



# Application for Nonimmigrant Worker: E and TN Classifications

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

USCIS  
Form  
I-129E&TN  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

For USCIS Use Only	Receipt	Remarks (explain)	Action Block
Classification: _____ Job Code: _____ Validity From: _____ Validity To: _____	<input type="checkbox"/> Consulate/POE/PFI Notified <input type="checkbox"/> Extension Granted <input type="checkbox"/> Change of Status/Extension Granted <input type="checkbox"/> No Change to Period of Stay <input type="checkbox"/> Advice: Substantive/Non Substantive		

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

## Part 1. Applicant Information

If you are an individual employer or sole proprietor filing this application, or are filing for yourself as the applicant, complete **Item Numbers 1. - 2.** If you are a company or an organization filing this application, **complete Item Number 3.** **All filers should complete Item Numbers 4. - 17.,** as applicable.

**1. Legal Name of Individual, Sole Proprietor, or Applicant**

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

**3. Name of Company or Organization**

**4. Trade Name or "Doing Business As" Name**

**5. USCIS Online Account Number**

►

**6. Primary U.S. Office Address of the Company or Organization**

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. Applicant 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

## Applicant'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 application 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 Application

### 1. Requested Nonimmigrant Classification (Select **only one** box)

A. ☐ E-1

D. ☐ E-3

B. ☐ E-2

E. ☐ USMCA (TN)

C. ☐ E-2 CNMI Investor (extensions only)

## Part 2. Information About This Application (continued)

2. Basis for Classification (Select **only one** box)
- A. ☐ New employment/investment/trade.
- B. ☐ Continuation of previously approved employment/investment/trade without change with the same employer.
- C. ☐ Change in previously approved employment (provide an explanation in **Part 9. Additional Information**).
- D. ☐ New concurrent employment.
- E. ☐ Change of employer or change of investment/trade for an applicant already in the requested classification.
- F. ☐ Amended application (provide an explanation in **Part 9. Additional Information**).
3. Provide the most recent petition/application receipt number for the applicant. If none exists, indicate "None."  
▶
4. Requested Action (Select **only one** box)
- A. ☐ Notify the office in **Part 5.** so that the applicant can apply for and obtain a visa or be admitted, if eligible.
- B. ☐ Change the status and extend the stay of the applicant because the applicant 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/investment/trade** in **Item Number 2.** above.
- C. ☐ Extend the stay of the applicant because the applicant now holds this status.
- D. ☐ Amend the terms of stay of the applicant because the applicant now holds this status.
- E. ☐ Request for advice as to whether a change in the terms or conditions that relates to E eligibility is substantive.

## Part 3. Applicant or Employee Information

Provide the information requested about the applicant or employee for whom you are filing.

1. Applicant's or Employee's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Provide all other names the applicant or employee 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 9. 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 (If you provided this information in **Part 1. Item Number 14.**, leave this field blank.)  
▶
6. Alien Registration Number (A-Number)  
▶ A-
7. USCIS Online Account Number  
▶

### Part 3. Applicant or Employee Information (continued)

8. City or Town of Birth	9. Province of Birth
<input type="text"/>	<input type="text"/>
10. Country of Birth	11. Country of Citizenship or Nationality
<input type="text"/>	<input type="text"/>
12. If the applicant or employee is in the United States, complete the following:	
Date of Last Arrival (mm/dd/yyyy) <input type="text"/>	Form I-94 Arrival-Departure Record Number ▶ <input type="text"/>
Passport or Travel Document Number <input type="text"/>	Date Passport or Travel Document Issued (mm/dd/yyyy) <input type="text"/>
Date Passport or Travel Document Expires (mm/dd/yyyy) <input type="text"/>	Passport or Travel Document Country of Issuance <input type="text"/>
Current Nonimmigrant Status <input type="text"/>	Date Status Expires or Duration of Status (D/S) (see Form I-94 Arrival/Departure Document) (mm/dd/yyyy) <input type="text"/>
Student and Exchange Visitor Information System (SEVIS) Number <input type="text"/>	Employment Authorization Document (EAD) Number <input type="text"/>

13. Does the applicant or employee have a U.S. residential address? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 13.**, you **must** provide the applicant or employee's U.S. residential address information in **Item Number 14.**

14. Applicant or Employee's Current U.S. Residential Address (Do not list a P.O. Box unless you are requesting E-2 Commonwealth of the Northern Mariana Islands (CNMI) classification.)

