

**TABLE OF CHANGES – FORM**  
**Form I-129, Petition for a Nonimmigrant Worker**  
**OMB Number: 1615-0009**  
**10/27/2020**

**Reason for Revision: H1B Selection Process**  
**Phase: Interim Final Rule**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 10/31/2021

Edition Date 09/30/2020

Current Page Number and Section	Current Text	Proposed Text
<b>Pages 4-5, Part 5. Basic Information About the Proposed Employment and Employer</b>	<p>[Page 4]</p> <p><b>Part 5. Basic Information About the Proposed Employment and Employer</b></p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>[Page 5]</p> <p>3. Address where the beneficiary(ies) will work if different from address in <b>Part 1.</b> Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>...</p>	<p>[Page 4]</p> <p><b>Part 5. Basic Information About the Proposed Employment and Employer</b></p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. Labor Condition Application (LCA) or Employment and Training Administration Case Number</p> <p>[Page 5]</p> <p>3. Address where the beneficiary(ies) will work if different from address in <b>Part 1.</b> Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>...</p>
<b>Pages 15-20, H Classification Supplement to Form I-129</b>	<p>[Page 15]</p> <p><b>H Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>Section 1. Complete This Section If Filing for H-1B Classification</b></p>	<p>[Page 15]</p> <p><b>H Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>Section 1. Complete This Section If Filing for H-1B Classification</b></p>

	<p>1. Describe the proposed duties.</p> <p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p><b>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</b></p> <p>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 employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. 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.</p> <p>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.</p> <p>...</p>	<p>1. Describe the proposed duties.</p> <p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p><b>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</b></p> <p>By filing this petition, I agree to, and will abide by, the terms of <b>the LCA for</b> the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. 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.</p> <p>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.</p> <p>...</p>
<p><b>Pages 21-23, H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</b></p>	<p>[Page 21]</p> <p><b>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</b></p> <p>...</p> <p>4. Rate of Pay Per Year</p> <p>5. DOT Code</p> <p>6. NAICS Code</p> <p>[new]</p> <p><b>Section 2. Fee Exemption and/or Determination</b></p> <p>...</p>	<p>[Page 21]</p> <p><b>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</b></p> <p>...</p> <p>4. Rate of Pay Per Year</p> <p>5. <b>SOC</b> Code</p> <p>6. NAICS Code</p> <p><b>7. What level of education is required for the position?</b></p> <p><b>8. What fields of study would qualify someone for this position?</b></p> <p><b>9. How many years of experience are required in order to qualify for the position?</b></p> <p><b>10. What special skills are required in order to qualify for the position?</b></p> <p><b>11. How many people will the beneficiary supervise and what are their position titles?</b></p> <p><b>Section 2. Fee Exemption and/or Determination</b></p> <p>...</p>

	<p><b>Section 3. Numerical Limitation Information</b></p> <p>1. Specify the type of H-1B petition you are filing. (select only one box):</p> <p>a. CAP H-1B Bachelor's Degree</p> <p>b. CAP H-1B U.S. Master's Degree or Higher</p> <p>c. CAP H-1B1 Chile/Singapore</p> <p>d. CAP Exempt</p> <p>[new]</p> <p>2. If you answered <b>Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"</b> provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):</p> <p>a. Name of the United States Institution of Higher Education</p> <p>b. Date Degree Awarded</p> <p>c. Type of United States Degree</p> <p>d. Address of the United States institution of higher education Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>[Page 23]</p> <p>3. If you answered <b>Item Number 1.d. "CAP Exempt,"</b> you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:</p> <p>...</p>	<p><b>Section 3. Numerical Limitation Information</b></p> <p>1. Specify the type of H-1B petition you are filing. (select only one box):</p> <p>a. CAP H-1B Bachelor's Degree</p> <p>b. CAP H-1B U.S. Master's Degree or Higher</p> <p>c. CAP H-1B1 Chile/Singapore</p> <p>d. CAP Exempt</p> <p>2. If you answered <b>Item Number 1.a. "CAP H-1B Bachelor's Degree"</b> or <b>Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"</b> indicate the highest Occupational Employment Statistics (OES) wage level that the beneficiary's proffered wage equaled or exceeded at the time the registration underlying this petition was submitted (or, if registration was suspended, at the time this petition is filed). (Select one).  <input type="checkbox"/> Wage Level IV <input type="checkbox"/> Wage Level III <input type="checkbox"/> Wage Level II <input type="checkbox"/> Wage Level I and below</p> <p>3. If you answered <b>Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"</b> provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):</p> <p>a. Name of the United States Institution of Higher Education</p> <p>b. Date Degree Awarded</p> <p>c. Type of United States Degree</p> <p>d. Address of the United States institution of higher education Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>[Page 23]</p> <p>4. If you answered <b>Item Number 1.d. "CAP Exempt,"</b> you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:</p> <p>...</p>
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