



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2013

For USCIS Use Only	Receipt	Partial Approval (<i>explain</i>)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► **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**. Use the mailing address of the petitioner's primary office.

1. Legal Name of **Individual** Petitioner

Family Name (*last name*)

Given Name (*first name*)

Middle Name

2. Company or Organization Name

3. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Contact Information

Daytime Phone Number

Mobile Phone Number

E-mail Address (*if any*)

5. Other Information

Federal Identification Number

Individual IRS Tax Number

U.S. Social Security Number (*if any*)

DUNS Number (*if any*)

Part 2. Information About This Petitioner (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol):
2. **Basis for Classification** (Check one):
- ☐ 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 beneficiary. If none exists, indicate "None."**
4. **Requested Action** (Check one):
- ☐ a. Notify the office in **Part 4** so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for an E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ b. Change each beneficiary's status and extend his or her stay since 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 since the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary since 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. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)

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

1. **If an Entertainment Group, Provide the Group Name**
-
2. **Provide Name of Beneficiary**
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
4. **Other Information**
- | | | |
|--|---|---|
| Date of birth
(mm/dd/yyyy) <input type="text"/> | Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female | U.S. Social Security Number (if applicable)
<input type="text"/> |
|--|---|---|

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

Alien Registration Number (A-Number)

► A-

Country of Birth

Province of Birth

Country of Citizenship or Nationality

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy)

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 D/S

(mm/dd/yyyy) ►

Student and Exchange Visitor Information System (SEVIS) Number (if any)

Employment Authorization Document (EAD) Number (if any)

6. Current Physical U.S. Address (if applicable)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Part 4. Processing Information

- 1.** 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 (Check one): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

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, not required to have passport. **If no, go to Part 9. and type or print your explanation.**

☐ 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?** ►

☐ No

Part 4. Processing Information (continued)

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 Web site at www.cbp/i94 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, how many? ▶ ☐ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
- ☐ Yes. If yes, how many? ▶ ☐ No
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 7 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 7 years?
- ☐ Yes. If yes, proceed to Part 9. and type or print your explanation. ☐ No
9. Have you ever previously filed a 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 1 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.
-
12. Does any beneficiary in this petition have ownership interest in the petitioning organization?
- ☐ Yes. If yes, proceed to Part 9. and type or print your explanation. ☐ No

Part 5. Basic Information About the Proposed Employment 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

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

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

4. **Did you include** an itinerary with the petition?

☐ Yes ☐ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location?

☐ Yes ☐ No

6. Will the beneficiary(ies) work exclusively in the **Commonwealth of the Northern Mariana Islands (CNMI)**?

☐ Yes ☐ No

7. Is this a full-time position?

☐ Yes ☐ No

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. Gross Annual Income

16. 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.)

Check Box 1 or Box 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 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. Signature and Contact Information of Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

I certify, under penalty of perjury, that this petition and the evidence submitted with it are true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

1. Name and Title of Authorized Signatory

Family Name (last name)

Given Name (first name)

Title

2. Signature and Date

Signature of Authorized Signatory

Date of Signature

(mm/dd/yyyy) ►

3. Signatory's Contact Information

Daytime Phone Number

E-mail 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 Above

Note: If you are an attorney or accredited representative, **DO NOT** complete this section. Complete the Preparer's Declaration below.

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 applicable, please 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

4. Preparer's Contact Information

Daytime Phone Number

Fax Number

E-mail Address (if any)

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above *(continued)*

Preparer's Declaration

I understand that preparing this form on behalf of the petitioner, at his or her request, and with his or her express consent, does not grant the petitioner any immigration status or any benefit. By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of the petitioner, or another individual authorized to sign this form pursuant to form instructions. I prepared this form at his or her request, and with his or her express consent. I completed the form based only on responses the petitioner provided to me. After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer he or she provided for each question on the form and, when required, supplied additional information to respond to a question on the form.

