OMB No.1615-0009; Expires 05/31/08

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

I-129, Petition for a Nonimmigrant Worker

START HERE - Please type or print in black ink.

Part 1. Information about the employer filing this petition.

*If the employer is an individual, complete **Number 1.** Organizations should complete **Number 2.***

1. Family Name *(Last Name)* | Given Name *(First Name)*

Full Middle Name | Telephone No. w/Area Code ( )

2. Company or Organization Name | Telephone No. w/Area Code ( )

Mailing Address: *(Street Number and Name)* | Suite #

C/O: *(In Care Of)*

City | State/Province

Country | Zip/Postal Code | E-Mail Address *(If Any)*

Federal Employer Identification # | U.S. Social Security # | Individual Tax #

Part 2. Information about this petition.

(See instructions for fee information.)

1. Requested Nonimmigrant Classification. *(Write classification symbol):*

2. Basis for Classification *(Check one):*

- **a.** ☐ New employment (including new employer filing H-1B extension).
- **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. If you checked **Box 2b**, **2c**, **2d, 2e,** or **2f**, give the petition receipt number.

4. Prior Petition. If the beneficiary is in the U.S. as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt #:

5. Requested Action. *(Check one):*

- **a.** ☐ Notify the office in **Part 4** so the person(s) can obtain a visa or be admitted. (**NOTE:** *a petition is not required for an E-1, E-2 or R visa*).
- **b.** ☐ Change the person(s)' status and extend their stay since the person(s) are all now in the U.S. in another status *(see instructions for limitations)*. This is available only where you check "New Employment" in **Item 2**, above.
- **c.** ☐ Extend the stay of the person(s) since they now hold this status.
- **d.** ☐ Amend the stay of the person(s) since they now hold this status.
- **e.** ☐ Extend the status of a nonimmigrant classification based on a Free Trade Agreement. *(See Free Trade Supplement for TN and H1B1 to Form I-129).*
- **f.** ☐ Change status to a nonimmigrant classification based on a Free Trade Agreement. *(See Free Trade Supplement for TN and H1B1 to Form I-129).*

6. Total number of workers in petition *(See instructions relating to when more than one worker can be included):*

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
☐ Petitioner Interviewed on _____	
☐ Beneficiary Interviewed on _____	

Class: _____
# of Workers: _____
Priority Number: _____
Validity Dates: _____
From: _____
To: _____

☐ **Classification Approved**
- ☐ Consulate/POE/PFI Notified At _____
- ☐ Extension Granted
- ☐ COS/Extension Granted

Partial Approval *(explain)*

Action Block

To Be Completed by *Attorney or Representative*, if any.
☐ Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

Part 3. Information about the person(s) you are filing for. *Complete the blocks below. Use the continuation sheet to name each person included in this petition.*

1. If an Entertainment Group, Give the Group Name

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

All Other Names Used *(include maiden name and names from all previous marriages)*

Date of Birth *(mm/dd/yyyy)* | U.S. Social Security # *(if any)* | A # *(if any)*

Country of Birth | Province of Birth | Country of Citizenship

2. If in the United States, Complete the Following:

Date of Last Arrival *(mm/dd/yyyy)* | I-94 # *(Arrival/Departure Document)* | Current Nonimmigrant Status

Date Status Expires *(mm/dd/yyyy)* | Passport Number | Date Passport Issued *(mm/dd/yyyy)* | Date Passport Expires *(mm/dd/yyyy)*

Current U.S. Address

Part 4. Processing Information.

1. If the person named in **Part 3** is outside the United States or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office *(Check one)*: ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

Office Address *(City)* | U.S. State or Foreign Country

Person's Foreign Address

2. Does each person in this petition have a valid passport?

☐ Not required to have passport ☐ No - explain on separate paper ☐ Yes

3. Are you filing any other petitions with this one? ☐ No ☐ Yes - How many?

4. Are applications for replacement/initial I-94s being filed with this petition? ☐ No ☐ Yes - How many?

5. Are applications by dependents being filed with this petition? ☐ No ☐ Yes - How many?

6. Is any person in this petition in removal proceedings? ☐ No ☐ Yes - explain on separate paper

Part 4. Processing Information. *(Continued)*

7. Have you ever filed an immigrant petition for any person in this petition? ☐ No ☐ Yes - explain on separate paper

8. If you indicated you were filing a new petition in **Part 2**, within the past seven years has any person in this petition:

a. Ever been given the classification you are now requesting? ☐ No ☐ Yes - explain on separate paper

b. Ever been denied the classification you are now requesting? ☐ No ☐ Yes - explain on separate paper

