

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  |         |
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| Date  |         |
| Reloc Sent  |         |
| Date  |         |
| Date  |         |
| Reloc Sent  |         |
| Date  |         |
| Date  |         |
| <input type="checkbox"/> Petitioner<br>Interviewed _____<br>on _____  |         |
| <input type="checkbox"/> Beneficiary<br>Interviewed _____<br>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 #

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**Part 4. Additional Information About the Employment**

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**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.**

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**Part 5. Signature** *Read the information on penalties in the instructions before completing this section.*

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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.**

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**Part 6. Signature of Person Preparing Form, If Other Than Above** (*Sign below*)

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**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**