5. Signature and Date
Signature of Preparer

Date of Signature
(mm/dd/yyyy) ►

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Not for
Production
06/27/13

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, please 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. Alien Registration Number (A-Number)

► A-

2. Page Number

Part Number

Item Number

3. Page Number

Part Number

Item Number

4. Page Number

Part Number

Item Number

5. Signature and Date
Petitioner's Signature

Date of Signature

(mm/dd/yyyy) ►

Section 2. Additional Information About the U.S. Employer

1. How is the U.S. company related to the company abroad? (Check one)

☐ Parent ☐ Branch ☐ Subsidiary ☐ Affiliate ☐ Joint Venture

2.a. Place of Incorporation or Establishment in the United States

2.b. Date of incorporation or establishment

(mm/dd/yyyy) ►

3. Nationality of Ownership (Individual or Corporate)

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

4. Assets

5. Net Worth

6. Net Annual Income

7. Staff in the United States

a. How many executive and managerial employees does the petitioner have who are nationals of the treaty country in either E, L, or H nonimmigrant status?

b. How many persons with special qualifications does the petitioner employ who are in either E, L, or H nonimmigrant status?

c. Provide the total number of employees in executive and managerial positions in the United States.

d. Provide the total number of positions in the United States that require persons with special qualifications.

8. If the petitioner is attempting to qualify the employee as an executive or manager, provide the total number of employees he or she will supervise. Or, if the petitioner 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.

Section 3. Complete If Filing for an E-1 Treaty Trader

1. Total Annual Gross Trade/Business of the U.S. company

2. For Year Ending (yyyy)

3. Percent of total gross trade between the United States and the treaty trader country.

Section 4. Complete If Filing for an E-2 Treaty Investor

Total Investment:

Cash

Equipment

Other

Inventory

Premises

Total



Trade Agreement Supplement to Form I-129

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

USCIS

Form I-129

OMB No. 1615-0009

Expires 10/31/2013

1. Name of the **Petitioner**

2. Name of the Beneficiary

3. Employer is a (Check one):

☐ U.S. Employer ☐ Foreign Employer

4. If Foreign Employer, Name the Foreign Country

Section 1. Information About Requested Extension or Change (See instructions attached to this form.)

1. This is a request for Free Trade status based on (Check one):

☐ a. Free Trade, Canada (TN1)

☐ b. Free Trade, Mexico (TN2)

☐ c. Free Trade, Chile (H-1B1)

☐ d. Free Trade, Singapore (H-1B1)

☐ e. Free Trade, Other

☐ f. A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)

Section 2. Petitioner's Signature and Contact Information (Read the information on penalties in the instructions before completing this section.)

I certify, under penalty of perjury, that this petition and the evidence submitted with it are true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization.

1. **Name of Petitioner**

Family Name (last name)

Given Name (first name)

2. **Signature and Date**

Signature of Petitioner

Date of Signature

(mm/dd/yyyy) ►

3. **Petitioner's Contact Information**

Daytime Phone Number

() -

Mobile Phone Number

() -

E-mail Address (if any)

Section 3. **Declaration, Signature and Contact Information of Person Preparing Form, If Other Than Above**

Note: If you are an attorney or accredited representative, **DO NOT** complete this section. Complete the Preparer's Declaration below.

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 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

4. Preparer's Contact Information

Daytime Phone Number

Fax Number

E-mail Address (*if any*)

Preparer's Declaration

I understand that preparing this form on behalf of the petitioner, at his or her request, and with his or her express consent, does not grant the petitioner any immigration status or any benefit. By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of the petitioner, or another individual authorized to sign this form pursuant to form instructions. I prepared this form at his or her request, and with his or her express consent. I completed the form based only on responses the petitioner provided to me. After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer he or she provided for each question on the form and, when required, supplied additional information to respond to a question on the form.

