

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

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

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| <p>1. Name of person or organization filing petition:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>        | <p>2. Name of person you are filing for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>             |
| <p>3. Employer is a (<i>Check one</i>):</p> <p><input type="checkbox"/> U.S. Employer      <input type="checkbox"/> Foreign Employer</p> | <p>4. If Foreign Employer, name the foreign country.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

### Section 1. Information about requested extension or change (*See instructions attached to this form.*)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p>1. This is a request for an extension of Free Trade status based on (<i>Check one</i>):</p> <p>a. <input type="checkbox"/> Free Trade, Canada (TN)</p> <p>b. <input type="checkbox"/> Free Trade, Chile (H1B1)</p> <p>c. <input type="checkbox"/> Free Trade, Mexico (TN)</p> <p>d. <input type="checkbox"/> Free Trade, Singapore (H1B1)</p> <p>e. <input type="checkbox"/> Free Trade, Other</p> <p>f. <input type="checkbox"/> I am an H-1B1 Free Trade Nonimmigrant from Chile or Singapore and this is my sixth consecutive request for an extension.</p> | <p><b>Or</b></p> | <p>2. This is a request for a change of nonimmigrant status to (<i>Check one</i>):</p> <p>a. <input type="checkbox"/> Free Trade, Canada (TN)</p> <p>b. <input type="checkbox"/> Free Trade, Chile (H1B1)</p> <p>c. <input type="checkbox"/> Free Trade, Mexico (TN)</p> <p>d. <input type="checkbox"/> Free Trade, Singapore (H1B1)</p> <p>e. <input type="checkbox"/> Free Trade, Other</p> <p>f. <input type="checkbox"/> 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.</p> |
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### 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.

<b>Signature</b>	<b>Daytime Phone Number</b> ( <i>Area/Country Code</i> )
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">(      )</div>
<b>Print Name</b>	<b>Date</b> ( <i>mm/dd/yyyy</i> )
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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.

<b>Signature</b>	<b>Daytime Phone Number</b> ( <i>Area/Country Code</i> )
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">(      )</div>
<b>Print Name</b>	<b>Date</b> ( <i>mm/dd/yyyy</i> )
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Firm Name and Address</b>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

