

**TABLE OF CHANGES –FORM**  
**Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker**  
**OMB Number: 1615-0111**  
**03/07/2018**

**Reason for Revision:** H.R. 339 changes, with standard language, including formatting, plain language, and consistency edits.

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1, For USCIS Use Only</b>	<p>[Page 1]</p> <p><b>START HERE – Type or print in black ink.</b></p> <p><b>For USCIS Use Only</b></p> <p><b>Receipt</b></p> <p><b>Class:</b>  <b># of Workers:</b>  <b>Job Code:</b>  <b>Priority Number:</b>  <b>Validity Dates:</b>  <b>From:</b>  <b>To:</b></p> <p><b>Classification Approved</b>            Consulate/POE/PFI Notified At            Extension Granted            COS/Extension Granted</p> <p><b>Partial Approval (<i>explain</i>)</b></p> <p><b>Action Block</b></p>	<p>[Page 1]</p> <p>[no change]</p>
<b>Page 1, Part 1. Information About the Employer Filing This Petition</b>	<p>[Page 1]</p> <p><b>Part 1. Information about the Employer Filing This Petition</b></p> <p>Name of Representative for Employer/Organization</p> <p><b>a.</b> Family Name (<i>Last Name</i>)  <b>b.</b> Given Name (<i>First Name</i>)  <b>c.</b> Middle Name</p> <p><b>2.</b> Telephone Number (include area code, no spaces or dashes):</p> <p><b>3.</b> Name of Employer/Organization and Address</p>	<p>[Page 1]</p> <p><b>Part 1. Information about the Employer Filing This Petition</b></p> <p><i>Name of Representative for Employer/Organization</i></p> <p><b>1.a.</b> Family Name (<i>Last Name</i>)  <b>1.b.</b> Given Name (<i>First Name</i>)  <b>1.c.</b> Middle Name</p> <p>[delete]</p> <p><i>Name of Employer/Organization and Address</i></p>

	<p>a. Name of Employer/Organization  b. C/O (<i>In Care Of</i>):  c. Street Number and Name  d. Suite/Apartment Number  e. City or Town  f. State  g. Zip Code  h. Postal Code  i. Province  j. Country</p> <p>4. E-Mail Address (<i>if any</i>):</p> <p>5. Federal Employer Identification Number</p>	<p><b>2.a.</b> Name of Employer/Organization  <b>2.b.</b> In Care Of Name (if any)  <b>2.c.</b> Street Number and Name  <b>2.d.</b> Apt. Ste. Flr.  <b>2.e.</b> City or Town  <b>2.f.</b> State  <b>2.g.</b> ZIP Code  [delete]</p> <p><b>3.</b> Federal Employer Identification Number</p> <p><b>4.</b> USCIS Online Account Number (if any)</p>
<p><b>Page 2, Part 2.  Information About This  Petition</b></p>	<p>[Page 1]</p> <p><b>Part 2. Information About This Petition</b> (<i>See instructions for fee information</i>)</p> <p><b>1. Requested Nonimmigrant Classification</b> (<i>Write classification symbol</i>):</p> <p>[Page 2]</p> <p><b>2. Basis for Classification</b> (<i>Check one</i>):</p> <p>a. New employment (including a duplicate for U.S. Department of State notification).  b. Continuation of previously approved employment without change with the same employer.  c. Change in previously approved employment  d. New concurrent employment.</p> <p>e. Change of employer.  f. Amended petition.</p> <p>3. If you selected <b>Box 2b, 2c, 2d, 2e, or 2f</b>, give the petition receipt number.</p> <p><b>4. Prior Petition.</b> If the beneficiary is in the CNMI as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt number.</p> <p><b>5. Requested Action</b> (<i>Check one</i>):</p> <p>a. Notify the office in <b>Part 4</b> so the person(s) can obtain a visa or be admitted.</p> <p>b. Change the person(s) status and extend their stay since the person(s) are all now in the CNMI in another status (<i>see instructions for limitations</i>.) This option is available only where you select "New Employment" in <b>Item 2</b>, above. Check the appropriate box indicating the</p>	<p>[Page 1]</p> <p><b>Part 2. Information About This <b>P</b>etition</b></p> <p><b>NOTE:</b> See the Instructions for fee information.</p> <p><b>1. Requested Nonimmigrant Classification</b></p> <p><b>Basis for Classification (Select <b>only one</b> box):</b></p> <p><b>2.a.</b> New employment (including a duplicate for U.S. Department of State notification).  <b>2.b.</b> Continuation of previously approved employment without change with the same employer.  <b>2.c.</b> Change in previously approved employment.  <b>2.d.</b> New concurrent employment.  <b>2.e.</b> Change of employer.  <b>2.f.</b> Amended petition.</p> <p>3. If you selected <b>Item Number 2.b., 2.c., 2.d., 2.e., or 2.f.</b>, provide the petition receipt number.</p> <p><b>4. Prior Petition.</b> If the beneficiary is in the CNMI as a nonimmigrant and is applying to change and/or extend his or her status, provide the prior petition or application receipt number.</p> <p>[Page 2]</p> <p><b>Requested Action (Select <b>only one</b> box):</b></p> <p><b>5.a.</b> Notify the office in <b>Part 4</b>, so the <b>beneficiary</b> can obtain a visa or be admitted.</p> <p><b>5.b.</b> Change the <b>beneficiary's</b> status and extend their stay since the <b>beneficiary is</b> in the CNMI in another status (<i>see the Instructions for limitations</i>). This option is available only where you select <b>Item Number 2.a.</b>, above. <b>Select</b> the appropriate box indicating the type of</p>

