

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

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

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 1A. Data Collection

Does the petitioner employ 50 or more individuals in the U.S. ? Yes No

If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? Yes No

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

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

Address: Street Number and Name

Room/Suite #

City or Town

State or Province

Country

Zip/Postal Code

Date of intended employment and Wage

From (mm/dd/yyyy)

To (mm/dd/yyyy)

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 3 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 U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature

Print or Type Your Name

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 of Preparer

Print or Type Your Name

Date (*mm/dd/yyyy*)

Daytime Telephone Number (*with area code*)

E-Mail Address (*If any*)

Firm Name and Address