5. Signature and Date

Signature of Preparer

Date of Signature

(mm/dd/yyyy) ►



H Classification Supplement to Form I-129

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

USCIS

Form I-129

OMB No. 1615-0009

Expires 10/31/2013

1. Name of the **Petitioner**

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 years). Be sure to only list those periods in which each beneficiary was actually in the United States in an 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.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To

4. Classification sought (Check one):

- ☐ a. H-1B Specialty Occupation
- ☐ b. H-1B1 Chile and Singapore
- ☐ c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ d. H-1B3 Fashion model of distinguished merit and ability
- ☐ e. H-2A Agricultural worker
- ☐ f. H-2B Non-agricultural worker
- ☐ g. H-3 Trainee
- ☐ h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of a **beneficiary** subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☐ No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☐ No

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

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.

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) 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 alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

Date (mm/dd/yyyy)

Statement for H-1B U.S. Department of Defense Projects Only

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.

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (Check one)

☐ a. Seasonal

☐ c. Intermittent

☐ b. Peak load

☐ d. One-time occurrence

2. Temporary need is: (Check one)

☐ a. Unpredictable

☐ c. Recurrent annually

☐ b. Periodic

3. Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed).

Section 2. Complete This Section If Filing for H-2A or H-2B Classification *(continued)*

4. List the countries of citizenship for the H-2A or H-2B workers you plan to hire.

a.	d.
b.	e.
c.	f.

- 5.a. You must provide all of the requested information for **Item Numbers 5.a. - 6.** for each H-2A or H-2B worker you plan to hire who is not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1) or 214.2(h)(6)(i)(E)(1). See www.uscis.gov for the list of participating countries. (Attach a separate sheet if additional space is needed.)

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 5.b. Provide all other name(s) used

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 5.c. Date of Birth (mm/dd/yyyy)

- 5.d. Country of Birth

- 5.e. Country of Citizenship or Nationality

6. Have any of the workers listed in **Item Number 5** above ever been admitted to the United States previously in H-2A/H-2B status?

☐ Yes. If yes, go to **Part 9 of Form I-129** and write your explanation. ☐ No

- 6.a.1. Visa Classification (H-2A or H-2B):

Note: If any of the H-2A or H-2B workers you are requesting are nationals of a country that is not on the eligible countries list, you must also provide evidence showing: (1) that workers with the required skills are not available from a country currently on the eligible countries list*; (2) whether the beneficiaries have been admitted previously to the United States in H-2A or H-2B status; (3) that there is no potential for abuse, fraud, or other harm to the integrity of the H-2A or H-2B visa programs through the potential admission of the intended workers; and (4) any other factors that may serve the **United States** interest.

* For H-2A petitions only: You must also show that workers with the required skills are not available from among **United States** workers.

- 7.a. Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2A/H-2B workers that you intend to hire by filing this petition?

☐ Yes ☐ No

If yes, list the name and address of service used below.

- 7.a.1 Name

- 7.a.2 Address

Street Number and Name

Apt. Ste. Flr.

☐ ☐ ☐

Number

City or Town

State

ZIP Code

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

- ☐ Yes ☐ No

DRM 1

- ☐ Yes ☒ No

- ☐
- Yes
- ☐
- No

- ☐
- Yes
- ☐
- No

☐ Yes ☐ No

00/27/19

[illegible]

- ☐ Yes ☐ No

- ☐ Yes ☐ No

☐ Yes ☐ No

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

The H-2A/H-2B petitioner and each employer consent to allow Government access to the site where the labor is being performed for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner further agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker absconds from the worksite or is terminated prior to the completion of agricultural labor or services for which he or she was hired. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a 1-year period. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

For H-2A petitioners only: The petitioner agrees to pay \$10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement.

The petitioner must execute **Part A**. If the petitioner is the employer's agent, the employer must execute **Part B**. If there are joint employers, they must each execute **Part C**.

Part A. Petitioner

By filing this petition, I agree to the conditions of H-2A/H-2B employment and agree to the notification requirements. For H-2A petitioners: I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)

Part B. Employer who is not the petitioner

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A/H-2B eligibility.

Signature of Employer

Name of Employer

Date (mm/dd/yyyy)

Part C. Joint Employers

I agree to the conditions of H-2A eligibility.

Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)

Section 3. Complete This Section If Filing for H-3 Classification

If you answer yes to any of the following questions, attach a full explanation.

1. Is the training you intend to provide, or similar training, available in the beneficiary's country?
☐ Yes ☐ No
2. Will the training benefit the beneficiary in pursuing a career abroad?
☐ Yes ☐ No
3. Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation employment versus the classroom in **Part 9 of Form I-129**.
☐ Yes ☐ No
4. Does the beneficiary already have skills related to the training?
☐ Yes ☐ No
5. Is this training an effort to overcome a labor shortage?
☐ Yes ☐ No
6. Do you intend to employ the beneficiary abroad at the end of this training?
☐ Yes ☐ No
7. If you do not intend to employ the beneficiary abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training.



**H-1B and H-1B1 Data Collection and
Filing Fee Exemption Supplement**
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2013

1. Name of the **Petitioner**

2. Name of the Beneficiary

Section 1. General Information

1. **Employer Information** - (check all items that apply)

a. Is the petitioner an H-1B dependent employer?

☐ Yes ☐ No

b. Has the petitioner ever been found to be a willful violator?

☐ Yes ☐ No

c. Is the beneficiary an H-1B nonimmigrant exempt from the **Department** of Labor attestation requirements?

☐ Yes ☐ No

c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000?

☐ Yes ☐ No

c.2. Or is it because the beneficiary has a master's **degree** or higher degree in a specialty related to the employment?

☐ Yes ☐ No

d. Does the petitioner employ 50 or more individuals in the **United States**?

☐ Yes ☐ No

d.1. If yes, are more than 50 **percent** of those employees in H-1B or L-1A or L-1B nonimmigrant status?

☐ Yes ☐ No

2. **Beneficiary's Highest Level of Education** (Check one box below)

☐ a. NO DIPLOMA

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

☐ b. HIGH SCHOOL GRADUATE DIPLOMA or
the equivalent (example: GED)

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

☐ c. Some college credit, but less than 1 year

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

☐ d. One or more years of college, no degree

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

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

3. Major/Primary Field of Study

4. Rate of Pay Per Year

5. DOT Code

6. NAICS Code

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:

1. Are you an 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
2. Are you a nonprofit organization or entity related to or affiliated with an 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
3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
☐ Yes ☐ No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien?
☐ Yes ☐ No
5. Is this an amended petition that does not contain any request for extensions of stay?
☐ Yes ☐ No
6. Are you filing this petition to correct a USCIS error?
☐ Yes ☐ No
7. Is the petitioner a primary or secondary education institution?
☐ Yes ☐ No
8. Is the petitioner 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 the questions above, you are **not** required to submit the **ACWIA** fee for your H-1B Form I-129 petition. If you answered **no** to all questions, answer **Item Number 9 of Form I-129**.

9. 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?
☐ Yes ☐ No

If you answered **yes**, to **Item Number 9** above, you are required to pay an additional ACWIA fee of **\$750**. If you answered **no**, then you are required to pay an additional ACWIA fee of **\$1,500**.

NOTE: A **petitioner** seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500 Fraud Prevention and Detection** fee. **For petitions filed before October 1, 2015**, an additional fee of **\$2,000** must be submitted if you responded **yes** to **Item Numbers 1.d. and 1.d.1. of Section 1** of this supplement. This **\$2,000** fee was mandated by the provisions of Public Law 111-230, **as amended by Public Law 111-347**.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) **when you submit** this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. *Each of these fee(s) should be paid by separate check(s) or money order(s).*

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (Check one):

<input type="checkbox"/> a. CAP H-1B Bachelor's Degree	<input type="checkbox"/> c. CAP H-1B1 Chile/Singapore
<input type="checkbox"/> b. CAP H-1B U.S. Master's Degree or Higher	<input type="checkbox"/> d. CAP Exempt

Section 3. Numerical Limitation Information (continued)

