# H-1B Registration

U.S. employers or agents who seek to obtain H-1B nonimmigrant classification on behalf of an individual subject to the H-1B numerical allocations will need to submit a registration during a designated registration period, unless the registration requirement is suspended by USCIS.

The annual initial registration period will last a minimum of 14 calendar days and will start at least 14 calendar days before the earliest date on which H-1B cap-subject petitions may be filed for a particular fiscal year.

If a sufficient number of registrations projected as needed to reach the H-1B regular cap have not been received within the 14 days initial registration period, we will notify all registrants who have properly registered that their registrations have been selected. We will keep the registration open past the initial registration period until we have determined that we have received enough registrations projected as needed to meet the H-1B regular cap.

After the end of the initial registration period, if USCIS has received more registrations than needed to meet the projectied number of registrations to reach the regular cap, we will randomly select a sufficient number of registrations. A similar process will apply for those who may be eligible for the numerically limited cap exemption. A Form I-129, Petition for a Nonimmigrant Worker, may then be filed by the employer based on a selected registration to request classification of the beneficiary as an H-1B worker.



# Before you start your registration



#### **■** Eligibility

General: A U.S. employer or agent mary file H-1B cap petitions, and as such, will be required to submit an H-1B Registration to be eligible to file the H-1B cap petition, unless the registration requirement is suspended.

U.S. Employers: Person or entity in U.S. that: 1. engages a person to work in the U.S.; 2. has an employer-employee relationship with the beneficiary; and 3. has an EIN. Agents: A U.S. individual or company in business as an agent may file an H1-B Registration for workers who are traditionally self-employed or workers who use agents to arrange short-term employment on their behalf with numerous employers, and in cases where a foreign employer authorizes the agent to act on its behalf.



### Duplicates

A registrant may only submit one registration per beneficiary in any fiscal year. If a registrant submits more than one registration per beneficiary in the same fiscal year, all registrations filed by that registrant relating to that beneficiary for that fiscal year will be considered invalid.

### Completing your registration online

We will automatically save your responses

We will automatically save your information when you select "Next" to go to a new page or navigate to another section of the form.

How to continue filling out your registration

After you start on H-1B Registration, you can sign in to your account to continue where you left off.

#### USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected under the immigration and Nationality act sections 101(a)(150)(10)(b) and 214(a), (c)(1), (g); 8 U.S. Code 1101(a)(15)(10)(b) and 1184(a), (c)(1), and (g); and the regulatory authority under 8 Code of Federal. Regulations 214.2(b).

PURPOSE: The primary purpose for providing the requested information on this form is to register prospective beneficiaries for the annual H-15 cap selection process. DHS uses the provided information to select a projected number of registrations needed to generate a sufficient number of H-15 cap petitions to reach the annual H-15 numerical limitations, including the advanced degree exemption, and associate selected registrations with subsequently filed H-15 cap petitions. Unless the registration requirement is suspended, a registrant must have a selected registration to be eligible to file an H-15 cap petition for the named beneficiery.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may preclude you from filing an H-1B cap petition on the named beneficiery's behalf.

ROUTINE USES: DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorised organizations. OHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-DOT Benefits information System] and the published privacy impact assessments [DHS/USCIS-PN-D34(a) H+18 Registration Final Rule] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

#### Paperwork Reduction Act

An agency may not conduct or sponsor information collection and a person is not required to respond to a collection of information unless it displays a currently wild ONE control number. The public reporting burden for this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, gethering the required information, completing the application, preparing statements, and submitting the application electronically. Send comments regarding this burden estimate or any other espect of this collection of information, including suggestions for reducing this burden, to:

U.S. Citizenship and Immigration Services, Regulatory Coordination Division Office of Policy and Streetgy 20 Massachusetts Ave NW Washington, DC 20329-2140

OMB No. 1615-0144 TBD Expires: 1/31/2022 TBD

#### Security reminder

If you still have a draft H-1B Registration in progress when the registration time period closes, we will delete your data in order to prevent storing personal information indefinitely.

bout Registrant	About Beneficiary	Review and Submit	
Employer	Authorized Employe	*	
		What is your current	legal name?
		Given name (first name)	Middle name (if applicable)
		Test	Test
		Family name (last name)	
		Test	
		What is your position organization?	n at the business or
		Tester	
		What is your contact	information?
		Daytime phone number	
		(231) 231-2312	
		Email address	
		727024020 EX	
		h2b@test.com	
		h2b@test.com	



## Beneficiary Information

You may only submit one registration per beneficiary in any fiscal year. If you submit more than one registration per beneficiary in the same fiscal year, all registrations filed by that petitioner relating to that beneficiary for that fiscal year will be considered invalid.



