



Petition for a Nonimmigrant Worker: H1 Classifications

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

USCIS
Form I-129H1
OMB No. 1615-xxxx
Expires xx/xx/xxxx

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have?" or "How many times have you departed the United States?"), type or print "None" unless otherwise directed.

Part 1. Petitioner Information

If you are an individual or sole proprietor filing this petition, you must complete **Item Numbers 1. - 2.** If you are a company or an organization filing this petition, complete **Item Number 3.** All petitioners should fill out **Item Numbers 4. - 11.,** as applicable.

1. Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Date of Birth (mm/dd/yyyy)

3. Petitioning Company or Organization Name

4. Trade Name or "Doing Business As" Name

5. USCIS Online Account Number

▶

6. Primary U.S. Office Address of Petitioner

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code (USPS ZIP Code Lookup)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	



Part 1. Petitioner Information (continued)

7. Is your mailing address different from your Primary U.S. Office Address? Yes No

If you answered "Yes" to **Item Number 7.**, provide your mailing address below.

8. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code [\(USPS ZIP Code Lookup\)](#)

Province

Postal Code

Country

Petitioner's Contact Information

9. U.S. Daytime Telephone Number

10. U.S. Mobile Telephone Number

11. Email Address

Tax Payer Identification Numbers

Provide the following information, as applicable.

12. Employer Identification Number (EIN)

13. Individual Taxpayer Identification Number (ITIN)

14. U.S. Social Security Number (SSN)

E-Verify Information

15. Are you a participant in the E-Verify program?

Yes No

If you answered "Yes" to **Item Number 15.**, provide the information requested in **Item Numbers 16. - 17.**

16. Employer's Name as Listed in E-Verify

17. Employer's E-Verify Company Identification Number or an E-Verify Client Company Identification Number



Part 2. Information About This Petition

1. Requested Nonimmigrant Classification (**select only** one box.)

- A. H-1B Specialty Occupation
- B. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- C. H-1B3 Fashion model of distinguished merit and ability
- D. Free Trade, Chile (H-1B1)
- E. Free Trade, Singapore (H-1B1)

2. If you selected **Item A.** or **C.** in **Item Number 1.**, and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the H-1B Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition.

▶

3. If you selected **Item D.** or **E.** in **Item Number 1.**, is this a sixth or subsequent consecutive request for Free Trade, Chile or Free Trade, Singapore (H-1B1)? Yes No

4. Basis for Classification (Select **only one** box)

- A. New employment.
- B. Continuation of previously approved employment without change with the same employer.
- C. Change in previously approved employment (provide an explanation in **Part 12. Additional Information**).
- D. New concurrent employment.
- E. Change of employer for a beneficiary already in the requested classification.
- F. Amended petition (provide an explanation in **Part 12. Additional Information**).

5. Provide the most recent petition/application receipt number for the applicant. If none exists, indicate "None."

▶

6. Requested Action (Select **only one** box)

- A. Notify the office in **Part 5.** so that the beneficiary can apply for and obtain a visa or be admitted, if eligible. (**NOTE:** A petition is not required for H-1B1 Chile/Singapore beneficiaries unless they are seeking a change of status or extension of stay.)
- B. Change the status and extend the stay of the beneficiary because the beneficiary is now in the United States in another status (see the Instructions for limitations). This is available only when you select **Item A. New employment** in **Item Number 4.** above.
- C. Extend the stay of the beneficiary because the beneficiary now holds this status.
- D. Amend the stay of the beneficiary because the beneficiary now holds this status.



Part 3. Beneficiary Information

Provide the information requested about the beneficiary for whom you are filing.

1. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Provide all other names the beneficiary has ever used. Include nicknames, aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

3. Date of Birth (mm/dd/yyyy)

4. Gender

Male Female

5. U.S. Social Security Number

6. Alien Registration Number (A-Number)

▶ A-

7. USCIS Online Account Number

▶

8. City or Town of Birth

9. Province of Birth

10. Country of Birth

11. Country of Citizenship or Nationality

12. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

13. If the beneficiary is in the United States, complete the following:

Date of Last Arrival

(mm/dd/yyyy)

Form I-94 Arrival-Departure Record Number

▶

Passport or Travel Document Number

Date Passport or Travel Document Issued

(mm/dd/yyyy)

Date Passport or Travel Document Expires

(mm/dd/yyyy)

Passport or Travel Document Country of Issuance

Current Nonimmigrant

Status

Date Status Expires or Duration of Status (D/S)

(see Form I-94 Arrival/Departure Document)

(mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number

Employment Authorization Document (EAD)

Number



Part 3. Beneficiary Information (continued)

14. Does the beneficiary have a U.S. residential address? Yes No

If you answered "Yes" to **Item Number 14.**, you must provide the beneficiary's U.S. residential address information in **Item Number 15.**

15. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the Commonwealth of the Northern Mariana Islands (CNMI).)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Part 4. Information About the Beneficiary's Public Benefits

Part 4. only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 4.**

1. Has the beneficiary received, 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, the following public benefits? (**select all** that apply).

