## **TABLE OF CHANGES – FORM**

# Form I-129S, Nonimmigrant Petition Based on Blanket L Petition OMB Number: 1615-0010

### **07/21/2015**

**Reason for Revision:** Operational, USCIS standard formatting, and plain language updates.

Current Section and Page Number	Current Text	Proposed Text
Page 1, To Be	[Page 1]	[Page 1]
Completed by Attorney or	Fill in box if G-28 is attached to represent the petition.	Select this box if Form G-28 is attached.
Accredited	petition.	
Representative, if any.	ATTY State License Number	Attorney State Bar Number
any.		Attorney or Accredited Representative USCIS ELIS Account Number (if any)
Page 1, Part 1.	[Page 1]	[Page 1]
Information About the Employer	Part 1. Information About the Employer	Part 1. Information About the Employer (Petitioner)
and	Sponsoring Company or Organization's Name	1. Name of the Petitioner
Page 1, Part 1A. Data Collection	Addressee - ATTN: Street Number and Name Room/Suite Number City or Town State or Province Country Zip/Postal Code	Petitioner's Mailing Address  2.a. In Care Of Name (if any)  2.b. Street Number and Name  2.c. Apt. Ste. Flr. [Number]  2.d. City or Town  2.e. State  2.f. ZIP Code  3. Is this mailing address the same as the physical location of the sponsoring company or organization?  If you answered "No" to Item Number 3., provide the sponsoring company's or organization's physical address in Item Numbers  4.a 4.e.  Petitioner's Physical Address  4.a. Street Number and Name  4.b. Apt. Ste. Flr. [Number]  4.c. City or Town  4.d. State  4.e. ZIP Code
		<ul><li><i>Petitioner's Contact Information</i></li><li>5. Daytime Telephone Number</li></ul>

Page 1, Part 3. Information About the Employee	[Page 1] Part 3. Information About the Employee	Period of Stay 2 12.a. From (mm/dd/yyyy) 12.b. To (mm/dd/yyyy) 13. Nonimmigrant Status During Period of Stay  [Page 2]  Part 3. Information About the Beneficiary
		Period of Stay 1 10.a. From (mm/dd/yyyy) 10.b. To (mm/dd/yyyy) 11. Nonimmigrant Status During Period of Stay
	e. Provide the alien's dates of prior periods of stay in the United States in a work authorized capacity and the type of visa.	Prior Periods of Stay in the United States If the beneficiary was previously in the United States, provide the dates of the beneficiary's prior periods of stay for the last seven years in a work- authorized capacity and indicate the beneficiary's immigration status and visa category (for example, H-1B, O-1) during the period of stay. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.
	[Page 2, Part 4]	2.a. Start Date (mm/dd/yyyy) 2.b. End Date (mm/dd/yyyy)
Information About the Proposed Employment, Item e		Dates of Proposed Employment Provide the beneficiary's dates of proposed employment.
Page 2, Part 4. Additional Information About	Blanket petition approval number:	[Deleted]
And	This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B)	The beneficiary will work as a:  1.a. Manager or Executive (L-1A)  1.b. Specialized Knowledge Professional (L-1B)
Information About the Proposed Employment	Part 2. Information About the Proposed Employment	Part 2. Information About Proposed Position and Prior Employment Periods in the United States
Page 1, Part 2.	[Page 1]	[Page 2]
	If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status?	<b>10.</b> Are more than 50% of the petitioner's employees in H-1B, L-1A, or L-1B nonimmigrant status?
		If you answered "Yes" to <b>Item Number 9.</b> , complete <b>Item Number 10.</b>
	Does the petitioner employ 50 or more individuals in the United States?	<ul><li><i>Petitioner's Employees in the United States</i></li><li><b>9.</b> Does the petitioner employ 50 or more individuals in the United States?</li></ul>
		<ul><li>6. Fax Number</li><li>7. Email Address (if any)</li><li>8. Web site Address (if any)</li></ul>