2. If you answered **Item Number 1.b. "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 as defined in 20 U.S.C. 1001(a):
- a. Name of the **United States** institution of higher education
- b. Date Degree Awarded 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
3. If you answered question 1.d. "**CAP Exempt**," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- ☐ a. The petitioner is an 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 an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
- ☐ d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **Item Numbers 3.a. - 3.c.** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
- ☐ e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- ☐ f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
- ☐ g. The beneficiary of this petition has been counted against the cap and: (1) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the 6 years, or (3) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
- ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

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

1. 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.
- If no, please do not complete **Item Numbers 2. and 3.**
- ☐ Yes ☐ No
2. 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
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations.
- ☐ Yes ☐ No



L Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2013

1. Name of the Petitioner

2. Name of the Beneficiary

3. This petition is (*Check one*): ☐ a. An individual petition ☐ b. A blanket petition

4.a. Does the petitioner employ 50 or more individuals in the U.S.?

☐ Yes ☐ No

4.b. If yes, are more than 50 percent of those employee in H-1B, L-1A or L-1B nonimmigrant status?

☐ Yes ☐ No

Section 1. Complete This Section If Filing For An Individual Petition

1. Classification sought (*Check one*):

☐ a. L-1A manager or executive ☐ b. L-1B specialized knowledge

2. List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last 7 years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. If more space is needed, go to **Part 9 of Form I-129**.

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To

3. Name of employer abroad

4. Address of employer abroad

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Section 1. Complete This Section If Filing For An Individual Petition *(continued)*

5. Dates of beneficiary's employment with this employer. Explain any interruptions in employment.

Dates of Employment (mm/dd/yyyy)		Explanation of Interruptions
From	To	

6. **Describe** the beneficiary's duties abroad for the 3 years preceding the filing of the petition. (If the beneficiary is currently **inside the United States**, describe the beneficiary's duties abroad for the 3 years preceding the beneficiary's admission to the **United States**.)

7. **Describe** the beneficiary's proposed duties in the United States.

8. **Summarize** the beneficiary's education and work experience.

9. **How is the** U.S. company **related** to the company abroad? *(Check one)*

☐ a. Parent ☐ b. Branch ☐ c. Subsidiary ☐ d. Affiliate ☐ e. Joint Venture

Section 1. Complete This Section If Filing For An Individual Petition *(continued)*

10. Describe the **percentage of** stock ownership and managerial control of each company that has a qualifying relationship. Provide the Federal Employer Identification Number for each U.S. company that has a qualifying relationship.

Percentage of company stock ownership and managerial control of each company that has a qualifying relationship.	Federal Employer Identification Number for each U.S. company that has a qualifying relationship

11. Do the companies currently have the same qualifying relationship as they did during the 1-year period of the alien's employment with the company abroad?

☐ Yes ☐ No. **If no, provide an explanation in Part 9 of Form I-129 that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.**

12. Is the beneficiary coming to the United States to open a new office?

☐ Yes ☐ No *(attach explanation)*

If you are seeking L-1B specialized knowledge status for an individual, answer the following question:

- 13.a. Will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?

☐ Yes ☐ No

- 13.b. If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. **If you need additional space to respond to this question, attach a separate sheet(s) of paper and include your name (or company name), the Page Number, Part Number, and Item Number.**

- 13.c. If you answered **yes** to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, **affiliate**, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. **If you need additional space to respond to this question, attach a separate sheet(s) of paper and include your name (or company name), the Page Number, Part Number, and Item Number.**

Section 2. Complete This Section If Filing A Blanket Petition

List all U.S. and foreign parent, branches, subsidiaries, and affiliates included in this petition. (Attach a separate sheet(s) of paper if additional space is needed.)

Name and Address	Relationship

Section 3. Additional Fees

NOTE: A petitioner that seeks initial approval of L nonimmigrant status for a beneficiary, or seeks approval to employ an L nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed before October 1, 2015, you must submit an additional fee of \$2,250 if you responded yes to both questions in Item Numbers 4.a. and 4.b. on the first page of this L Classification Supplement. This \$2,250 fee is mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

These fees, when applicable, may not be waived. You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Each of these fee(s) should be paid by separate check(s) or money order(s).