	<p>type of status change.</p> <ol style="list-style-type: none"> <li>1. Initial Grant of CW-1 status in CNMI</li> <li>2. Change of Federal nonimmigrant status to CW-1</li> <li>c. Extend the stay of the person(s) since they now hold this status.</li> <li>d. Amend the stay of the person(s) since they now hold this status.</li> </ol> <p>6. <b>Total number of workers in petition</b> (See instructions relating to when more than one worker can be included):</p>	<p>status change.</p> <p>Initial Grant of CW-1 <b>Status</b> in CNMI</p> <p>Change of Federal <b>Nonimmigrant Status</b> to CW-1</p> <ol style="list-style-type: none"> <li>5.c. Extend the stay of the <b>beneficiary</b> since they now hold this status.</li> <li>5.d. Amend the stay of the <b>beneficiary</b> since they now hold this status.</li> </ol> <p>6. <b>Total number of workers in petition</b> (See instructions relating to when more than one worker can be included):</p>
<p><b>Page 2, Part 3. Information About the Persons For Whom You Are Filing</b></p>	<p>[Page 2]</p> <p><b>Part 3. Information About the Persons For Whom You Are Filing</b> (Complete the blocks below. Use the continuation sheet to name each person included in this petition.)</p> <ol style="list-style-type: none"> <li>1. <b>Complete the following information about the person being filed:</b> <ol style="list-style-type: none"> <li>a. Family Name (Last Name)</li> <li>b. Given Name (First Name)</li> <li>c. Full Middle Name</li> <li>d. All Other Names Used (include maiden name and names from all previous marriages)</li> <li>e. Date of Birth (mm/dd/yyyy)</li> <li>f. U.S. Social Security Number (if any)</li> <li>g. A-Number (if any)</li> <li>h. Country of Birth</li> <li>i. Province of Birth</li> <li>j. Country of Citizenship</li> </ol> </li> </ol> <p>[Page 3]</p> <ol style="list-style-type: none"> <li>2. <b>If in the CNMI, Complete the following:</b> <ol style="list-style-type: none"> <li>a. Date of Last Arrival (mm/dd/yyyy)</li> <li>b. I-94 Number (Arrival-Departure Document)</li> <li>c. Current Nonimmigrant Status</li> </ol> </li> </ol>	<p>[Page 2]</p> <p><b>Part 3. Information About the Beneficiaries For Whom You Are Filing</b></p> <p>Provide the requested information below. If you need additional space to complete this section, use the space provided in <b>Part 9. Additional Information</b>. If you need additional space to name each beneficiary included in this petition use Form I-129CW Classification Supplement.</p> <p><b>Beneficiary's Full Name</b></p> <ol style="list-style-type: none"> <li>1.a. Family Name (Last Name)</li> <li>1.b. Given Name (First Name)</li> <li>1.c. Middle Name</li> </ol> <p><b>Other Names Used (if any)</b></p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information</b>.</p> <ol style="list-style-type: none"> <li>2.a. Family Name (Last Name)</li> <li>2.b. Given Name (First Name)</li> <li>2.c. Middle Name</li> <li>3. Date of Birth (mm/dd/yyyy)</li> <li>4. U.S. Social Security Number (if any)</li> <li>5. Alien Registration Number (A-Number) (if any)</li> <li>6. Country of Birth</li> <li>7. Province of Birth</li> <li>8. Country of Citizenship <b>or Nationality</b></li> </ol> <p>If in the CNMI, complete the following:</p> <ol style="list-style-type: none"> <li>9. Date of Last Arrival (mm/dd/yyyy)</li> <li>10. Form I-94 Arrival-Departure Record Number</li> <li>11.a. Current Nonimmigrant Status</li> </ol>