- Yes, the beneficiary has received or is currently certified to receive the following public benefits: (**select all** that apply)
 - 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.
 - Federal-funded Medicaid

- No, the beneficiary has not received any of the above listed public benefits.
- No, the beneficiary is not certified to receive any of the above listed public benefits.

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 12. Additional Information.** Submit evidence as outlined in the Instructions.

A. Type of Public Benefit	Agency that Granted the Public Benefit
<input type="text"/>	<input type="text"/>
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)
<input type="text"/>	<input type="text"/>



Part 4. Information About the Beneficiary's Public Benefits (continued)

B. Type of Public Benefit Agency that Granted the Public 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)

C. Type of Public Benefit Agency that Granted the Public 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)

D. Type of Public Benefit Agency that Granted the Public 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)

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-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- 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.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- 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.
- None of the above statements apply to the beneficiary.

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): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

B. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy



Part 5. Processing Information

1. Indicate the U.S. Consulate or U.S. Customs and Border Protection (CBP) inspection facility you would like notified if the petition will be approved with consular notification (for example, you requested consular notification or a requested extension of stay or change of status cannot be granted).

A. Type of Office (Select **only one** box)

U.S. Consulate CBP Pre-flight inspection Facility U.S. Port of Entry

B. City Where Office is Located

C. U.S. State or Foreign Country

2. Are you filing any other petitions with this one? Yes No

If you answered "Yes" to **Item Number 2.**, how many?

3. Are you filing any applications for replacement/initial Form I-94, Arrival-Departure Records with this petition? (If the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.) Yes No

If you answered "Yes" to **Item Number 3.**, how many?

4. Are you filing any applications for dependents with this petitions? Yes No

If you answered "Yes" to **Item Number 4.**, how many?

5. Is the beneficiary in this petition in removal proceedings? Yes No

6. Have you ever filed an immigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 6.**, identify the classification requested and the receipt number for each petition in **Part 12. Additional Information.**

7. Have you ever filed a nonimmigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 7.**, identify the classification requested and the receipt number for each petition in **Part 12. Additional Information.**

8. Has the beneficiary in this petition ever been granted the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 8.**, provide an explanation in **Part 12. Additional Information.**

9. Has the beneficiary in this petition ever been denied the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation in **Part 12. Additional Information.**

10. Has the beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? Yes No

11. If you selected "Yes" in **Item Number 10.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp. Additionally, if applicable, provide evidence that the beneficiary fulfilled the two-year foreign residence requirement or had such residence requirement waived.



Part 6. Basic Information About the Proposed Employment and Employer

1. Job Title 2. Labor Condition Application ETA Case Number

3. SOC Code 4. NAICS Code

5. Addresses where the beneficiaries will work if different from the address in **Part 1**. If you need to provide more than two additional addresses, use **Part 12. Additional Information**.

Address 1

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Is this a third-party location? Yes No

Address 2

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Is this a third-party location? Yes No

6. Did you include an itinerary with the petition? Yes No

7. What level of education is required for the position? 8. What fields of study would qualify someone for this position?

9. How many years of experience are required in order to qualify for the position?

10. What special skills are required in order to qualify for the position?

11. Will the beneficiary work exclusively in the CNMI? Yes No

12. Is this a full-time position? Yes No

13. If you answered "No" to **Item Number 12.**, how many hours per week for the position?

14. Wages (in U.S. dollars): \$ per (Specify hour, week, month, or year)

15. Other Compensation (Explain)

16. Dates of intended employment

From (mm/dd/yyyy) To (mm/dd/yyyy)



Part 6. Basic Information About the Proposed Employment and Employer (continued)

17. Type of Business 18. Year Established

19. Current Number of Employees in the United States ▶

20. Gross Annual Income \$ 21. Net Annual Income \$

22. List the beneficiary's prior periods of stay in H or L classification in the United States. Be sure to only list those periods in which the beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information** or attach an additional sheet of paper.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other U.S. Citizenship and Immigration Services USCIS issued documents noting these periods of stay in the H or L classification.

