status</p>
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	<p>[Page 12]</p> <p>Part 2. Information about the Additional Beneficiary's Public Benefits</p> <p>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits (select all that apply)?</p> <p>Yes, the beneficiary has received or is currently certified to receive the following benefits:</p> <p>Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance</p> <p>Supplemental Security Income (SSI)</p> <p>Temporary Assistance for Needy Families (TANF)</p> <p>General Assistance (GA)</p> <p>Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")</p> <p>Section 8 Housing Assistance under the Housing Choice Voucher Program</p> <p>Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)</p> <p>[Page 13]</p> <p>Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.</p>	<p>[Page 14]</p> <p><i>Information about the Additional Beneficiary's Public Benefits</i></p> <p>28. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits (select all that apply)?</p> <p>Yes, the beneficiary has received or is currently certified to receive the following benefits:</p> <p>Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance</p> <p>Supplemental Security Income (SSI)</p> <p>Temporary Assistance for Needy Families (TANF)</p> <p>General Assistance (GA)</p> <p>Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")</p> <p>Section 8 Housing Assistance under the Housing Choice Voucher Program</p> <p>Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)</p> <p>[Page 13]</p> <p>Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.</p>

	<p>Federally-Funded Medicaid</p> <p>No, the beneficiary has not received any of the above listed public benefits.</p> <p>No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits, below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 10. Additional Information. Submit evidence as outlined in the Instructions.</p> <p>A. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>B. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>C. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>D. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.</p> <p>The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the</p>	<p>Federally-Funded Medicaid</p> <p>No, the beneficiary has not received any of the above listed public benefits.</p> <p>No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>29. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits, below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 11. Additional Information. Submit evidence as outlined in the Instructions.</p> <p>A. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>B. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>C. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>D. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p>30. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.</p> <p>The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the</p>
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	<p>Ready Reserve Component of the U.S. Armed Forces.</p> <p>The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p>At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p>At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.</p> <p>At the time the beneficiary received the public benefits, the beneficiary was previously present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p>[Page 14]</p> <p>The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322, interview.</p> <p>None of the above statements apply to the beneficiary.</p> <p>4.a. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):</p> <p>NOTE: Submit evidence as outlined in the Instructions.</p> <p>An Emergency Medical Condition</p> <p>For a Service Under the Individuals with Disabilities Education Act (IDEA)</p> <p>Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law</p> <p>While Under 21 Years of Age</p> <p>While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p>4.b. Provide the Applicable Dates</p>	<p>Ready Reserve Component of the U.S. Armed Forces.</p> <p>The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p>At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p>At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.</p> <p>At the time the beneficiary received the public benefits, the beneficiary was previously present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p>[Page 14]</p> <p>The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322, interview.</p> <p>None of the above statements apply to the beneficiary.</p> <p>31.a. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):</p> <p>NOTE: Submit evidence as outlined in the Instructions.</p> <p>An Emergency Medical Condition</p> <p>For a Service Under the Individuals with Disabilities Education Act (IDEA)</p> <p>Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law</p> <p>While Under 21 Years of Age</p> <p>While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p>31.b. Provide the Applicable Dates</p>
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	Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)	Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)
Page 10, Form I-129CW Classification Supplement, Part 2. Accommodations for Individuals With Disabilities and/or Impairments	<p>[Page 14]</p> <p>Part 3. Accommodations for Individuals With Disabilities and/or Impairments</p> <p>NOTE: Read the information in the Form I-129CW Instructions before completing this part.</p> <p>1.Name of Employer or Organization Filing Petition</p> <p>2.Name of Person For Whom You Are Filing</p> <p>3.Are you, the petitioning employer, requesting an accommodation because of the beneficiary's disabilities and/or impairments? Yes No</p> <p>If you answered "Yes" to Item Number 3., select any applicable box in Item Numbers 4.a. - 4.c. and provide an answer.</p> <p>4.a.The beneficiary is deaf or hard of hearing and requests the following accommodation. (If they are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)</p> <p>4.b.The beneficiary is blind or has low vision and requests the following accommodation:</p> <p>4.c.The beneficiary has another type of disability and/or impairment. (Describe the nature of their disability and/or impairment and the accommodation you are requesting.)</p>	<p>[delete]</p>