9. Have you ever previously filed a petition for this person? ☐ No ☐ Yes - explain on separate paper

10. If you are filing for an entertainment group, has any person in this petition not been with the group for at least one year? ☐ No ☐ Yes - explain on separate paper

Part 5. Basic information about the proposed employment and employer. *Attach the supplement relating to the classification you are requesting.*

1. Job Title

2. Nontechnical Job Description

3. LCA Case Number

4. NAICS Code

5. Address where the person(s) will work if different from address in **Part 1**. *(Street number and name, city/town, state, zip code)*

6. Is this a full-time position?

☐ No - Hours per week: ☐ Yes - Wages per week or per year:

7. Other Compensation *(Explain)*

8. Dates of intended employment *(mm/dd/yyyy)*:

From: To:

9. Type of Petitioner - *Check one*:

☐ U.S. citizen or permanent resident ☐ Organization ☐ Other - explain on separate paper

10. Type of Business

11. Year Established

12. Current Number of Employees

13. Gross Annual Income

14. Net Annual Income

Part 6. Signature. *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature

Daytime Phone Number *(Area/Country Code)*

( )

Print Name

Date *(mm/dd/yyyy)*

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 7. Signature of person preparing form, if other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature

Daytime Phone Number *(Area/Country Code)*

( )

Print Name

Date *(mm/dd/yyyy)*

Firm Name and Address

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

E Classification Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person you are filing for:

3. Classification sought *(Check one)*:

☐ E-1 Treaty trader ☐ E-2 Treaty investor

4. Name of country signatory to treaty with U.S.:

Section 1. Information about the employer outside the United States (if any)

Employer's Name

Total Number of Employees

Employer's Address *(Street number and name, city/town, state/province, zip/postal code)*

Principal Product, Merchandise or Service

Employee's Position - Title, duties and number of years employed

Section 2. Additional information about the U.S. Employer

1. The U.S. company is to the company outside the United States *(Check one)*:

☐ Parent ☐ Branch ☐ Subsidiary ☐ Affiliate ☐ Joint Venture

2. Date and Place of Incorporation or Establishment in the United States

3. Nationality of Ownership *(Individual or Corporate)*

Name *(First/Middle/Last)*	Nationality	Immigration Status	% Ownership

4. Assets

5. Net Worth

6. Total Annual Income

7. Staff in the United States

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

b. How many specialized qualifications or knowledge persons does the petitioner have who are nationals of the treaty country in either E or L status?

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

d. Provide the total number of specialized qualifications or knowledge persons positions in the United States.

8. Total number of employees the alien would supervise; or describe the nature of the specialized skills essential to the U.S. company.

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 country of which the treaty trader organization is a national.

Section 4. Complete if filing for an E-2 Treaty Investor

Total Investment:

Cash

Equipment

Other

Inventory

Premises

Total

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

Nonimmigrant Classification Based on Free Trade Agreement-Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person you are filing for:

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 an extension of Free Trade status based on *(Check one)*:

a. ☐ Free Trade, Canada (TN)

b. ☐ Free Trade, Chile (H1B1)

c. ☐ Free Trade, Mexico (TN)

d. ☐ Free Trade, Singapore (H1B1)

e. ☐ Free Trade, Other

f. ☐ I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my sixth consecutive request for an extension.

Or

2. This is a request for a change of nonimmigrant status to *(Check one)*:

a. ☐ Free Trade, Canada (TN)

b. ☐ Free Trade, Chile (H1B1)

c. ☐ Free Trade, Mexico (TN)

d. ☐ Free Trade, Singapore (H1B1)

e. ☐ Free Trade, Other

f. ☐ I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my first request for a change of status to H-1B1 within the past six years.

