Table of Changes - FORM I-129S Nonimmigrant Petition Based on Blanket L Petition OMB No. 1615-0010 11/20/2012

Reason for Revision: Clarify language in some areas and add language to match L Supplement of Form I-129.

Location	Current Form I-129S (rev. 04/01/12)	Changes or Description
Page 1	For USCIS Use Only	For USCIS Use Only
	ATTY State License #	ATTY State License Number
	Part 1. Information About Employer	Part 1. Information About the Employer
	Sponsoring Company of Organization's Name	Sponsoring Company or Organization's Name
	Address – ATTN:	Addressee – ATTN:
	Room/Suite#	Room/Suite Number
	*****	****
	Part 1A. Data Collection	Part 1A. Data Collection
	Does the petitioner employ 50 or more individuals in the U.S.?	Does the petitioner employ 50 or more individuals in the United States?
	If yes, are more than 50% of those employees in H-1B or L nonimmigrant status?	If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status?
	****	****
	Part 2. Information About Employment	Part 2. Information About the Proposed Employment
	This alien will be a:	This alien will be a:
	a. Manager/Executive	☐ a. Manager or Executive (L-1A)
	□ b. Specialized Knowledge Professional	□ b. Specialized Knowledge Professional (L-1B)
	Blanket petition approval number:	Blanket petition approval number:

	***	***
	Part 3. Information About Employee	Part 3. Information About the Employee
	***	***
	Foreign Address: Street Number and Name	Address Outside the United States: Street Number and Name
	Room/Suite #	Room/Suite Number
	*****	*****
Page 2	Part 4. Additional Information About the Employment	Part 4. Additional Information About the Proposed Employment
	Address: Street Number and Name	a. Employment Address: Street
	Room/Suite # City or Town	Number and Name Room/Suite # <u>Number</u>
		City or Town
	State or Province	b. State or Province
	Country Zip/Postal Code	Country Zip/Postal Code
	Dates of intended employment and Wage	c. Dates of intended employment and Wage
	From (mm/dd/yyyy)	From (mm/dd/yyyy)
	To (mm/dd/yyyy) Weekly Wage	To (mm/dd/yyyy) Weekly Wage
	Hours Per Week	Hours Per Week
	Title and detailed description of duties to be performed.	d. Job 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.	e. Give Provide 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.	f. Give Provide the name and address of the alien's foreign employers, dates of employment,

		and job duties for the immediate prior last 3 years.
	Summarize the alien's education	prior last 3 years.
	and other work experience.	g. Summarize the alien's education
	P	and other work experience.
		-
		h. If you are seeking L-1B
		specialized knowledge professional
		status for the alien, will the
		beneficiary be stationed primarily
		offsite (at the worksite of an
		employer other than the petitioner or its affiliate, subsidiary, or parent)?
		its arrifate, subsidiary, or parenty:
		If you answered "Yes" to the
		preceding question, describe how and
		by whom the beneficiary's work will
		be controlled and supervised. Include
		a description of the amount of time
		each supervisor is expected to control
		and supervise the work. Use an
		attachment if needed.
		If you answered "Yes" to the
		preceding question, also describe the
		reasons why placement at another
		worksite outside the petitioner,
		subsidiary, or parent is needed.
		Include a description of how the
		beneficiary's duties at another
		worksite relate to the need for the
		specialized knowledge he or she possesses. Use an attachment if
		needed.
		nececu.
Page 3	New	Part 5. Certification Regarding the
		Release of Controlled Technology
		or Technical Data to Foreign
	_	Persons in the United States
		Check Box 1 or Box 2 as
		appropriate:
		- FFF
		With respect to the technology or
		technical data the petitioner will
		release or otherwise provide access to
		the beneficiary, the petitioner

		certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:
		1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
		2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to
		the alien beneficiary and the petitioner will prevent access to the controlled technology or technical data by the alien beneficiary until and unless the petitioner has received the
		required license or other authorization to release it to the alien beneficiary.
Page 3	Part 5. Signature Read the	Part 6. Signature of Petitioner Read
	information on penalties in the	the information on penalties in the
Renumber	instructions before completing this	instructions before completing this
existing Part 5	section.	section.
as Part 6	***	***
	Signature	Signature of Petitioner
	Print or Type Your Name	Printed Name of Petitioner
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
	Daytime Telephone Number (with area code)	Daytime Telephone Number (with area code)
	E-mail Address (If any)	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	NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, the employee for

	may not be found eligible for the requested benefit and this petition may be denied.	whom you are petitioning may not be found eligible for the requested benefit and this petition may be denied.
Page 3	Part 6. Signature of Person Preparing Form, If Other Than	Part 7. Signature and Contact Information of Person Preparing
Renumber existing Part 6	Above (sign below)	Form, If Other Than Above
as Part 7		Declaration of Preparer I declare that this document was prepared by me at the request of the petitioner, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information or provided responses for the petitioner.
	*** Signature of Preparer	*** Signature of Preparer
	Print or Type Your Name	Printed Name of Preparer
		Preparer's Firm Name and Address
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
	Daytime Telephone Number (with area code)	Daytime Telephone Number (with area code)
	E-mail Address (If any)	E-mail Address (if any)
	Firm Name and Address	[See above]