### beneficiary.

- **1.** Alien Registration Number (A-Number) (if any)
- 2. USCIS ELIS Account Number (if any)
- **3.** U.S. Social Security Number (if any)

### Beneficiary's Full Name

- **4.a.** Family Name (Last Name)
- **4.b.** Given Name (First Name)
- **4.c.** Middle Name

#### **Other Names Used**

List all other names the beneficiary has ever used, including aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

- **5.a.** Family Name (Last Name)
- **5.b.** Given Name (First Name)
- **5.c.** Middle Name

### **Address Outside the United States:**

Street Number and Name Room/Suite Number City or Town State or Province Country Zip/Postal Code

Family Name

Given Name

Middle Name

### **Beneficiary's Foreign Mailing Address**

- **6.a.** In Care Of Name (if any)
- **6.b.** Street Number and Name or P.O. Box
- **6.c.** Apt. Ste. Flr. [Number]
- **6.d.** City or Town
- **6.e.** State
- **6.f.** ZIP Code
- **6.g.** Province
- **6.h.** Postal Code
- **6.i.** Country

**7.** Is this mailing address also where the beneficiary physically resides? Yes/No

If you answered "No" to **Item Number 7.**, provide the beneficiary's physical address in **Item Numbers 8.a. - 8.h.** 

### [Page 3]

### Beneficiary's Foreign Physical Address

- **8.a.** Street Number and Name
- **8.b.** Apt. Ste. Flr. [Number]
- **8.c.** City or Town
- **8.d.** State
- 8.e. ZIP Code
- **8.f.** Province
- 8.g. Postal Code
- **8.h.** Country

### **Other Information About the Beneficiary**

- **9.** Date of Birth *(mm/dd/yyyy)*
- 10. Gender Male/Female

Date of Birth (mm/dd/yyyy)

		11. City or Town of Birth
		<b>12.</b> Province or State of Birth
	Country of Birth	<b>13.</b> Country of Birth
	Country of Citizenship/Nationality	<b>14.</b> Country of Citizenship or Nationality
	[Page 2]	[Page 3]
Page 2-3, Part 4. Additional Information About	Part 4. Additional Information About the Proposed Employment	Part 4. Information About Proposed United States Employment
the Proposed Employment, Items a-d and h		<b>1.</b> Provide the receipt number for the Blanket L petition upon which this petition is based.
		<b>2.</b> Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition?
	a. Employment Address:	Proposed Employment Address for the Beneficiary
	Street Number and Name	3.a. Street Number and Name
	Room/Suite Number	<b>3.b.</b> Apt. Ste. Flr. [Number]
	City or Town	3.c. City or Town
	<b>b. State or Province</b> Country	3.d. State
	Zip/Postal Code	3.e. ZIP Code
	c. Dates of intended employment and wage  From (mm/dd/yyyy)	Wages and Hours of Proposed Employment Provide the wages per year the beneficiary will receive and the number of hours the beneficiary will work per week for the proposed employment. Also describe any other compensation the beneficiary will receive, including dollar value (if applicable). [Deleted]
	To (mm/dd/yyyy)	[Deleted]
	Weekly Wage	4. Beneficiary's Wages Per Year
	Hours Per Week	<ul><li>5. Beneficiary's Hours Per Week</li><li>6. Other Compensation</li></ul>
	d. Job title and detailed description of duties to be performed.	Proposed Job Title and Duties Provide the job title and duties the beneficiary will perform. Also indicate the percentage of time the beneficiary will spend performing the duties on a daily basis. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.
		<ul><li>7. Job Title</li><li>8. Duties Performed on a Daily Basis</li></ul>
	[Page 3]	Primary Worksite If you need extra space to complete this section, use the space provided in Part 10. Additional Information.
	h. If you are seeking L-1B specialized knowledge professional status for the alien, will the beneficiary be stationed primarily offsite	<b>9.</b> If you are seeking L-1B specialized knowledge professional status for the beneficiary, will the beneficiary work primarily offsite (at a worksite

# (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?

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.

of a company or organization other than the petitioner or its affiliate, branch, subsidiary, or parent company)?