O and P Classifications
Supplement to Form I-129
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2013

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries:

3. Classification sought (Check one)

- ☐ a. O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- ☐ b. O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- ☐ c. O-2 Accompanying alien who is coming to the **United States** to assist in the performance of the O-1
- ☐ d. P-1 Major League Sports
- ☐ e. P-1 **Athlete or** Athletic/Entertainment Group (includes minor league sports **not affiliated with Major League Sports**)
- ☐ f. P-1S Essential Support Personnel for P-1
- ☐ g. P-2 Artist or entertainer for reciprocal exchange program
- ☐ h. P-2S Essential Support Personnel for P-2
- ☐ i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- ☐ j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

5. Describe the duties to be performed.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the principal O-1 or P alien.

Section 1. Complete This Section if Filing for O or P Classification *(continued)*

7. Does an appropriate labor organization exist for the petition?
☐ Yes ☐ No. If no, **proceed** to **Part 9 of Form I-129** to write your explanation.
8. Is the required consultation or written advisory opinion being submitted with this petition?
☐ Yes ☐ No - copy of request attached ☐ N/A

If **no**, **provide** the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

9.a. Name of Recognized **Peer**/Peer Group or Labor Organization

9.b. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or **Town**

State

ZIP Code

9.c. Date Sent (*mm/dd/yyyy*)

9.d. Daytime Telephone Number

 () -

O-1 Extraordinary achievement in motion pictures or television

10.a. Name of Labor Organization

10.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or **Town**

State

ZIP Code

10.c. Date Sent (*mm/dd/yyyy*)

10.d. Daytime Telephone Number

 () -

11.a. Name of Management Organization

11.b. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or **Town**

State

ZIP Code

11.c. Date Sent (*mm/dd/yyyy*)

11.d. Daytime Telephone Number

 () -

Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P alien

12.a. Name of Labor Organization

12.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or **Town**

State

ZIP Code

12.c. Date Sent (mm/dd/yyyy)

►

12.d. Daytime Telephone Number

() -

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally 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.

1. Name of Petitioner

Family Name (last name)

Given Name (first name)

Middle Name

2. Signature and Date

Signature of Petitioner

Date of Signature

(mm/dd/yyyy) ►

3. Petitioner's Contact Information

Daytime Phone Number

() -

E-mail Address (if any)



Q-1 Classification
Supplement to Form I-129
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2013

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. Complete if you are filing for a Q-1 International Cultural Exchange Alien

I hereby certify that the participant(s) in the international cultural exchange program:

- a. Is at least 18 years of age,
- b. Is qualified to perform the service or labor or receive the type of training stated in the petition,
- c. Has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and
- d. Has resided and been physically present outside the United States for the immediate prior year. *(Applies only if the participant was previously admitted as a Q-1).*

I also certify that I will offer the alien(s) the same wages and working conditions comparable to those accorded local domestic workers similarly employed.

1. Name of Petitioner

Family Name (*last name*)

Given Name (*first name*)

Middle Name

2. Signature and Date

Signature of Petitioner

Date of Signature

(*mm/dd/yyyy*) ►

3. Petitioner's Contact Information

Daytime Phone Number

E-mail Address (*if any*)



R-1 Classification
Supplement to Form I-129
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2013

1. Name of the Petitioner

2. Name of the Beneficiary

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker

Employer Attestation

Provide the following information about the petitioner:

1.a. Number of members of the **petitioner's religious organization?**

1.b. Number of employees working at the same location where the beneficiary will be employed?

1.c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years?

1.d. Number of special immigrant religious worker petition(s) (I-360) and nonimmigrant religious worker petition(s) (I-129) filed by the petitioner within the past 5 years?

2. Has the beneficiary or any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the R visa classification **in** the last 5 years?

☐ Yes ☐ No

If **yes**, complete the spaces below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States **in** the last 5 years. **Please be** sure to list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.

NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in **Part 9 of Form I-129**.

