

Petition for a Nonimmigrant Worker

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-129 OMB No. 1615-0009 Expires 02/28/2027

For USCIS Use Only	Receipt		Partial Approval (explain)	Action Block
Class: No. of Worker Job Code: Validity Dates From: To:		Consulate		

START HERE - Type or print in black ink.

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1. If you are a company or an organization filing this petition**, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

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

2. Company or Organization Name

3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

In Care Of Name

Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code
Province	Postal Code	Country		
Contact Information				
Daytime Telephone Number	Mobile Telephone Number	Email Addre	ss (if any)	
Other Information				
Federal Employer Identification	Number (FEIN)			

6. Are you a nonprofit organized as tax exempt or a governmental research organization?

Yes No

4.

5.

Pa	1. Petitioner Information (continued)
7.	ndividual IRS Tax Number 8. U.S. Social Security Number (if any) ► □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Pa	2. Information About This Petition
1.	equested Nonimmigrant Classification (Write classification symbol):
2.	easis 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.
	d. New concurrent employment.
	e. Change of employer.
	f. Amended petition.
3.	Provide the most recent petition/application receipt number for the peneficiary. If none exists, indicate "None."
4.	Requested Action (select only one box):
	a. Notify the office in Part 4. so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
	b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2. , above.
	c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
	d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
	e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
	f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5.	Cotal number of workers included in this petition. (See instructions relating to when more than one worker can be included.)
	3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the s below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)
1.	bype of Beneficiaries Requested (select only one box) In Named In Unnamed (for H-2A or H-2B petitions only)
2.	f an Entertainment Group, Provide the Group Name
3.	Provide Name of Beneficiary
	Given Name (Last Name) Middle Name

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Family Name (Last Name) Given Name (First Name) Middle Name	4.	Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.					
Date of birth (mm/dd/yyyy) Gender U.S. Social Security Number (if any) Alien Registration Number (A-Number) Country of Birth A.		Family Name (Last Name)Given Name (First Name)Middle Name					
Date of birth (nmi/dd/yyyy) Gender U.S. Social Security Number (if any) Alien Registration Number (A-Number) Country of Birth A.							
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Image: State in the second state i							
Alien Registration Number (A-Number) Country of Birth A.							
 A							
Province of Birth Country of Citizenship or Nationality 6. If the beneficiary is in the United States, complete the following: Passport or Travel Document Number Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Date Passport or Travel Document Country Expires (mm/dd/yyyy) Date Passport or Travel Document Date Passport or Travel Document Country Expires (mm/dd/yyyy) Expires (mm/dd/yyyy) of Issuance Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy) Student and Exchange Visitor Information System (SEVIS) Employment Authorization Document (EAD) Number (if any) Number (if any) City or Town State ZIP Code City or Town State ZIP Code Date Passing Information If a beneficiary or beneficiaries named in Part 3, is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved. a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry							
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Part 4.	Processing	Information ((continued)
I al t Ti	1 I UCCOSING	mation	commucu

	d. Beneficiary's Foreign Address
	Street Number and Name Apt.Ste. Flr. Number
	City or Town State
	Province Postal Code Country
2.	Does each person in this petition have a valid passport? Yes No. If no, go to Part 9. and type or print your explanation.
3.	Are you filing any other petitions with this one?
	Yes. If yes, how many? ►
4.	Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that 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 <u>www.cbp.gov/i94</u> instead of filing an application for a replacement/initial I-94.
	☐ Yes. If yes, how many? ► ☐ No
5.	Are you filing any applications for dependents with this petition? □ Yes. If yes, how many? ► □ No
6.	Is any beneficiary in this petition in removal proceedings? Yes. If yes, proceed to Part 9. and list the beneficiary's(ies) name(s). No
7.	Have you ever filed an immigrant petition for any beneficiary in this petition? □ Yes. If yes, how many?
8.	Did you indicate you were filing a new petition in Part 2. ?
	Yes. If yes, answer the questions below. No. If no, proceed to Item Number 9.
	 a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years? Yes. If yes, proceed to Part 9. and type or print your explanation. No
	 b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes. If yes, proceed to Part 9. and type or print your explanation. No
9.	Have you ever previously filed a nonimmigrant petition for this beneficiary? Yes. If yes, proceed to Part 9. and type or print your explanation. No
10.	If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes. If yes, proceed to Part 9. and type or print your explanation. No
11 . a.	Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? Yes. If yes, proceed to Item Number 11.b. No
11.b.	If you checked yes in Item Number 11.a. , 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.

Part 5.	Basic Inf	formation	About the	Proposed	Emplo	yment and	Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1.	Job Title 2. LCA or ETA Case Number
3.	Address where the beneficiary(ies) will work if different from address in Part 1. Street Number and Name Apt. Ste. Flr. Number Image: Comparison of the state of t
	City or Town State ZIP Code
4.	Did you include an itinerary with the petition?
5.	Will the beneficiary(ies) work for you off-site at another company or organization's location?
6.	Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?
7.	Is this a full-time position?
8.	If the answer to Item Number 7. is no, how many hours per week for the position?
9.	Wages: \$ per (Specify hour, week, month, or year)
10.	Other Compensation (Explain)
11.	Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)
12.	Type of Business 13. Year Established
14.	Current Number of Employees in the United States
15.	Do you 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?
16.	Gross Annual Income
17.	Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

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:

- 1. 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
- 2. 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 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, 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 from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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 have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

	Family Name (Last Name)	Giv	en Name (First Name)	
	Title			
2.	Signature and Date Signature of Authorized Signatory			Date of Signature (mm/dd/yyyy)
➡ 3.	Signatory's Contact Information			
J•	Daytime Telephone Number Email Address (if any)			

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)	Given Name (First Name)

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

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name		Apt. Ste. Flr.	Number
City or Town		State	ZIP Code
Province Postal Code	Country		
Preparer's Contact Information			
Daytime Telephone Number Fax Number	Email Addre	ess (if any)	
		•	

Preparer's Declaration

4.

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer	Date of Signature (mm/dd/yyyy)

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9**. to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1.	A-Number ► A-		
2.	Page Number	Part Number	Item Number
3.	Page Number	Part Number	Item Number
4.	Page Number	Part Number	Item Number