Subject's Name	Period of Stay	
	From (mm/dd/yyyy)	To (mm/dd/yyyy)

23. Is this petition requesting: (select all that apply)
- A. Recapture time
 - B. 3-year Per-Country Limitations Exemption
 - C. 1-year Lengthy Adjudication Delay Exemption
 - D. A time limit exemption because the beneficiary did not reside continually in the United States and the beneficiary's employment was intermittent, seasonal, or for an aggregate of six months or less per year

24. Are you filing this petition on behalf of a beneficiary who is eligible for the Guam-CNMI cap exemption under Public 115-218? Yes No

25. Are you requesting a change of employer for a beneficiary who was previously approved for H-1B nonimmigrant status based on the Guam-CNMI cap exemption? Yes No

26. Does the beneficiary in this petition have ownership interest in the petitioning organization? Yes No
If you answered "Yes" to **Item Number 26.**, provide an explanation in **Part 12. Additional Information.**

27. Describe the proposed duties for the beneficiary's proffered position. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information** or attach an additional sheet of paper.

28. Describe the beneficiary's present occupation and summary of prior work experience. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information** or attach an additional sheet of paper.

Part 6. Basic Information About the Proposed Employment and Employer (continued)

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore, or H-1B3 Fashion Models

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B, H-1B1, or H-1B3 employment. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment and file a new or amended H-1B petition, if required.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

29. Name of Petitioner

Signature of Petitioner

➔

Date (mm/dd/yyyy)

Statement for H-1B Specialty Occupations and U.S. Department of Defense Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

30. Name of Authorized Official of Employer

Signature of Authorized Official Employer

➔

Date (mm/dd/yyyy)

Statement for H-1B U.S. Department of Defense Projects Only

As an authorized official of the employer, I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

31. Name of DOD Project Manager

Signature of DOD Project Manager

➔

Date (mm/dd/yyyy)

Part 7. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information

Section 1. General Information

Employer Information (select all items that apply)

1. Is the petitioner an H-1B dependent employer? Yes No
2. Has the petitioner ever been found to be a willful violator? Yes No
3. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? Yes No
4. If you answered "Yes" to **Item Number 3.**, indicate why the H-1B nonimmigrant is exempt.
 - A. The beneficiary's annual rate of pay is equal to at least \$60,000?
 - B. The beneficiary has a master's degree or higher degree in a specialty related to the employment?
5. Rate of Pay Per Year ▶
6. Does the petitioner employ 50 or more individuals in the United States? Yes No



Part 7. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information (continued)

7. If you answered "Yes" to **Item Number 6.**, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes No
8. Beneficiary's Highest Level of Education (Select **only one** box)
- | | |
|---|--|
| A. <input type="checkbox"/> No diploma | F. <input type="checkbox"/> Bachelor's degree (for example, BA, AB, BS) |
| B. <input type="checkbox"/> High School Graduate Diploma or the equivalent (for example: GED) | G. <input type="checkbox"/> Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) |
| C. <input type="checkbox"/> Some college credit, but less than 1 year | H. <input type="checkbox"/> Professional degree (for example: MD, DDS, DVM, LLB, JD) |
| D. <input type="checkbox"/> One or more years of college, no degree | I. <input type="checkbox"/> Doctorate degree (for example: PhD, EdD) |
| E. <input type="checkbox"/> Associate's degree (for example, AA, AS) | |
9. Major/Primary Field of Study
-

Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional **\$1,500** or **\$750** American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.

10. Is the employer a U.S. institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? Yes No
11. Is the employer a nonprofit organization or entity related to or affiliated with a U.S. institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? Yes No
12. Is the employer a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? Yes No
13. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this beneficiary? Yes No
14. Is this an amended petition (filed by the same employer or a successor-in-interest) that does not contain any request for extensions of stay? Yes No
15. Are you filing this petition to correct a USCIS error? Yes No
16. Is the employer a primary or secondary education institution? Yes No
17. Is the employer a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? Yes No

If you answered "Yes" to **Item Numbers 10. - 17.** above, you are not required to submit the ACWIA fee with your Form I-129H1 petition. If you answered "No" to all of **Item Numbers 10. - 17.**, answer **Item Number 18.** below.

18. Does the employer currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No

If you answered "Yes" to **Item Number 17.**, you are required to pay an additional ACWIA fee of **\$750**. If you answered "No" to **Item Number 17.**, then you are required to pay an additional ACWIA fee of **\$1,500**.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500** Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you answered "Yes" to **Part 7., Item Numbers 6. and 7.** This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this petition.

Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.