bout Registrent	About Beneficiary	Review and Submit	
bout Ben <mark>eficiar</mark> y	-		
		If you submit more than one regi fiscal year, all registrations filed b beneficiary for that fiscal year wi	ation per beneficiary in any fiscal year stration per beneficiary in the same by that petitioner relating to that Il be considered invalid.
		What is the beneficiar	y's current legal name?
		Given Name (first name)  I do not have a first name	Middle Name  I do not have a middle name
		Test A	Test A
		Family Name (last name)	
		Test A	
		What is the beneficiary  Male Female  What is the beneficiary	. e
		what is the beneficiar	y's date of birth?
		11/11/2011	
		What is the benefician	

Algeria	•
What is the beneficiary's passport	number?
I do not have a passport number.	
123abc	
Does the beneficiary have a maste degree from a U.S. institution of he education such that the beneficia for the advanced degree exemption	igher ry is eligible
214(g)(5)(C)?	
Yes Yes	
○ No	
Are you registering for H-1B emplo start date for the first day of the fi (October 1st)?	
Yes	
O No	
f you are not filing in the initial re period, are you registering for H-1 employment not more than six m the requested start date?	В
● Yes	
○ No	



### Beneficiary Information

You may only submit one registration per beneficiary in any fiscal year. If you submit more than one registration per beneficiary in the same fiscal year, all registrations filed by that petitioner relating to that beneficiary for that fiscal year will be considered invalid.









## Check your registration before you submit

We will review your registration to check for accuracy and completeness before you submit it.

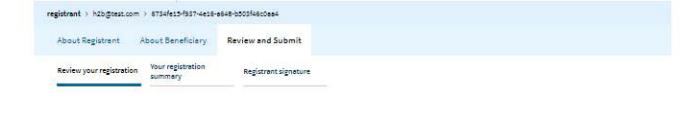
We encourage you to provide as many responses as you can throughout the registration, to the best of your knowledge. Missing information can slow down the review process after you submit your registration.

You can return to this page to review your registration as many times as you want before you submit it:

Review registration







### Check your registration before you submit

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#### Alerts and warnings

A green alert means you have completed all required fields and responses.



Next

#### Review the Registration information

Print

Here is a summary of all the information you provided in your registration.

Make sure you have provided responses for everything that applies to you before you submit your registration. You can edit your responses by going to each registration section using the site navigation.

About Registrant	
mployer	
What is your business or organization name?	Test
What is your Doing Business As name?	Testing
What is your business or organization mployer identification number (EIN)?	123123123
Vhat is your primary U.S. office address?	United States 123 Street Unit 1 City, VA, 22222
uthorized Employee	
Vhat is your current legal name?	Test Test Test
What is your position at the business or organization?	Tester
What is your contact information?	(231) 231-2312
AILA Doc. No. 1909	0302. (Posted 9/5/19)
Email address	h2b@test.com

#### About Beneficiary About Beneficiary Test A Given name Middle name Test A Family name Test A What is the beneficiary's gender? male What is the beneficiary's date of 11/11/2011 birth? What is the beneficiary's country of Andorra birth? What is the beneficiary's country of Algeria citizenship? What is the beneficiary's passport 123abc number? Does the beneficiary have a Yes master's or higher degree from a U.S. institution of higher education such that the beneficiary is eligible for the advanced degree exemption under INA 214(g)(5)(C)? Are you registering for H-1B Yes employment with a start date for the first day of the fiscal year (October 1st)? If you are not filing in the initial Yes registration period, are you registering for H-1B employment not more than six month before the requested start date? Given name Test B Middle name Test B Family name Test B What is the beneficiary's gender 19090302. (Posted 9/5/19)

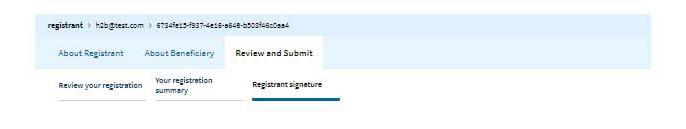
What is the beneficiary's date of birth?

11/11/2011

What is the beneficiary's country of Afghanistan birth? What is the beneficiary's country of Afghanistan citizenship? What is the beneficiary's passport d number? Does the beneficiary have a Yes master's or higher degree from a U.S. institution of higher education such that the beneficiary is eligible for the advanced degree exemption under INA 214(g)(5)(C)? Are you registering for H-1B Yes employment with a start date for the first day of the fiscal year (October 1st)? If you are not filing in the initial Yes registration period, are you registering for H-1B employment not more than six month before the requested start date?

Next





# Employer's or Employer's Agent certification and signature

#### Employer/Agent Certification:

If submitting or authorizing this registration on behalf of an organization, by my signaure, I certify that I am authorized to do so by the organization.