Part 2. Signature. *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature

Daytime Phone Number *(Area/Country Code)*

( )

Print Name

Date *(mm/dd/yyyy)*

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 3. Signature of person preparing form, if other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature

Daytime Phone Number *(Area/Country Code)*

( )

Print Name

Date *(mm/dd/yyyy)*

Firm Name and Address

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U.S. Citizenship and Immigration Services

H Classification Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person or total number of workers or trainees you are filing for:

3. List the alien's and any dependent family member's prior periods of stay in H classification in the United States for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in an H classification. **NOTE:** Submit photocopies of Forms I-94, I-797 and/or other USCIS issued documents noting these periods of stay in the H classification. If more space is needed, attach an additional sheet(s). (If applying for H-2A/H-2B classification skip this item.)

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

4. Classification sought *(Check one)*:

- ☐ H-1B1 Specialty occupation
- ☐ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ H-1B3 Fashion model of national or international acclaim
- ☐ H-2A Agricultural worker
- ☐ H-2B Non-agricultural worker
- ☐ H-3 Trainee
- ☐ H-3 Special education exchange visitor program

Section 1. Complete this section if filing for H-1B classification.

1. Describe the proposed duties

2. Alien's present occupation and summary of prior work experience

Statement for H-1B specialty occupations only:

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.

Petitioner's Signature	**Print or Type Name**	**Date** *(mm/dd/yyyy)*

Statement for H-1B specialty occupations and U.S. Department of Defense projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer	**Print or Type Name**	**Date** *(mm/dd/yyyy)*

Statement for H-1B U.S. Department of Defense projects only:

I certify that the alien 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.

DOD Project Manager's Signature	**Print or Type Name**	**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. ☐ Peakload **d.** ☐ One-time occurence

2. Temporary need is: *(Check one)*

a. ☐ Unpredictable **c.** ☐ Recurrent annually

b. ☐ Periodic

3. Explain your temporary need for the alien's services *(attach a separate sheet(s) paper if additional space is needed).*

Section 3. Complete this section if filing for H-2A classification.

The 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 requirements. The petitioner further agrees to notify USCIS in the manner and within the time frame specified if an H-2A worker absconds, or if the authorized employment ends more than five days before the relating certification document expires, and pay liquidated damages of ten dollars ($10.00) for each instance where it cannot demonstrate compliance with this notification requirement. The petitioner agrees also to pay liquidated damages of two hundred dollars ($200.00) for each instance where it cannot be demonstrated that the H-2A worker either departed the United States or obtained authorized status during the period of admission or within five days of early termination, whichever comes first.

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 employment and agree to the notice requirements and limited liabilities defined in 8 CFR 214.2(h)(3)(vi).

Petitioner's Signature	**Print or Type Name**	**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 eligibility.

Employer's Signature	**Print or Type Name**	**Date** *(mm/dd/yyyy)*

Part C. Joint Employers:

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

Joint Employer's Signature(s)	Print or Type Name	Date *(mm/dd/yyyy)*
Joint Employer's Signature(s)	**Print or Type Name**	**Date** *(mm/dd/yyyy)*
Joint Employer's Signature(s)	**Print or Type Name**	**Date** *(mm/dd/yyyy)*
Joint Employer's Signature(s)	**Print or Type Name**	**Date** *(mm/dd/yyyy)*

Section 4. Complete this section if filing for H-3 classification.

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

a. Is the training you intend to provide, or similar training, available in the alien's country?	☐ No	☐ Yes
b. Will the training benefit the alien in pursuing a career abroad?	☐ No	☐ Yes
c. Does the training involve productive employment incidental to training?	☐ No	☐ Yes
d. Does the alien already have skills related to the training?	☐ No	☐ Yes
e. Is this training an effort to overcome a labor shortage?	☐ No	☐ Yes
f. Do you intend to employ the alien abroad at the end of this training?	☐ No	☐ Yes

2. If you do not intend to employ this person 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.

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H-1B Data Collection and Filing Fee Exemption Supplement

Petitioner's Name

Part A. General Information.