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

### Part 4. Processing Information

1. If filing for a TN-1 (Canadian) employee and the employee will be seeking a new visa or admission upon approval of this application, indicate the U.S. Consulate or U.S. Customs and Border Protection (CBP) inspection facility you would like notified.

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

## Part 4. Processing Information (continued)

### 2. Applicant or Employee's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ 

City or Town

Province

Postal Code

Country

### 3. Are you filing any other applications with this one?

☐ Yes ☐ No

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

### 4. Are you filing any applications for replacement/initial Form I-94, Arrival-Departure Records, with this application? (If the applicant was issued an electronic Form I-94 by CBP when they were admitted to the United States at an airport or seaport, they may be able to obtain the Form I-94 from the CBP website at [www.cbp.gov/i94](http://www.cbp.gov/i94) instead of filing an application for a replacement/initial Form I-94.)

☐ Yes ☐ No

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

### 5. Are you filing any applications for dependents with this application?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, how many applications? ▶

### 6. Is the applicant or employee in removal proceedings?

☐ Yes ☐ No

## Applying on Behalf of Someone Else

If you are applying on behalf of someone else, answer **Item Numbers 7. - 12.** If you are applying for yourself, skip to **Applying for Yourself** and answer **Item Numbers 13. – 18.**

### 7. Have you ever filed an immigrant petition on behalf of this applicant or employee?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 7.**, identify the receipt number of each petition, in **Part 9. Additional Information.**

### 8. Have you ever filed a nonimmigrant petition or application on behalf of this applicant or employee?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 8.**, identify the receipt number for each petition and/or application in **Part 9. Additional Information.**

### 9. Has the applicant or employee ever been granted the classification you are now requesting?

☐ Yes ☐ No

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

### 10. Has the applicant or employee ever been denied the classification you are now requesting?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 10.**, provide an explanation in **Part 9. Additional Information.**

### 11. Has the applicant or employee ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 11.**, provide a response to **Item Number 12.**

### 12. If you answered "Yes" to **Item Number 11.**, provide the dates the applicant or employee 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, provide evidence that the applicant or employee fulfilled the two-year foreign residence requirement or had such residence requirement waived.

## Part 4. Processing Information (continued)

### Applying for Yourself

If you are **applying for yourself**, answer **Item Numbers 13. - 18.**

13. Has anyone ever filed an immigrant petition on your behalf? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 13.**, identify the receipt number of each petition, in **Part 9. Additional Information**.

14. Has anyone ever filed a nonimmigrant petition or application on your behalf? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, identify the receipt number of each petition and/or application in **Part 9. Additional Information**.

15. Have you ever been granted the classification you are now requesting? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 15.**, provide an explanation in **Part 9. Additional Information**.

16. Have you ever been denied the classification you are now requesting? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, proceed to **Part 9. Additional Information** and type or print your explanation.

17. Have you ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? ☐ Yes ☐ No

18. If you answered "Yes" to **Item Number 17.**, provide the dates you 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, provide evidence that the principal J-1 applicant or employee fulfilled the two-year foreign residence requirement or had such residence requirement waived.

## Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129E&TN Supplement relevant to the classification you are requesting.

1. Job Title

2. Addresses where the applicant or employee will work if different from the address in **Part 1**. If you need to provide more than two additional addresses, use **Part 9. 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

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

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

**Address 2**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

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

3. Will the applicant work for you off-site at another company or organization's location? ☐ Yes ☐ No

4. Will the applicant work exclusively in the CNMI? ☐ Yes ☐ No

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

6. If you answered "No" to **Item Number 5.**, how many hours per week for the position? ▶

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

8. Other Compensation (Explain)

9. Dates of intended employment

From (mm/dd/yyyy)

To (mm/dd/yyyy)

10. Type of Business

11. Year Established

12. Current Number of Employees in the United States ▶

13. Gross Annual Income

\$

14. Net Annual Income

\$

## Part 6. Statement, Contact Information, Certification, and Signature of the Employer, Applicant, or Authorized Signatory

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

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.

### Employer's, Applicant'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.** Employer, Applicant, 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 application and my answer to every question.
- B.** ☐ The interpreter named in **Part 7.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood all of this information as interpreted.

