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/20xx

For USCIS Use Only	Receipt	Remarks (explain)	Action Block
Classification: _____	☐ Consulate/POE/PFI Notified		
Validity From: _____	☐ Change of Status/Extension Granted		
Validity To: _____	☐ No Change to Period of Stay		

► **START HERE - Type or print in black ink.** Answer all questions fully and accurately.

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. - 17.**, as applicable.

1. Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name) | Given Name (First Name) | Middle Name

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

City or Town | State | ZIP Code *(USPS ZIP Code Lookup)*

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.

Part 1. Petitioner Information (continued)

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

Taxpayer 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 and are you filing this petition as an employer? ☐ 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 11. 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 11. Additional Information**)

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

►

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

- **A.** ☐ Notify the office in **Part 4.** 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

Part 3. Beneficiary Information (continued)

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 11. 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

City or Town | State | ZIP Code

Part 4. 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, your 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 or Town Where Office is Located

C. U.S. State or Foreign Country

2. **A.** 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

B. If you answered "Yes" to **Item A. in Number 2.**, how many? ►

3. **A.** Are you filing any applications for dependents with this petition? ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Number 3.**, how many applications? ►

4. Is the beneficiary in removal proceedings? ☐ Yes ☐ No

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

If you answered "Yes" to **Item Number 5.**, identify the classification requested and the receipt number for each petition in **Part 11. Additional Information**.

6. Have you ever filed a nonimmigrant 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 11. Additional Information**.

7. Has the beneficiary ever been granted the classification you are now requesting? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 7.**, provide an explanation in **Part 11. Additional Information**.

8. Has the beneficiary ever been denied the classification you are now requesting? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 8.**, provide an explanation in **Part 11. Additional Information**.

9. Has the beneficiary ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? ☐ Yes ☐ No

Part 4. Processing Information (continued)

10. If you selected "Yes" in **Item Number 9.**, 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 5. Basic Information About the Proposed Employment and Employer

1. Job Title

2. Labor Condition Application (LCA) or Employment Training Administration (ETA) Case Number

3. SOC Code

4. NAICS Code ►

5. Addresses where the beneficiary will work if different from the address in **Part 1.** If you need to provide more than two additional addresses, use **Part 11. Additional Information**.

A. Address 1

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | County | State | ZIP Code

Is this a third-party location? ☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

B. Address 2

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | County | State | ZIP Code

Is this a third-party location? ☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

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. How many people will the beneficiary supervise and what are their position titles?

Part 5. Basic Information About the Proposed Employment and Employer (continued)

12. Will the beneficiary work exclusively in Guam, the CNMI, or both? ☐ Yes ☐ No

13. Is this a full-time position? ☐ Yes ☐ No

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

15. Wages (in U.S. dollars): **$** per (Specify hour or year)

16. Other Compensation (Explain)

17. Dates of Intended Employment

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

18. Type of Business **19.** Year Established

20. Current Number of Employees in the United States ►

21. Gross Annual Income **$** **22.** Net Annual Income **$**

23. 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. Include days that the beneficiary was arriving to or departing from the United State in 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 11. Additional Information**.

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.

Period of Stay	
From (mm/dd/yyyy)	**To (mm/dd/yyyy)**

24. 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.

25. 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

Part 5. Basic Information About the Proposed Employment and Employer (continued)

26. 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

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 11. Additional Information.**

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 11. Additional Information.**

Statement for H-1B Specialty Occupations, 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 there is a change in the terms and conditions of employment requiring certification of a new LCA, I will obtain and post an LCA 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 of Signature (mm/dd/yyyy)

Statement for H-1B Speciaty 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 of Employer ➡ | Date of Signature (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 of Signature (mm/dd/yyyy)

Part 6. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information

NOTE: Certain I-129H1 petitions will require statutory fees to be paid. See the I-129H1 Instructions for complete information about fees you may need to pay.

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

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. ☐ No diploma

B. ☐ High School Graduate Diploma or the Equivalent (for example: GED)

C. ☐ Some College Credit, No Degree

D. ☐ Associate's degree (for example: AA, AS)

E. ☐ Bachelor's degree (for example: BA, AB, BS)

F. ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

G. ☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)

H. ☐ Doctorate degree (for example: PhD, EdD)

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

Part 6. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information (continued)

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 any of **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 18.**, you are required to pay an additional ACWIA fee of **$750**. If you answered "No" to **Item Number 18.**, then you are required to pay an additional ACWIA fee of **$1,500**.

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 answered **Item A.** in **Item Number 19.**, **CAP H-1B Bachelor's Degree**, or **Item B.** in **Item Number 19.**, **CAP H-1B U.S. Master's Degree or Higher**, indicate the highest Occupational Employment Statistics (OES) survey 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 **only one** box)

A. ☐ Wage Level IV

B. ☐ Wage Level III

C. ☐ Wage Level II

D. ☐ Wage Level I and below

21. If your H-1B cap registration was selected under the advanced degree exemption or, if the registration requirement is suspended and 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 (mm/dd/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

City or Town | State | ZIP Code

22. If you selected **Item A.** or **B.** in Item **Number 19.**, 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 22.**, explain the legitimate business need for both filings in **Part 11. Additional Information**.

Part 6. H-1B and H-1B1 Data Collection and Filing Fee Exemption Information (continued)

23. 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(l).

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.

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

24. 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 24.**, **do not** complete **Item Numbers 25. - 26.**

25. 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

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

Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

1. Select **Item A.** or **Item B.**, 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 8. 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

Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer.

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 9.** has 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 this information as interpreted.

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

☐ At my request, the preparer named in **Part 10.**, [ ], prepared this petition for me based only upon information I provided or authorized.

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, in my USCIS records, 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.

If **Part 8.** is being completed by an Authorized Signatory, provide the following information.

Authorized Signatory's Contact Information

3. Authorized Signatory's Family Name (Last Name) [ ]

Authorized Signatory's Given Name (First Name) [ ]

4. Authorized Signatory's Title [ ]

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

5. Authorized Signatory's Daytime Telephone Number [ ]

6. Authorized Signatory's Mobile Telephone Number (if any) [ ]

7. Authorized Signatory's Email Address (if any) [ ]

Petitioner's or Authorized Signatory's Signature

You must sign and date the application. Every application **MUST** contain the signature of the petitioner or authorized signatory. A stamped or typewritten name in place of a signature is not acceptable.

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

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 reject or deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section.

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)

Interpreter's Mailing Address

3. Street Number and Name | Apt. Ste. Flr. 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 8.**, **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.

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

The interpreter must sign and date the application.

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 10. 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. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 9.** and **Part 10.** If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also 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, along with your application.

Preparer's Full Name

1. Family Name (Last Name)

Given Name (First Name)

If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information.

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).)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. 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)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory (continued)

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 petioner'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

Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable.

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

➡ _____ _____

Part 11. 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.**)

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.