

**I-129, Petition for a  
Nonimmigrant Worker**

**START HERE - Type or print in black ink.**

**For USCIS Use Only**

**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 ( <i>Last Name</i> )	Given Name ( <i>First Name</i> )	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	
Full Middle Name	Telephone No. w/Area Code	
<input style="width:90%;" type="text"/>	( <input style="width:10%;" type="text"/> ) <input style="width:70%;" type="text"/>	
2. Company or Organization Name	Telephone No. w/Area Code	
<input style="width:90%;" type="text"/>	( <input style="width:10%;" type="text"/> ) <input style="width:70%;" type="text"/>	
<b>Mailing Address:</b> ( <i>Street Number and Name</i> )		
<input style="width:90%;" type="text"/>	Suite # <input style="width:10%;" type="text"/>	
C/O: ( <i>In Care Of</i> )		
<input style="width:90%;" type="text"/>		
City	State/Province	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	
Country	Zip/Postal Code	E-Mail Address ( <i>If Any</i> )
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Federal Employer Identification #	U.S. Social Security #	Individual Tax #
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Petitioner Interviewed on _____	
<input type="checkbox"/> Beneficiary Interviewed on _____	

**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 or E-2 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.

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 2. Information about this petition** (See instructions for fee information.) (Continued)

- 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 HIB1 to Form I-129).
- f.  Change status to a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and HIB1 to Form I-129).

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

**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
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

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

<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
---------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number (if any)	A number (if any)
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Country of Birth	Province of Birth	Country of Citizenship
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

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

Date of Last Arrival (mm/dd/yyyy)	I-94 Number (Arrival/Departure Document)	Current Nonimmigrant Status
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Date Status Expires (mm/dd/yyyy)	Passport Number	Date Passport Issued (mm/dd/yyyy)	Date Passport Expires (mm/dd/yyyy)
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

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
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Person's Foreign Address



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**Part 4. Processing Information** *(Continued)*

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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

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

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

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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:



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

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