	<p>d. Date Status Expires (mm/dd/yyyy)  e. Passport Number  f. Date Passport Issued (mm/dd/yyyy)  g. Date Passport Expires (mm/dd/yyyy)  h. Current CNMI Address</p>	<p>11.b. Date Status Expires (mm/dd/yyyy)  12.a. Passport Number  12.b. Country Where Passport Was Issued  12.c. Date Passport Issued (mm/dd/yyyy)  12.d. Date Passport Expires (mm/dd/yyyy)    <b>Beneficiary's Current CNMI Address</b>    13.a. Street Number and Name  13.b. Apt. Ste. Flr.  13.c. City or Town  13.d. State  13.e. ZIP Code</p>
<p><b>Page 3, Part 4.  Processing Information</b></p>	<p>[Page 3]  <b>Part 4. Processing Information</b></p> <p>1. If the person named in Part 3 is outside the CNMI, or a requested extension of stay, or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.  a. Type of Office (Check one):  Consulate  Pre-flight inspection  Port of Entry  b. Office Address (City)  c. U.S. State or Foreign Country    d. Person's Foreign Address</p> <p>2. Does each person in this petition have a valid passport?  Not required to have passport  No - write a brief explanation in <b>Part 8</b>.  Yes</p> <p>3. Are you filing any other petitions with this one?  No  Yes - How many?</p> <p>4. Are applications for replacement/initial I-94s being filed with this petition?  No  Yes - How many?</p> <p>5. Are applications by dependents being filed with this petition?  No  Yes - How many?</p>	<p>[Page 3]  <b>Part 4. Processing Information</b></p> <p>If the <b>beneficiary</b> named in <b>Part 3</b> is outside the CNMI, or a requested extension of stay, or change of status cannot be granted, <b>provide</b> the U.S. <b>Consulate</b> or inspection facility you want notified if this petition is approved.  <b>1.a.</b> Type of Office (<b>Select only one box</b>):  Consulate  Pre-flight <b>Inspection</b>  Port of Entry  <b>1.b.</b> Office Address (<b>City</b>)  <b>1.c.</b> U.S. State or Foreign Country</p> <p><b>Beneficiary's Foreign Address</b>  <b>2.a.</b> Street Number and Name  <b>2.b.</b> Apt. Ste. Flr.  <b>2.c.</b> City or Town  <b>2.d.</b> State  <b>2.e.</b> ZIP Code  <b>2.f.</b> Province  <b>2.g.</b> Postal Code  <b>2.h.</b> Country</p> <p><b>3.</b> Does each <b>beneficiary</b> in this petition have a valid passport?  Yes  No. <b>If no, type or print a brief explanation in Part 9. Additional Information.</b>  Not <b>Required to Have Passport</b></p> <p><b>4.</b> Are you filing any other petitions with this one?  Yes. <b>If yes, how many?</b>  No</p> <p><b>5.</b> Are applications for replacement/initial <b>Form I-94's</b> being filed with this petition?  Yes. <b>If yes, how many?</b>  No</p> <p><b>6.</b> Are applications by dependents being filed with this petition?  Yes. <b>If yes, how many?</b>  No</p>