**2.** Employer, Applicant, or Authorized Signatory's Statement Regarding the Preparer

- ☐ At my request, the preparer named in **Part 8.**, , prepared this application for me based only upon information I provided or authorized.

### Employer's Applicant's, or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the employer, applicant, or authorized signatory, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date..

I authorize the release of any information contained in this application, in supporting documents, in my USCIS records, and in the 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 application using publicly available open source information. I also recognize that any supporting evidence submitted in support of this application may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this application 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 of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

You must sign and date your application. Every application **MUST** contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

### Employer's, Applicant's, or Authorized Signatory's Signature

- 3.** Employer, Applicant, or Authorized Signatory's Signature Date of Signature (mm/dd/yyyy)
- ➡

If Part 6. is being completed by an Authorized Signatory, provide the following information:

### Name and Title of Authorized Signatory

- 4.** Family Name (Last Name) Given Name (First Name)
- 
- 5.** Title
-

**Part 6. Statement, Contact Information, Certification, and Signature of the Employer, Applicant, or Authorized Signatory (continued)**

**Authorized Signatory's Contact Information**

6. Daytime Telephone Number
7. Mobile Telephone Number (if any)
8. Email Address (if any)

**NOTE TO ALL EMPLOYERS, APPLICANTS, AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 7. 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 6., Item B. in Item Number 1.**, and I have read to this employer, applicant, or the authorized signatory in the identified language every question and instruction on this application and his or her answer to every question. The employer, applicant, or authorized signatory informed me that he or she understands every instruction, question, and answer on the application, including the **Employer's, Applicant's, or Authorized Signatory's Certification**, and has verified the accuracy of every answer.

## Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

### Interpreter's Signature

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

## Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Employer, Applicant, 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 7.** and **Part 8.** 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. Preparer's Family Name (Last Name)  Preparer's 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)

### 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)

### Preparer's Statement

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

**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 application.

---

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Employer, Applicant, or Authorized Signatory (continued)**

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the employer, applicant, or authorized signatory. The employer, applicant, or authorized signatory has reviewed this completed application, including the **Employer's, Applicant's, or Authorized Signatory's Certification**, and informed me that all of the information in the application 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)

NOT FOR  
PRODUCTION

07/27/2021

## Part 9. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you require more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print the individual, sole proprietor, applicant, company, or organization 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, Sole Proprietor, or Applicant, Company or Organization Name** (same as in **Part 1.**)

Family Name (Last Name)

Given Name (First Name)

Middle Name

**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.**



# E-1 or E-2 Classification Supplement to Form I-129E&TN

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

USCIS  
Form I-129E&TN  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

## Part 1. Information About the U.S. Employer

1. Legal Name of Individual Employer, Sole Proprietor, or Applicant

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Name of Company or Organization

3. Classification or Action Sought (Select **only one** box)

☐ E-1 Treaty Trader

☐ E-1 Employee - Executive or Supervisory

☐ E-1 Employee - Special Qualifications

☐ E-2 Treaty Investor

☐ E-2 CNMI Investor (extensions only)

☐ E-2 Employee - Executive or Supervisory

☐ E-2 Employee - Special Qualifications

☐ Advice on Whether a Change in the Terms or Conditions of E Status is Substantive

4. Name of country signatory to the applicable treaty with the United States upon which you are basing your E application

5. Provide the following information for each individual who has a percentage of ownership in the U.S. commercial enterprise.

Name (First/MI/Last)	Nationality	Immigration Status	Percent of Ownership

**NOTE:** Ownership of the commercial enterprise must be traced as best as is practicable to the individuals who are ultimately its owners. If the commercial enterprise is owned solely or partly by other organizations, you must establish the nationality of the individual owners of the other organizations (attach documentation).