Part 7. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information (continued)

Section 3. Numerical Limitation Information

19. Specify the type of H-1B petition you are filing. (Select **only one** box)

- A. Cap H-1B Bachelor's Degree
B. Cap H-1B U.S. Master's Degree or Higher
C. Cap H-1B1 Chile/Singapore
D. Cap Exempt

20. If you selected **Item B.** in **Item Number 19.**, **Cap H-1B U.S. Master's Degree or Higher**, provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).

- A. Name of the United States Institution of Higher Education B. Date Degree Awarded (dd/mm/yyyy)
- C. Type of United States Degree
- D. Address of the United States Institution of Higher Education
- | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | ZIP Code | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

21. Has your company or any related entity filed another petition for this beneficiary under the current fiscal year numerical limitations? Yes No

If you answered "Yes" to **Item Number 21.**, please explain the legitimate business need for both filings in **Part 12. Additional Information.**

22. If you selected **Item D.** in **Item Number 19.**, **Cap Exempt**, you must specify the reasons this petition is exempt from the numerical limitation for H-1B classification:

- A. The petitioner is a U.S. institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
- B. The petitioner is a nonprofit entity related to or affiliated with a U.S. institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
- C. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
- D. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
- E. The beneficiary is currently employed at a cap-exempt institution, entity, or organization and you seek to concurrently employ the H-1B beneficiary.
- F. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based the Immigration and Nationality Act (INA) section 214(I).
- G. The beneficiary of this petition has been counted against the cap and (1) is applying to amend a previous petition without a request for extension of stay, (2) is applying for the remaining portion of the six year period of admission, or (3) is seeking an extension beyond the 6-year limitation based upon the lengthy adjudication delay exemption at 8 CFR 214.2(h)(13)(iii)(D) or the per-country limitation exemption at 8 CFR 214.2(h)(13)(iii)(E).
- H. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 115-218.



Part 7. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information (continued)

Section 4. Off-Site Assignment of H-1B Beneficiaries

23. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. Yes No

If answered "No" to **Item Number 23.**, do not complete **Item Numbers 24. - 25.**

24. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No

25. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No

Part 8. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

1. Select **Item Number 1.** or **Item Number 2.**, as appropriate. **Select only** one option.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the 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:

- A. 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
- 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 beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 9. Statement, Contact Information, Certification, and Signature of Petitioner or Authorized Signatory

NOTE: Read the **Penalties** section of the Form I-129H1 Instructions before completing this section.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's or Authorized Signatory's Statement Regarding the Interpreter

- 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.
- B. The interpreter named in **Part 10.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood all of the information as interpreted.

2. Petitioner's or Authorized Signatory's Statement Regarding the Preparer

- At my request, the preparer named in **Part 11.**, , prepared this petition for me based only upon information I provided or authorized.



Part 9. Statement, Contact Information, Certification, and Signature of Petitioner or Authorized Signatory (continued)

Petitioner's or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner or authorized signatory, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information contained in this petition, in supporting documents, and in the petitioning organization's USCIS records, to USCIS or other entities and persons where 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.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I provided or authorized all the information in my petition, I understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

3. Petitioner or Authorized Signatory Signature Date of Signature (mm/dd/yyyy)

If **Part 9.** is being completed by an Authorized Signatory, provide the following information.

Authorized Signatory's Contact Information

4. Authorized Signatory's Family Name (Last Name) Authorized Signatory's Given Name (First Name)

5. Authorized Signatory's Title 6. Authorized Signatory's Daytime Telephone Number

7. Authorized Signatory's Mobile Telephone Number (if any) 8. Authorized Signatory's Email Address (if any)

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 deny your petition.

Part 10. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

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



Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Fl. Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:
I am fluent in English and , which is the same language specified in **Part 9., Item B., in Item Number 1.**; 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.

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)
(If applicable, provide the name of your accredited organization recognized by the Executive Office of Immigration Review (EOIR).)



Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory (continued)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Fl. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's or authorized signatory's consent.
B. I am an attorney or accredited representative and my representation of the petitioner in this case
 extends does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner or authorized signatory has reviewed this completed petition including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of the information in the petition and in the supporting documents, is complete, true, and correct.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)



Part 12. 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. Type or print the individual petitioner or company name 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. Individual Petitioner or Company Name (same as in Part 1.)

Family Name Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. A. Page Number **B. Part Number** **C. Item Number**

D.

3. A. Page Number **B. Part Number** **C. Item Number**

D.

4. A. Page Number **B. Part Number** **C. Item Number**

D.

5. A. Page Number **B. Part Number** **C. Item Number**

D.

6. A. Page Number **B. Part Number** **C. Item Number**

D.

