

**I-129S, Nonimmigrant Petition
Based on Blanket L Petition**

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

START HERE - Please type or print in black ink.

Part 1. Information about employer.

Sponsoring Company of Organization's Name

Address - ATTN:

Street Number and Name

Room/Suite #

City or Town

State or Province

Country

Zip/Postal Code

Part 2. Information about employment.

This alien will be a:

- a. Manager/Executive
- b. Specialized knowledge professional

Blanket petition approval number:

Part 3. Information about employee.

Family Name

Given Name

Middle Name

Foreign Address: Street Number and Name

Room/Suite #

City or Town

State or Province

Country

Zip/Postal Code

Date of Birth (mm/dd/yyyy)

Country of Birth

Country of Citizenship/Nationality

Part 4. Additional information about the employment.

Address: Street Number and Name

Room/Suite #

City or Town

State or Province

Country

Zip/Postal Code

For USCIS Use Only

Returned

Receipt

Date

Date

Resubmitted

Date

Date

Reloc Sent

Date

Date

Reloc Sent

Date

Date

Petitioner
Interviewed
on _____

Beneficiary
Interviewed
on _____

Approved as:

Manager/executive

Specialized knowledge

on _____

Validity Dates:

From: _____

To: _____

Denied (Give reason)

Action Block

To Be Completed by

Attorney or Representative, if any.

Fill in box if G-28 is attached to represent the petition.

ATTY State License #

Part 4. Additional Information about the employment. (Continued.)

Date of intended employment (mm/dd/yyyy)

From:

To:

Weekly Wage

\$

Hours Per Week

\$

Title and detailed description of duties to be performed.**Give the alien's dates of prior periods of stay in the United States in a work authorized capacity and the type of visa.****Give the alien's dates of employment and job duties for the immediate prior three years.****Summarize the alien's education and other work experience.**

Part 5. 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 are all true and correct. I am filing this on behalf of an organization, and 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 in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organizations records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature**Date** *(mm/dd/yyyy)***Daytime Telephone Number** *(with area code)***E-Mail Address** *(If any.)*

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

Part 6. Signature of person preparing form, if other than above. *(Sign below.)*

Signature**Print or Type Your Name****Date** *(mm/dd/yyyy)***Daytime Telephone Number** *(with area code)***E-Mail Address** *(If any.)***Firm Name and Address**