6. Commercial Enterprise's Assets

\$

7. Commercial Enterprise's Net Worth

\$

8. Commercial Enterprise's Liabilities

\$

9. Commercial Enterprise's Net Annual Income

\$

## Part 1. Information About the U.S. Employer (continued)

### Information About Staff in the United States

10. How many executive and supervisory employees does the U.S. commercial enterprise have who are nationals of the treaty country in E nonimmigrant status?
11. How many persons with special qualifications that are essential to the successful or efficient operation of the U.S. commercial enterprise does the U.S. commercial enterprise employ who are in E nonimmigrant status?
12. Provide the total number of employees (U.S. and foreign) in executive and supervisory positions in the United States.
13. Provide the total number of positions in the United States that require persons with special qualifications that are essential to the successful or efficient operation of the U.S. commercial enterprise.
14. If the U.S. commercial enterprise is attempting to qualify the applicant as an executive or supervisor, provide the total number of employees they will supervise. Alternatively, if the commercial enterprise is attempting to qualify the employee based on special qualifications, explain why the special qualifications are essential to the successful or efficient operation of the treaty enterprise, and what efforts you are taking to replace such persons with other U.S. workers.
- 
15. Has the U.S. company or organization met all legal requirements, including licensing, for doing business in ☐ Yes ☐ No the jurisdiction where it is located?
16. Is the U.S. company or organization a real, active, and operating commercial undertaking which produces ☐ Yes ☐ No services or goods for profit?
- If you answered "Yes" to **Item Number 16.**, provide an explanation. If you need extra space to provide your explanation, use the space provided in **Part 9. Additional Information.**
- 
17. Principal Product, Merchandise or Service

## Part 2. Information About E-1 Treaty Trader or Employee of an E-1 Treaty Trader

If you are filing for or as an E-1 Treaty Trader answer **Item Numbers 1. - 3.**. If you are filing for an **employee** of an E-1 Treaty Trader, answer **Item Numbers 4. - 20.**

**Filing for or as an E-1 Treaty Trader. (Answer Item Numbers 1. - 3.)**

1. Total Annual Gross International Trade/Business of the U.S. commercial enterprise
2. Total annual gross in **Item Number 1.** is for (select **only one** box ):
- ☐ Calendar Year Ending  (yyyy)
- ☐ Fiscal Year Ending  (mm/dd/yyyy)

**Part 2. Information About E-1 Treaty Trader or Employee of an E-1 Treaty Trader (continued)**

3. Percent of total gross trade between the United States and the treaty trader country for each of the following categories (Provide the dollar value and number of transactions for **Items A. - E.**):

A. Imports from treaty country to U.S. business

\$  Number of Transactions

B. Exports from U.S. business to treaty country

\$  Number of Transactions

C. Imports from third countries to U.S. business

\$  Number of Transactions

D. Exports from U.S. business to third countries

\$  Number of Transactions

E. Domestic U.S. production manufacturing

\$  Number of Transactions

F. Total amount (Sum of **Items A. - E.**)

\$  Number of Transactions

**Filing for an employee of an E-1 Treaty Trader. (Answer Item Numbers 4. - 20.)**

4. Employee's Position Title

5. Description of Duties (Including Names and Titles of All Immediate Subordinates. If you need more space for your response, use the space provided in **Part 9. Additional Information.** )

6. Number of Years Employee has been employed by Current Employer

7. Employee's Highest Level of Education

Major/Subject

Degree

Year

8. Employee's Other Relevant Experience and Education

9. Provide the following information about the U.S. company or organization.

Number of Executive Employees

Number of Supervisory Employees

Number of Employees having Special Qualifications

10. Is the principal employer an individual person, or an enterprise or organization? (Select **only one** box)

☐ Individual Person ☐ Enterprise or Organization

If the principal employer is an individual person, answer **Item Numbers 11., 12.-14.**, as applicable, before proceeding to **Item Number 15.** If the principal employer is an enterprise or organization, skip to **Item Number 15.**

11. Does the principal employer have the nationality of the treaty country?

☐ Yes ☐ No

## Part 2. Information About E-1 Treaty Trader or Employee of an E-1 Treaty Trader (continued)

12. Is the principal employer in the United States? ☐ Yes ☐ No  
If you answered "Yes" to **Item Number 12.**, then complete **Item Number 13.** If you answered "No" to **Item Number 12.**, then skip to **Item Number 14.**
13. Is the principal employer maintaining nonimmigrant treaty trader status? ☐ Yes ☐ No
14. Would the principal employer be classifiable as a treaty trader? ☐ Yes ☐ No
15. Indicate the percentage of ownership by persons having the nationality of the treaty country who are in the United States and are maintaining treaty trader status.
16. Indicate the percentage of ownership by persons having the nationality of the treaty country who are **not** in the United States and who would be classifiable as treaty traders.
17. Is this a replacement or an increase in staff? (Select **only one** box)  
☐ Replacement ☐ Increase in Staff
18. If you indicated that this is a replacement in **Item Number 17.**, provide details regarding the position for which the replacement is being sought, including, in the case of a worker with special qualifications, any efforts the commercial enterprise has made to train locally available U.S. workers. If you need extra space to complete your response, use the space provided in **Part 9. Additional Information.**
19. If you indicated that this is a replacement in **Item Number 17.**, indicate the length of time that this position has existed.