	<p><b>6.</b> Is any person in this petition in removal proceedings? No Yes - explain in <b>Part 8</b></p> <p><b>7.</b> Have you ever filed an immigrant petition for any person in this petition? No Yes - explain in <b>Part 8</b></p> <p><b>8.</b> If you indicated you were filing a new petition in <b>Part 2</b>, has any person in this petition: <b>a.</b> Ever been given the classification you are now requesting? No Yes - explain in <b>Part 8</b></p> <p><b>b.</b> Ever been denied the classification you are now requesting? No Yes - explain in <b>Part 8</b></p> <p><b>9.</b> Have you ever previously filed a petition for this person? No Yes – explain in <b>Part 8</b></p>	<p><b>7.</b> Is any <b>beneficiary</b> in this petition in removal proceedings? Yes. <b>If yes</b>, explain in <b>Part 9. Additional Information.</b> No</p> <p><b>8.</b> Have you ever filed an immigrant petition for any <b>beneficiary</b> in this petition? Yes. <b>If yes</b>, explain in <b>Part 9. Additional Information.</b> No</p> <p><b>If you indicated you were filing a new petition in Part 2., has any beneficiary in this petition:</b></p> <p><b>9.</b> Ever been given the classification you are now requesting? Yes. <b>If yes</b>, explain in <b>Part 9. Additional Information.</b> No</p> <p><b>10.</b> Ever been denied the classification you are now requesting? Yes. <b>If yes</b>, explain in <b>Part 9. Additional Information.</b> No</p> <p><b>11.</b> Have you ever previously filed a petition for this <b>beneficiary</b>? Yes. <b>If yes</b>, explain in <b>Part 9. Additional Information.</b> No</p>
<p><b>Page 4, Part 5. Basic Information About the Proposed Employment and Employer</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 5. Basic Information About the Proposed Employment and Employer</b> (<i>Attach Form I-129 CW Supplement</i>)</p> <p><b>1.</b> Job Title</p> <p><b>2.</b> Nontechnical Job Description</p> <p><b>3.</b> Reserved for future use.</p> <p><b>4.</b> Reserved for future use.</p> <p><b>5.</b> Address where the person(s) will work if different from address in <b>Part 1.</b> (<i>Street Number and Name, City/Town, State, Zip Code</i>)</p>	<p><b>[Page 3]</b></p> <p><b>Part 5. Basic Information About the Proposed Employment and Employer</b></p> <p><b>NOTE:</b> Attach Form I-129CW Classification Supplement for each beneficiary you are petitioning for.</p> <p><b>1.</b> Job Title</p> <p><b>2.</b> SOC Code (if known) __-____</p> <p><b>3.</b> Nontechnical Job Description</p> <p><b>[Page 4]</b></p> <p><b>[delete]</b></p> <p>Address where the <b>beneficiary</b> will work if different from address in <b>Part 1.</b></p> <p><b>4.a.</b> Street Number and Name <b>4.b.</b> Apt. Ste. Flr. <b>4.c.</b> City or Town <b>4.d.</b> State</p>