If you answered "Yes" to **Item Number 9.**, describe how and who will control and supervise the beneficiary's work and why the placement is not labor for hire in **Item Numbers 10.a.** – **11.** 

**10.a.** Supervisor's Name

**10.b.** Nature of Supervision and Control of the Beneficiary's Work

### [Page 4]

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.

**11.** Describe the reasons why the placement of the beneficiary at this worksite is not an arrangement to provide labor for hire. Also include a description of how the beneficiary's duties at this worksite relate to your need for the specialized knowledge he or she possesses.

### Page 2, Part 4. Additional Information About the Proposed Employment, Item fg

### [Page 2]

# Part 2. Information About the Proposed Employment

f. Provide the name and address of the alien's foreign employers, dates of employment, and job duties for the last 3 years.

### [Page 4]

# Part 5. Information About Foreign Employment

Provide information for **each** qualifying foreign employer for whom the beneficiary worked during the required one continuous year out of three years. If you need extra space to complete this section, use the space provided in **Part 10**. **Additional Information**.

### **Qualifying Foreign Position**

Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employer.

1.a. Manager

**1.b.** Executive

**1.c.** Specialized Knowledge Professional

## **Qualifying Foreign Employer Name and Address**

Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.

2. Foreign Employer Name

### **Mailing Address**

**3.a.** Street Number and Name

**3.b.** Apt. Ste. Flr. [Number]

**3.c.** City or Town

**3.d.** Province

		3.e. Postal Code 3.f. Country  Other Information About the Beneficiary's Foreign Employment Provide the beneficiary's job titles, dates of foreign employment, and the duties of the jobs the beneficiary performed during the required one continuous year out of three years. Also provide the yearly wage the beneficiary received and the number of hours the beneficiary worked per week.  Job 1 4. Job Title 5.a. Start Date (mm/dd/yyyy) 5.b. End Date (mm/dd/yyyy) 6. Job Duties 7. Wages Earned Per Year 8. Hours Worked Per Week
		Job 2 9. Job Title 10.a. Start Date (mm/dd/yyyy) 10.b. End Date (mm/dd/yyyy) 11. Job Duties 12. Wages Earned Per Year 13. Hours Worked Per Week
	g. Summarize the alien's education and other work experience.	[Deleted]
Page 3, Part 5.	[Page 3]	[Page 5]
Certification Regarding the Release of Controlled Technology or Technical Data to	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:	Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States  Select Item Number 1. or 2., as appropriate.
Foreign Persons in the United States	With respect to the technology or technical data the petitioner will release or otherwise provide	With respect to the technology or technical data the petitioner will release or otherwise provide

With respect to the technology or technical data the petitioner will release or otherwise provide access to the alien 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

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 beneficiary AND the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

	beneficiary.	
Page 4, Part 6.	Page 4	[Page 5]
Page 4, Part 6. Signature of Petitioner Read the information on penalties in the instructions before completing this section.	Page 4 Part 6. Signature of Petitioner  Read the information on penalties in the instructions before completing this section.	Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory  NOTE: Read the information on penalties in the Penalties section of the Form I-129S Instructions before completing this part.  Petitioner's or Authorized Signatory's Statement NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.  1.a. I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question.  1.b. The interpreter named in Part 7. has also read to me every question and instruction on this petition, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
		<b>2.</b> I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this <b>petition</b> for me.
	Daytime Telephone Number (with area code)  E-Mail Address (if any)	<ul> <li>Authorized Signatory's Contact Information</li> <li>3.a. Authorized Signatory's First Name</li> <li>3.b. Authorized Signatory's First Name</li> <li>4. Authorized Signatory's Title</li> <li>5. Authorized Signatory's Daytime Telephone Number</li> <li>6. Authorized Signatory's Mobile Telephone Number (if any)</li> <li>7. Authorized Signatory's Email Address (if any)</li> </ul>
		Petitioner's or Authorized Signatory's Certification 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. Photocopied, faxed, or scanned copies of Form I-129S that I will submit to any other Federal agency, including U.S. Department of State and U.S. Customs and Border Protection (CBP), are exact copies of this unaltered, original