## Part 3. Information About E-2 Treaty Investor or Employee of an E-2 Treaty Investor

If you are filing for or as an E-2 Treaty Trader, answer **Item Numbers 1. - 7.** If you are filing for an **employee** of an E-2 Treaty Trader, answer **Item Numbers 8. - 22.**

### Filing for an E-2 Treaty Investor (Answer **Item Numbers 1. - 7.**)

1. Type of Investment (Select **only one** box)  
☐ Creation of a New Business  
Provide Total Start-Up Costs \$   
☐ Purchase of an Existing Business  
Provide Total Purchase Price \$   
☐ Continuation of an Existing Business  
Provide Fair Market Value of Business \$
2. Total Investment Made in the United States (attach documentation):  
Cash \$  Equipment \$  Other \$   
Inventory \$  Premises \$  **Total** \$
3. Source of Investment Capital (for example, personal funds, loans, stocks, bonds, etc.)
4. Do you develop and direct the investment enterprise? ☐ Yes ☐ No
5. If you answered "Yes" to **Item Number 4.**, indicate which of the following apply to you (select all that apply):  
☐ I control the enterprise through ownership of at least 50% of the enterprise.  
☐ I possess operational control through a managerial position or other corporate device.  
☐ I control the enterprise by other means.

**Part 3. Information About E-2 Treaty Investor or Employee of an E-2 Treaty Investor (continued)**

6. Provide an explanation for the items you selected in **Item Number 5.** and submit supporting documentation with your application. If you need extra space to complete your explanation, use the space provided in **Part 9. Additional Information.**

7. Provide the number of U.S. company or organization employees in E status.

**Filing for an Employee of an E-2 Treaty Investor (Answer Item Numbers 8. - 22.)**

8. Does the Treaty Investor develop and direct the investment enterprise? ☐ Yes ☐ No

9. If you answered "Yes" to **Item Number 8.**, indicate which of the following apply to the Treaty Investor (select all that apply):

- ☐ The Treaty Investor controls the enterprise through ownership of at least 50% of the enterprise.  
☐ The Treaty Investor possesses operational control through a managerial position or other corporate device.  
☐ The Treaty Investor controls the enterprise by other means.

10. Provide an explanation for the items you selected in **Item Number 9.** and submit supporting documentation with your application. If you need extra space to complete your application, use the space provided in **Part 9. Additional Information.**

11. Provide the following information about the U.S. company or organization:

Number of Executive Employees

Number of Supervisory Employees

Number of Employees with Special Qualifications

12. Is the principal employer an individual person, or an enterprise or organization? (Select **only one** box)

☐ Individual Person ☐ Enterprise or Organization

If the principal employer is an individual person, answer **Item Numbers 13. - 16.**, as applicable, before proceeding to **Item Number 17.** If the principal employer is an enterprise or organization, skip to **Item Number 17.**

13. Does the principal employer have the nationality of the treaty country? ☐ Yes ☐ No

14. Is the principal employer in the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, then complete **Item Number 15.** before proceeding to **Item Number 16.** If you answered "No" to **Item Number 14.**, then skip to **Item Number 16.**

15. Is the principal employer maintaining nonimmigrant treaty investor status? ☐ Yes ☐ No

16. Would the principal employer be classifiable as a treaty investor? ☐ Yes ☐ No

17. Indicate the percentage of ownership by persons having the nationality of the treaty country who are in the United States and are maintaining treaty investor status.

18. Indicate the percentage of ownership by persons having the nationality of the treaty country who are **not** in the United States and who would be classifiable as treaty investors.

19. Is this a replacement or an increase in staff? (Select **only one** box)

☐ Replacement ☐ Increase in Staff

### Part 3. Information About E-2 Treaty Investor or Employee of an E-2 Treaty Investor (continued)

20. If you indicated that this is a replacement in **Item Number 19.**, provide details regarding the position for which the replacement is being sought, including, in the case of a worker with special qualifications, any efforts the commercial enterprise has made to train locally available U.S. workers.