	<p><b>6.</b> Is this a full-time position?  No - Hours per week:  Yes - Wages per week or per year: \$</p> <p><b>7.</b> Other Compensation (<i>Explain</i>)</p> <p><b>8.</b> Dates of intended employment (<i>mm/dd/yyyy</i>):  From:  To:</p> <p><b>9.</b> Type of Petitioner - <i>Check one</i>:  <b>a.</b> Business  <b>b.</b> Organization  <b>c.</b> Other - write a brief explanation in <b>Part 8</b>.</p> <p><b>10.</b> Type of Business</p> <p><b>11.</b> Year Established</p> <p><b>12.</b> Current Number of Employees</p> <p><b>13.</b> Gross Annual Income</p> <p><b>14.</b> Net Annual Income</p>	<p><b>4.e.</b> ZIP Code</p> <p><b>5.</b> Is this a full-time position?  Yes - Wages per week or per year: \$  No - Hours per week:</p> <p><b>6.</b> Other Compensation (<i>Explain</i>)</p> <p><b>Dates of Intended Employment</b></p> <p><b>7.a.</b> Date From (<i>mm/dd/yyyy</i>)  <b>7.b.</b> Date To (<i>mm/dd/yyyy</i>)</p> <p><b>8.</b> Type of Petitioner (<i>Select only one box</i>):  Business  Organization  Other (<i>Type or print</i> a brief explanation in <b>Part 9. Additional Information.</b>)</p> <p><b>9.</b> Type of Business</p> <p><b>10.</b> Year Established</p> <p><b>11.</b> Current Number of Employees</p> <p><b>12.</b> Gross Annual Income</p> <p><b>13.</b> Net Annual Income</p>
<p><b>Page 5, Part 6. Signature</b></p>	<p>[Page 5]</p> <p><b>Part 6. Signature</b> (<i>read the information on penalties in the instructions before completing this section.</i>)</p>	<p>[Page 4]</p> <p><b>Part 6. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-129CW Instructions before completing this part. You, the petitioner, must file Form I-129CW while in the United States.</p> <p><b>Petitioner's or Authorized Signatory's Statement</b></p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p><b>1.b.</b> <input type="checkbox"/> The interpreter named in <b>Part 7.</b> has read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p><b>2.</b> <input type="checkbox"/> At my request, the preparer named in <b>Part 8.</b>, [Fillable Filed], prepared this petition for me</p>

based only upon information I provided or authorized.

***Petitioner's or Authorized Signatory's Contact Information***

**3.a.** Authorized Signatory's Family Name (Last Name)

**3.b.** Authorized Signatory's Given Name (First Name)

**4.** Authorized Signatory's Title

**5.** Authorized Signatory's Daytime Telephone Number

**6.** Authorized Signatory's Mobile Telephone Number (if any)

**7.** Authorized Signatory's Email Address (if any)

**[Page 5]**

***Petitioner's or Authorized Signatory's Declaration and 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 USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. 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 understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

**1)** I reviewed and understood all of the information contained in, and submitted with, my petition; and

**2)** All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury under the laws of the United States of America, that this

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the

	<p>petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, 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 stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.</p> <p><b>Signature of Petitioner</b>  <b>Daytime Phone Number</b> (include Area/Country Code):</p> <p><b>Printed Name of Petitioner</b>  <b>Date</b> (mm/dd/yyyy)</p> <p><b>NOTE:</b> If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the beneficiary may not be found eligible for the requested benefit and this petition may be denied.</p>	<p>information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p><b>Petitioner's or Authorized Signatory's Signature</b></p> <p><b>8.a.</b> Petitioner's Signature  <b>8.b.</b> Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:</b> 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.</p>
<p><b>New</b></p>		<p><b>[Page 5]</b></p> <p><b>Part 7. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b>Interpreter's Full Name</b>  <b>1.a.</b> Interpreter's Family Name (Last Name)  <b>1.b.</b> Interpreter's Given Name (First Name)  <b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><b>Interpreter's Mailing Address</b>  <b>3.a.</b> Street Number and Name  <b>3.b.</b> [ ] Apt. [ ] Ste. [ ] Flr. [fillable field]  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b>Interpreter's Contact Information</b>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Mobile Telephone Number (if any)  <b>6.</b> Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b></p> <p>I certify, under penalty of perjury, that:</p>