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

a. Is the petitioner a dependent employer? ☐ No ☐ Yes

b. Has the petitioner ever been found to be a willful violator? ☐ No ☐ Yes

c. Is the beneficiary an exempt H-1B nonimmigrant? ☐ No ☐ Yes

1. If yes, is it because the beneficiary's annual rate of pay is equal to at least $60,000? ☐ No ☐ Yes

2. Or is it because the beneficiary has a master's or higher degree in a speciality related to the employment? ☐ No ☐ Yes

2. Beneficiary' s Last Name | First Name | Middle Name

Attention To or In Care Of | Current Residential Address - Street | Apt. #

City | State | Zip/Postal Code

U.S. Social Security # *(If Any)* | I-94 # *(Arrival/Departure Document)* | Previous Receipt # *(If Any)*

3. Beneficiary's Highest Level of Education. Please check one box below.

☐ NO DIPLOMA
☐ HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (example: GED)
☐ Some college credit, but less than one year
☐ One or more years of college, no degree
☐ Associate's degree *(for example: AA, AS)*
☐ Bachelor's degree *(for example: BA, AB, BS)*
☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*
☐ Doctorate degree *(for example: PhD, EdD)*

4. Major/Primary Field of Study.

5. Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education as defined in 20 U.S.C. section 1001(a)?

☐ No ☐ Yes (If "Yes" provide the following information):

Name of the U.S. institution of higher education | Date Degree Awarded | Type of U.S. Degree

Address of the U.S. institution of higher education

6. Rate of Pay Per Year. **7.** LCA Code. **8.** NAICS Code.

Part B. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional $1,500 or $750 fee, please answer all of the following questions:

1. ☐ Yes ☐ No Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?

2. ☐ Yes ☐ No Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education are defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?

3. ☐ Yes ☐ No Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?

4. ☐ Yes ☐ No Is this the second or subsequent request for an extension of stay that you have filed for this alien?

5. ☐ Yes ☐ No Is this an amended petition that does not contain any request for extensions of stay?

6. ☐ Yes ☐ No Are you filing this petition in order to correct a USCIS error?

7. ☐ Yes ☐ No Is the petitioner a primary or secondary education institution?

8. ☐ Yes ☐ No Is the petitioner a non-profit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

If you answered "Yes" to any of the questions above, you are ONLY required to submit the fee for your H-1B Form I-129 petition, which is $185. If you answered "No" to all questions, please answer Question 9.

9. ☐ Yes ☐ No Do you currently employ a total of no more than 25 full-time equivalent employees in the United States, including any affiliate or subsidiary of your company?

If you answered "Yes" to Question 9 above, then you are required to pay an additional fee of $750. If you answered "No", then you are required to pay an additional fee of $1,500.

NOTE: On or after March 8, 2005, a U.S. employer seeking initial approval of H-1B or L nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B or L nonimmigrant currently working for another U.S. employer, must submit an additional $500 fee. This additional $500 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee.**

Part C. Numerical Limitation Exemption Information.

1. ☐ Yes ☐ No Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?

2. ☐ Yes ☐ No Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education are defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?

3. ☐ Yes ☐ No Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?

4. ☐ Yes ☐ No Is the beneficiary of this petition a J-1 nonimmigrant alien who received a waiver of the two-year foreign residency requirement described in section 214 (l)(1)(B) or (C) of the Act?

5. ☐ Yes ☐ No Has the beneficiary of this petition been previously granted status as an H-1B nonimmigrant in the past 6 years and not left the United States for more than one year after attaining such status?

6. ☐ Yes ☐ No If the petition is to request a change of employer, did the beneficiary previously work as an H-1B for an institution of higher education, an entity related to or affiliated with an institution of higher education, or a nonprofit research organization or governmental research institution defined in questions 1, 2 and 3 of Part C of this form?

7. ☐ Yes ☐ No Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education, as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it is true and correct. If filing this on behalf of an organization or entity, I certify that I am empowered to do so by that organization or entity. I authorize the release of any information from my records, or from the petitioning organization or entity's records, that U.S. Citizenship and Immigration Services may need to determine eligibility for the exemption being sought.

Certification.

Signature | **Print Name**

Title | **Date** *(mm/dd/yyyy)*

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

L Classification Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person you are filing for:

3. This petition is *(Check one)*:

a. ☐ An individual petition **b.** ☐ A blanket petition

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 alien's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an H or L classification. **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(s).

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

3. Name of employer abroad

4. Address of employer abroad *(Street number and name, city/town, state/province, zip/postal code)*

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

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

6. Description of the alien's duties for the past three years.

7. Description of the alien's proposed duties in the United States.

8. Summary of the alien's education and work experience.

1. Name of person or organization filing petition:

2. Name of person you are filing for:

Section 1. Complete this section if filing for an individual petition. *(Continued)*

9. The U.S. company is to the company abroad: *(Check one)*

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

10. Describe the stock ownership and managerial control of each company. Provide the U.S. Tax Code Number for each company.

