**TABLE OF CHANGES – FORM**

**Form I-129, Petition for a Nonimmigrant Worker**

**OMB Number: 1615-0009**

**07/15/2015**

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| **Reason for Revision:** Correct the Signature pages based on comments from DOJ |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 6, Part 7. Signature and Contact Information of Authorized Signatory** *(Read the information on penalties in the instructions before completing this section)* | **I certify,** under penalty of perjury, that this petition and the evidence submitted with it are true and correct to the best of my knowledge**.** Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that, as a petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.  I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.   1. **Name and Title of Authorized Signatory**   Family Name (last name)  Given Name (first name)  Title   1. **Signature and Date**   Signature of Authorized Signatory  Date of Signature   1. **Signatory’s Contact Information**   Daytime Telephone Number  E-mail Address *(if any)*  **NOTE:** *If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.* | **Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory** (Read the information on penalties in the instructions before completing this section.)  Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.  I authorize the release of any information from my records, or from the petitioning organization’s records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information.  I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.  If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.  I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.  [No Change]  [No Change]  [No Change] |
| **Page 6, Part 8 Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above** | Provide the following information concerning the preparer:   1. **Name of Preparer**   Family Name (last name)  Given Name (first name)   1. **Preparer’s Business or Organization Name**   (If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA))   1. **Preparer’s Mailing Address**   Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country   1. **Preparer’s Contact Information**   Daytime Telephone Number  Fax Number  E-mail Address *(if any)*  [Page 7]  ***Preparer’s Declaration*** [subheader]  By mysignature***,*** Icertify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the expressconsentof, the petitioner.  I completed the form based only on responses the petitioner provided to me.  After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer provided for every question on the form and, when required, supplied additional information to respond to a question on the form.   1. **Signature and Date**   Signature of Preparer  Date of Signature | **Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner**  [No Change]  2. **Preparer’s Business or Organization Name** (if any)  [No Change]  [Page 7]  [No Change]  [No Change]  ***Preparer’s Declaration*** [subheader]  By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory.  The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.  [No Change] |
| **Page 11, Section 2. Petitioner’s Signature and Contact Information** *(Read the information on penalties in the instructions before completing this section)* | I certify, under penalty of perjury, that this petition and the evidence submitted with it is all true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.  I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization.   1. **Name of Petitioner**   Family Name (last name)  Given Name (first name)   1. **Signature and Date**   Signature of Petitioner  Date of Signature   1. **Petitioner’s Contact Information**   Daytime Telephone Number  Mobile Telephone Number  E-mail Address *(if any)* | **Section 2. Petitioner’s Declaration, Signature, and Contact Information** *(Read the information on penalties in the instructions before completing this section.)*  Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.  I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information.  I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.  I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.  [No Change]  [No Change]  [No Change]  [No Change] |
| **Page 12, Section 3. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above** | NOTE: If you are an attorney or accredited representative, DO NOT complete this section. Complete the Preparer's Declaration below. Provide the following information concerning the preparer:  Provide the following information concerning the preparer:   1. **Name of Preparer**   Family Name (last name)  Given Name (first name)   1. **Preparer’s Business or Organization Name**   (If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA))   1. **Preparer’s Mailing Address**   Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country   1. **Preparer’s Contact Information**   Daytime Telephone Number  Fax Number  E-mail Address *(if any)*  ***Preparer’s Declaration*** [sub header]  By mysignature***,*** Icertify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the expressconsentof, the petitioner.  I completed the form based only on responses the petitioner provided to me.  After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer provided for every question on the form and, when required, supplied additional information to respond to a question on the form.   1. **Signature and Date**   Signature of Preparer  Date of Signature | **Section 3. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner**  **[Deleted]**  [No Change]  **2. Preparer’s Business or Organization Name** (if any)  [No Change]  [No Change]  [No Change]  ***Preparer’s Declaration*** [sub header]  By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory.  The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.  [No Change] |