

START HERE - Please type or print in black ink.

Part 1. Information about the employer filing this petition. *If the employer is an individual, Number 1. Organizations should use Number 2.*

1. Family Name (Last Name) _____ Given Name (First Name) _____
 Full Middle Name _____ Telephone No. w/Area Code _____
 2. Company or Organization _____ 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 # _____ Social Security # _____ Individual Tax # _____

For USCIS Use Only

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 _____	
Class: _____	
# of Workers: _____	
Priority Number: _____	
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	
Partial Approval (explain)	
Action Block	
To Be Completed by Attorney or Representative, if any	
<input type="checkbox"/> 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.)*

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 of 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):* _____

EMPLOYER

DMIT

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.

ALIEN

1. If an Entertainment Group, Give the Group Name

[Empty box for Entertainment Group Name]

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
[Empty box]	[Empty box]	[Empty box]

All other Names Used (included maiden name and names from all previous marriages)		
[Empty box]	[Empty box]	[Empty box]

Date of Birth (mm/dd/yyyy)	Social Security # (if any)	A# (if any)
[Empty box]	[Empty box]	[Empty box]

Country of Birth	Province of Birth	Country of Citizenship
[Empty box]	[Empty box]	[Empty box]

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

Date of Last Arrival (mm/dd/yyyy)	I-94 # (Arrival/Departure Document)	Current Nonimmigrant Status
[Empty box]	[Empty box]	[Empty box]

Date Status Expires (mm/dd/yyyy)	Passport Number	Date Passport Issued (mm/dd/yyyy)	Date Passport Expires (mm/dd/yyyy)
[Empty box]	[Empty box]	[Empty box]	[Empty box]

Current U.S. Address

[Empty box]

Part 4. Processing Information.

ALIEN

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
[Empty box]	[Empty box]

Person's Foreign Address

[Empty box]

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? [Empty box]

4. "Are applications for replacement/initial I-94 s being filed with this petition? No Yes - How many? [Empty box]

5. Are applications by dependents being filed with this petition? No Yes - How many? [Empty box]

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 a 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 a separate paper
- b. Ever been denied the classification you are now requesting? No Yes - explain on a separate paper
9. Have you ever previously filed a petition for this person? No Yes - explain on a 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 a 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

EMPLOYER

Part 6. Signature. *Read the information on penalties in 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 record, 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)
<input type="text"/>	<input type="text"/>
Print Name	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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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)
<input type="text"/>	<input type="text"/>
Print Name	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Firm Name and Address	
<input type="text"/>	

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-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):

- | | |
|---|---|
| <input type="checkbox"/> H-1B1 Specialty occupation | <input type="checkbox"/> H-1c Registered nurse |
| <input type="checkbox"/> H-1B1 Trade agreement with Chile or Singapore | <input type="checkbox"/> H-2A Agricultural worker |
| <input type="checkbox"/> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD) | <input type="checkbox"/> H-2B Non-agricultural worker |
| <input type="checkbox"/> H-1B3 Fashion model of national or international acclaim | <input type="checkbox"/> H-3 Trainee |
| | <input type="checkbox"/> H-3 Special education exchange visitor program |

Section 7. 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 the return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of the authorized stay.

Signature of Authorized Official of Employer	Print or Type Name	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYER

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

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

4. Major/Primary Field of Study.

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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 requests 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 are no exemptions 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 2-year foreign residency requirement described in section 214(1)(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 the U.S. Citizenship and Immigration Services may need to determine eligibility for the exemption being sought.

Certification.

Signature	Print Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	Date (mm/dd/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>