Company stock ownership and managerial control of each company	U.S. Tax Code Number

11. Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad? ☐ Yes ☐ No *(Attach explanation)*

12. Is the alien coming to the United States to open a new office? ☐ Yes *(Attach explanation)* ☐ No

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

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

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. Use an attachment if needed.

If you answered "Yes" to the preceding question, also describe the reasons why placement at another worksite outside the petitioner, subsidiary 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. Use an attachment if needed.

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. Fraud Prevention and Detection Fee.

As of **March 8, 2005**, a U.S. employer seeking initial approval of L nonimmigrant status for a beneficiary, or seeking approval to employ an L nonimmigrant currently working for another U.S. employer, must submit an additional **$500.00** fee. This additional **$500.00** Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee**. You must include payment of this **$500.00** fee with your submission of this form. Failure to submit the fee when required will result in rejection or denial of your submission.

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O and P Classifications Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person or group or total number of workers you are filing for:

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 U.S. to assist in the performance of the O-1.

d. ☐ P-1 Athletic/Entertainment group.

e. ☐ P-1S Essential Support Personnel for P-1.

f. ☐ P-2 Artist or entertainer for reciprocal exchange program.

g. ☐ P-2S Essential Support Personnel for P-2.

h. ☐ P-3 Artist/Entertainer coming to the United States to perform, teach or coach under a program that is culturally unique.

i. ☐ 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 alien, list dates of the alien's prior experience with the O-1 or P alien

7. Have you obtained the required written consultation(s)? ☐ Yes - Attached ☐ No - Copy of request attached

If not, give the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

Name of Recognized Peer Group

Daytime Telephone # *(Area/Country Code)*

( )

Complete Address

Date Sent *(mm/dd/yyyy)*

O-1 Extraordinary achievement in motion pictures or television

Name of Labor Organization

Daytime Telephone # *(Area/Country Code)*

( )

Complete Address

Date Sent *(mm/dd/yyyy)*

Name of Management Organization

Daytime Telephone # *(Area/Country Code)*

( )

Complete Address

Date sent *(mm/dd/yyyy)*

O-2 or P alien

Name of Labor Organization

Daytime Telephone # *(Area/Country Code)*

( )

Complete Address

Date Sent *(mm/dd/yyyy)*

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

Q-1 and R-1 Classifications Supplement to Form I-129

1. Name of person or organization filing petition:

2. Name of person you are filing for:

Section 1. Complete this section 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:

- Is at least 18 years of age,
- Is qualified to perform the service or labor or receive the type of training stated in the petition,
- Has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and
- Has resided and been physically present outside the United States for the immediate prior year, if he or she 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.

Petitioner's signature

Date *(mm/dd/yyyy)*

Section 2. Complete this section if you are filing for an R-1 religious worker.

1. List the alien's and any dependent family member's prior periods of stay in R classification in the United States for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in an R classification. **NOTE:** Submit photocopies of Forms I-94, I-797 and/or other USCIS issued documents noting these periods of stay in the R classification. If more space is needed, attach an additional sheet(s).

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

2. Describe the alien's proposed duties in the United States.

3. Describe the alien's qualifications for the vocation or occupation.

4. Description of the relationship between the religious organization in the United States and the organization abroad of which the alien was a member.

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)* | Full Middle Name | Date of Birth *mm/dd/yyyy*

Country of Birth | Country of Citizenship | U.S. Social Security # *(if any)* | A # *(if any)*

IF IN THE U.S.

Date of Arrival (*mm/dd/yyyy*) | I-94 # (Arrival/Departure Document) | Current Nonimmigrant Status | Date Status Expires *(mm/dd/yyyy)*

Country Where Passport Issued | Date Passport Expires (*mm/dd/yyyy*) | Date Started With Group (*mm/dd/yyyy*)

Family Name *(Last Name)* | Given Name *(First Name)* | Full Middle Name | Date of Birth *mm/dd/yyyy*

Country of Birth | Country of Citizenship | U.S. Social Security # *(if any)* | A # *(if any)*

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Date of Arrival (*mm/dd/yyyy*) | I-94 # (Arrival/Departure Document) | Current Nonimmigrant Status | Date Status Expires *(mm/dd/yyyy)*

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