		<p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part 6., Item Number 1.b.</b>, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the <b>Petitioner’s or Authorized Signatory’s Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p><b>[Page 6]</b></p> <p><b><i>Interpreter’s Signature</i></b>  <b>7.a.</b> Interpreter’s Signature  <b>7.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 5, Part 7. Signature of Person Preparing Form, If Other Than Above</b></p>	<p><b>[Page 5]</b></p> <p><b>Part 7. Signature of Person Preparing Form, If Other Than Above</b></p>	<p><b>[Page 6]</b></p> <p><b>Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</b></p> <p>Provide the following information about the preparer.</p> <p><b><i>Preparer’s Full Name</i></b>  <b>1.a.</b> Preparer’s Family Name (Last Name)  <b>1.b.</b> Preparer’s Given Name (First Name)  <b>2.</b> Preparer’s Business or Organization Name (if any)</p> <p><b><i>Preparer’s Mailing Address</i></b>  <b>3.a.</b> Street Number and Name  <b>3.b.</b> <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field]  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b><i>Preparer’s Contact Information</i></b>  <b>4.</b> Preparer’s Daytime Telephone Number  <b>5.</b> Preparer’s Mobile Telephone Number (if any)  <b>6.</b> Preparer’s Email Address (if any)</p> <p><b><i>Preparer’s Statement</i></b>  <b>7.a.</b> <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner’s consent.  <b>7.b.</b> <input type="checkbox"/> I am an attorney or accredited representative and my representation of the petitioner in this case <input type="checkbox"/> extends <input type="checkbox"/> does not</p>

	<p>I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.</p> <p><b>Signature of Preparer</b>  <b>Day time Phone Number</b> (include Area/Country Code, no spaces or dashes):</p> <p><b>Printed Name of Preparer</b>  <b>Date</b> (mm/dd/yyyy)</p> <p><b>Firm Name and Address</b></p>	<p>extend beyond the preparation of this petition.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.</p> <p><b>Preparer's Certification</b>  By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the <b>Petitioner's or Authorized Signatory's Declaration and Certification</b>, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.</p> <p><b>Preparer's Signature</b>  <b>8.a.</b> Preparer's Signature  <b>8.b.</b> Date of Signature (mm/dd/yyyy)</p> <p>[deleted]</p>
<p><b>Page 6, Part 8. Explanation</b></p>	<p>[Page 6]</p> <p><b>Part 8. Explanation</b> (Provide on the space below the Question Number with your answers.)</p>	<p>[Page 7]</p> <p><b>Part 9. Additional Information</b></p> <p>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. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1.a.</b> Family Name (Last Name)  <b>1.b.</b> Given Name (First Name)  <b>1.c.</b> Middle Name</p> <p><b>2.</b> A-Number (if any)</p> <p><b>3.a.</b> Page Number  <b>3.b.</b> Part Number  <b>3.c.</b> Item Number  <b>3.d.</b> [Fillable field]</p> <p><b>4.a.</b> Page Number  <b>4.b.</b> Part Number  <b>4.c.</b> Item Number  <b>4.d.</b> [Fillable field]</p>