		Form I-129S.
		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 USCIS may verify any supporting evidence submitted in support of this petition through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.
	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.	If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.  [Page 6]  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.
	Signature of Petitioner  Printed Name of Petitioner Date (mm/dd/yyyy)  NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, the employee for whom you are petitioning may not be found eligible for the requested benefit and this petition may be denied.	Petitioner's Signature 8.a. Signature of Authorized Signatory for the Petitioner [Deleted] 8.b. Date of Signature (mm/dd/yyyy)  NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.
New		[Page 6]  Part 8. Interpreter's Contact Information, Certification, and Signature  Provide the following information about the interpreter.  Interpreter's Full Name 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)  Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town
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		3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country  Interpreter's Contact Information 4. Interpreter's Email Address (if any)  Interpreter's Certification I certify that:  I am fluent in English and [Fillable Field], which is the same language provided in Part 7., Item Number 1.b.;  I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in Part 7., Item Number 1.b.; and  The petitioner has informed me that it understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer.  Interpreter's Signature 6.a. Interpreter's Signature (mm/dd/yyyy)
Page 4, Part 7. Signature and Contact Information of Person Preparing This Form, If Other	[Page 4]  Part 7. Signature and Contact Information of Person Preparing This Form, If Other than Above	[Page 6]  Part 9. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner
than Above	Printed Name of the Preparer  Preparer's Firm Name and Address	Provide the following information about the preparer.  Preparer's Full Name  1.a. Preparer's Family Name (Last Name)  1.b. Preparer's Given Name (First Name)  2. Preparer's Business or Organization Name (if
		NOTE: If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).
		[Page 7]  Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State

		3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country  [Page 7]
	Daytime Telephone Number (with area code)  E-Mail Address (if any)	<ul> <li><i>Preparer's Contact Information</i></li> <li>4. Preparer's Daytime Telephone Number</li> <li>5. Preparer's Fax Number</li> <li>6. Preparer's Email Address (if any)</li> </ul>
		<ul> <li>Preparer's Statement</li> <li>7.a. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.</li> <li>7.b. I am an attorney or accredited representative and my representation of the petitioner in this case extends/does not extend beyond the preparation of this petition.</li> <li>NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the</li> </ul>
	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.	Geographical Confines of the United States, with this petition.  Preparer's Certification 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.
	Signature of Preparer Date (mm/dd/yyyy)	<ul><li><i>Preparer's Signature</i></li><li>8.a. Preparer's Signature</li><li>8.b. Date of Signature (mm/dd/yyyy)</li></ul>
New		[Page 8] Part 10. Additional Information
		If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include the beneficiary's

name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet. <b>1.a.</b> Beneficiary's Family Name (Last Name) <b>1.b.</b> Beneficiary's Given Name (First Name) <b>1.c.</b> Beneficiary's Middle Name
2. Beneficiary's A-Number (if any)
<ul><li>3.a. Page Number</li><li>3.b. Part Number</li><li>3.c. Item Number</li><li>3.d. [Fillable Field]</li></ul>
<ul><li>4.a. Page Number</li><li>4.b. Part Number</li><li>4.c. Item Number</li><li>4.d. [Fillable Field]</li></ul>
<ul><li>5.a. Page Number</li><li>5.b. Part Number</li><li>5.c. Item Number</li><li>5.d. [Fillable Field]</li></ul>
6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable Field]