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From	To

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(continued)*

3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheet(s) of paper.

Position	Summary of the Type of Responsibilities for That Position

4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

Provide the following information about the prospective employment:

- 5.a. Title of position offered.

- 5.b. Detailed description of the beneficiary's proposed daily duties.

- 5.c. Description of the beneficiary's qualifications for position offered.

- 5.d. Description of the proposed salaried compensation or non-salaried compensation. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(continued)*

5.e. List of the address(es) or location(s) where the beneficiary will be working.

Petitioner Attestations

Does the petitioner attest to all of the requirements described in statements 6 through 12 below?

- 6.** The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

- 7.** The petitioner is willing and able to provide salaried or non-salaried compensation to the beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

- 8.** If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

- 9.** If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(continued)*

- 10.** The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

- 11.** The beneficiary has been a member of the petitioner's denomination for at least 2 years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

- 12.** The petitioner will notify USCIS within 14 days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay.

☐ Yes ☐ No. If no, write your explanation below and if needed, go to **Part 9 of Form I-129**.

Attestation

I certify, under penalty of perjury under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that, as a petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to make a decision on my petition.

I furthermore authorize release of information contained in this form, any supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.

Name of Petitioner

Title

Signature of Petitioner

Date (mm/dd/yyyy)

Employer or Organization Name

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker *(continued)***Employer or Organization Address** *(do not use a post office or private mail box)*

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐City or **Town**

State

ZIP Code

Employer or Organization's Contact Information

Daytime Telephone Number

 () -

Fax Number

 () - E-mail Address *(if any)***Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination****Religious Denomination Certification****I certify under penalty of perjury under the laws of the United States of America that:***Name of Employing Organization*

is affiliated with:

Name of Religious Denomination

and that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

Name of Petitioner

Title

Signature of Petitioner

Date (mm/dd/yyyy)

Attesting Organization Name and Address *(do not use a post office or private mail box)*

Attesting Organization Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐City or **Town**

State

ZIP Code

Attesting Organization's Contact Information

Daytime Telephone Number

 () -

Fax Number

 () - E-mail Address *(if any)*

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if applicable)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
		Alien Registration Number (A-Number) (if any)
		A- <input type="text"/>

All Other Names Used (include aliases, maiden name and names from previous Marriages)

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address in the United States Where You Intend to Live (Complete Address)

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

Foreign Address (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State			ZIP Code
<input type="text"/>	<input type="text"/>			<input type="text"/>
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of Birth	Country of Citizenship or Nationality			
<input type="text"/>	<input type="text"/>			

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
► <input type="text"/>	► <input type="text"/>	<input type="text"/>
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy) ► <input type="text"/>	
<input type="text"/>	<input type="text"/>	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
<input type="text"/>	<input type="text"/>	

Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (last name)

Given Name (first name)

Middle Name

Date of birth (mm/dd/yyyy)

Gender

☐

Male

☐

Female

U.S. Social Security Number
(if applicable)Alien Registration Number
(A-Number) (if any)

A-

All Other Names Used (include aliases, maiden name and names from previous marriages)

Family Name (last name)

Given Name (first name)

Middle Name

Address in the United States Where You Intend to Live (Complete Address)

Street Number and Name

Apt. Ste. Flr. Number

☐☐☐

City or Town

State

ZIP Code

Foreign Address (Complete Address)

Street Number and Name

Apt. Ste. Flr. Number

☐☐☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Country of Birth

Country of Citizenship or Nationality

IF IN THE UNITED STATES:Date of Last Arrival
(mm/dd/yyyy)I-94 Arrival-Departure Record
NumberPassport or Travel Document
NumberDate Passport or Travel Document
Issued (mm/dd/yyyy)Date Passport or Travel Document
Expires (mm/dd/yyyy)Country of Issuance for Passport
or Travel Document

Current Nonimmigrant Status

Date Status Expires or D/S
(mm/dd/yyyy)Student and Exchange Visitor Information System (SEVIS) Number
(if any)Employment Authorization Document (EAD) Number
(if any)