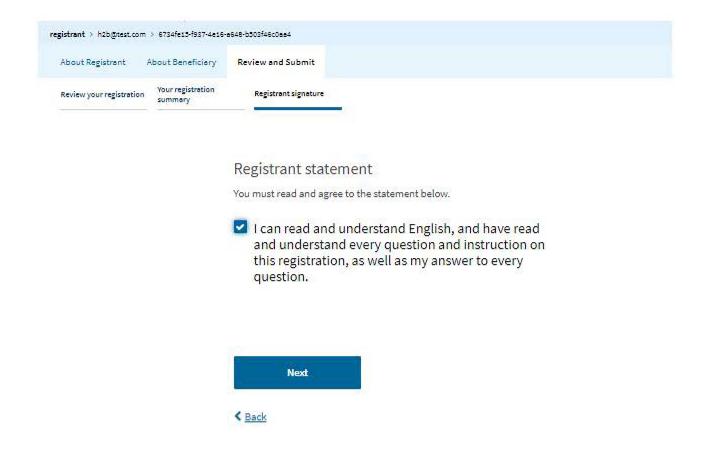
I authorize release of information contained in this registration to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

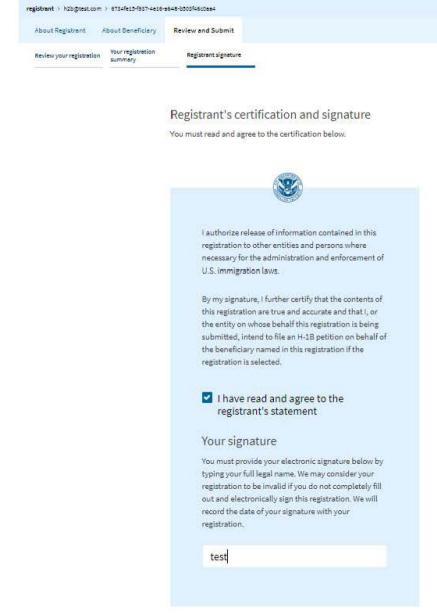
I further certify, under penalty of perjury, that I have reviewed this registration and that all of the information contained in the registration is complete, true and correct and that I, or the organization on whose behalf this registration is being submitted, intend to file an H-1B petition on behalf of the beneficiary named in this registration if the registration is selected.

I have read and agree to the employer's statement

Next

< Back





registrant > h2b@test.com > 6734fe15-f937-4e16-a648-b503f46c0aa4 About Registrant About Beneficiary Review and Submit Your registration Registrant signature Review your registration Pay for and submit your registration The final step to submit your H-1B Registration is to pay the required Your registration fee is: \$20.00 Refund Policy: USCIS does not refund fees, regardless of any action we take on your application, petition, or request. By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service. We will send you to Pay.gov - our safe, secure payment website - to pay your fees and submit your registration online. Here are the steps in the payment and submission process: 1. Provide your billing information on Pay.gov 2. Provide your credit card or U.S. bank account information 3. Submit your payment When you have paid your fee, your registration will be submitted. Pay.gov will redirect you to a uscis.gov confirmation screen, which will include your registration confirmation number. Please keep a copy of your registration confirmation number for your records. You can track the status of your registration through your USCIS online account. Pay and submit

# **USCIS EGIS H-1BR**

# Please select a payment method:

I want to pay with a withdrawal from a checking or savings account (ACH)



I want to pay with a debit or credit card

 WSA

 AMEX

 DISCEVER

 DISCEVER

 TOTAL

 TOTAL















Continue

# **USCIS EGIS H-1BR**

# Please provide the Credit or Debit Card Information below \* indicates required fields

Agency Tracking ID:	NJKMFWSVZY2ASZ
Payment Amount:	\$20.00
* Country:	United States
* Billing Address:	123 street
Billing Address 2:	
* City:	city
* State/Province:	Virginia
* ZIP/Postal Code:	22033
Account Holder Name:	test
VISA 👵	AMEX DISCHARE DEE PROPERTY (1)
* Card Number:	4111111111111111
* Expiration Date:	01 2020
* Card Security Code:	123
<u>Previous</u> <u>Ca</u>	ancel Continue

# **USCIS EGIS H-1BR**

# Review and submit payment

\* indicates required fields

Agency Tracking ID: NJKMFWSVZY2ASZ

Payment Amount: \$20.00

Payment Method: Plastic Card

Account Holder Name: test

Card Type: VISA

Card Number: \*\*\*\*\*\*\*\*\*1111

Billing Address: 123 street

Billing Address 2:

City: city

Country: United States

State/Province: VA

ZIP/Postal Code: 22033

Previous

Cancel

Continue

<sup>\*</sup> I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

# You successfully submitted your H1-B Registration

We will contact you if we have any questions or need additional information. You can track the status of your registration through your USCIS online account.

Go to my cases