21. If you indicated that this is a replacement in **Item Number 19.**, indicate the length of time that this position has existed.

### Part 4. E-2 CNMI (E-2C) Investor

If you are applying for an extension as an E-2 CNMI Investor, provide the information requested in **Item Numbers 1. - 5.**

1. Indicate which of the following applies to you:

- ☐ I am a long-term business investor who was issued a long-term business certificate by the CNMI based upon an investment of at least \$50,000.
- ☐ I am a foreign investor with a foreign investment certificate issued by the CNMI based upon an investment of at least \$100,000 in an aggregate approved investment, in excess of \$2 million, or at least \$250,000 in a single approved investment.
- ☐ I am a retiree investor over 55 years of age who was issued a foreign retiree investment certificate based upon a qualifying investment in an approved residence in the CNMI.

2. Provide an explanation for the item you selected in **Item Number 1.**

3. Have there been any substantive changes to your investments, residence, or employment?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, provide details including dates the change occurred.

4. Have you departed the CNMI during your current E-2C status?

☐ Yes ☐ No

5. If you answered "Yes" to **Item Number 4.**, provide a detailed list of all of your trips outside of the CNMI.

6. Were you in the CNMI on the date you filed this application?

☐ Yes ☐ No

Answer **Item Number 7.** only if you indicated you are a retiree investor:

7. Have you had any employment?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 7.**, provide an explanation including the name of employer, address, contact information, position, and dates of employment.



# E-3 Classification Supplement to Form I-129E&TN

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

USCIS  
Form I-129E&TN  
OMB No. 1615-0146  
Expires 09/30/2022

**Only Australian nationals are eligible as principal applicants for E-3.**

1. Legal Name of Individual, Sole Proprietor, or Applicant

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Name of Company or Organization

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

## Requirements for the Offered Position

4. What level of education is required for the position?

5. What fields of study would qualify someone for the position?

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

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

8. Describe the proposed duties for the offered position. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information** or attach an additional sheet of paper.

9. Describe the applicant's present occupation and summary of prior work experience. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information** or attach an additional sheet of paper.

10. Applicant's Highest Level of Education (Select **only one** box)

☐ No diploma

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

☐ High School Graduate Diploma or the equivalent  
(for example, GED)

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

☐ Some college credit, no degree

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

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

☐ Doctorate degree (for example, PhD, EdD)

11. Major/Primary Field of Study

**Requirements for the Offered Position (continued)**

12. SOC Code

13. NAICS Code

--	--	--	--	--	--	--	--	--	--

14. The applicant will be assigned to work at an off-site location for all or part of the period for which E-3 classification is sought.

☐ Yes ☐ No

If you answered "No" to **Item Number 14.**, do not answer **Item Number 15.**

15. The applicant will be paid the higher of the prevailing or actual wage at any and all off-site locations.

☐ Yes ☐ No

**Statement for E-3 Specialty Occupations**

By filing this application, I agree to, and will abide by, the terms of the LCA (or ETA) for the duration of the applicant's authorized period of stay for E-3 employment. If the applicant is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that any required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Employer



Name of Employer

Date (mm/dd/yyyy)



United States-Mexico-Canada Agreement (USMCA)  
Supplement to Form I-129E&TN

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

USCIS  
Form I-129E&TN  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

1. Legal Name of Individual, Sole Proprietor, or Applicant

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Name of Company or Organization

3. This is a request for status based on (select **only one** box):

☐ USMCA, Canada (TN-1) ☐ USMCA, Mexico (TN-2)

4. Employer is a (select **only one** box):

☐ U.S. Employer ☐ Foreign Employer

5. If Foreign Employer, Name the Foreign Country

6. Does the applicant intend to establish a business or practice in the U.S. in which they will be, in substance, self-employed? ☐ Yes ☐ No

7. Is the applicant the sole or controlling shareholder or owner of the U.S. corporation or entity where they will be employed? ☐ Yes ☐ No

8. Will the applicant perform business activities for a U.S. corporation or entity (including an individual) that were **not** arranged from outside the United States? ☐ Yes ☐ No

9. If you answered "Yes" to **Item Numbers 6., 7., or 8.**, provide an explanation. If applicable, indicate the applicant's percentage of ownership in the business in which the applicant will be employed as a TN professional.

Percentage of Ownership

10. Will the applicant depart upon completion of the assignment? ☐ Yes ☐ No