		<p>5.a. Page Number  5.b. Part Number  5.c. Item Number  5.d. [Fillable field]</p> <p>6.a. Page Number  6.b. Part Number  6.c. Item Number  6.d. [Fillable field]</p> <p>7.a. Page Number  7.b. Part Number  7.c. Item Number  7.d. [Fillable field]</p>
New		<p><b>[Page 8]</b></p> <p><b>Part 10. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p><b>NOTE:</b> Read the information in the Form I-129CW Instructions before completing this part.</p> <p>1. Name of Employer or Organization Filing Petition:</p> <p>2. Name of Person for Whom You Are Filing:</p> <p>3. Are you, the petitioning employer, requesting an accommodation because of the beneficiary’s disabilities and/or impairments?  Yes  No</p> <p>If you answered “Yes” to <b>Item Number 3.</b>, select any applicable in <b>Item Numbers 4.a. - 4.c.</b> and provide an answer.</p> <p>4.a. The beneficiary is deaf or hard of hearing and requests the following accommodation. (If they are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)</p> <p>4.b. The beneficiary is blind or has low vision and requests the following accommodation:</p> <p>4.c. The beneficiary has another type of disability and/or impairment. (Describe the nature of their disability and/or impairment and the accommodation you are requesting.)</p>
New		<p><b>[Page 8]</b></p> <p><b>Part 11. Employer Attestation</b></p> <p><b>Employer Attestation</b></p> <p>There are no qualified U.S. workers available to fill the position offered by the above named</p>

		<p>petitioning employer.</p> <p>The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).</p> <p>The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).</p> <p>The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.</p> <p>The beneficiary meets the qualifications for the position.</p> <p>The beneficiary, if present in the CNMI, is lawfully present in the CNMI.</p> <p>The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.</p> <p>The position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).</p> <p>Select <b>only one</b> box:</p> <p><b>1.a.</b> Professional, Technical, or Management Occupations</p> <p><b>1.b.</b> Clerical and Sales Occupations</p> <p><b>1.c.</b> Service Occupations</p> <p><b>1.d.</b> Agricultural, Fisheries, Forestry, and Related Occupations</p> <p><b>1.e.</b> Processing Occupations</p> <p><b>1.f.</b> Machine Trade Occupations</p> <p><b>1.g.</b> Benchwork Occupations</p> <p><b>1.h.</b> Structural Occupations</p> <p><b>1.i.</b> Miscellaneous Occupations</p> <p><b>[Page 9]</b></p> <p>I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's record that U.S.</p>
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<p><b>Page 7, Attachment 1</b></p>	<p>[Page 7]</p> <p><b>Attachment - 1</b></p> <p>...</p>	<p><b>Attachment - 1</b></p> <p>[this section is combined with Form I-129CW Classification Supplement]</p>
<p><b>Page 10, CW Classification Supplement to Form I-129CW</b></p>	<p>[Page 10]</p> <p><b>CW Classification Supplement to Form I-129CW</b></p> <p>[moved from Attachment - 1 section]  <b>Attach to Form I-129CW when more than one person is included in the petition. (List each person separately. Do not include the person you named on Form I-129CW.)</b></p> <p>Family Name (<i>Last Name</i>)  Given Name (<i>First Name</i>)  Full Middle Name</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>U.S. Social Security Number (<i>if any</i>)</p> <p>A-Number (<i>if any</i>)</p>	<p>[Page 10]</p> <p><b>Form I-129CW Classification Supplement</b>  [form header]</p> <p>Attach to Form I-129CW when more than one beneficiary is included in the petition. (Provide each beneficiary separately. Do not include the person you named on Form I-129CW.)</p> <p><b>Part 1. Information About the Additional Beneficiary (if applicable)</b></p> <p><b>1.a. Family Name (Last Name)</b>  <b>1.b. Given Name (First Name)</b>  <b>1.c. Middle Name</b></p> <p><b>2. Date Of Birth (mm/dd/yyyy)</b></p> <p><b>3. U.S. Social Security Number (if any)</b></p> <p><b>4. Alien Registration Number (A-Number) (if any)</b></p>

	<p>Address in the CNMI (Complete Address)</p> <p>Foreign Address (Complete Address)</p> <p>Country of Birth</p> <p>Country of Citizenship</p> <p><b>IF IN THE CNMI</b></p> <p>Date of Arrival (<i>mm/dd/yyyy</i>)</p> <p>I-94 # (Arrival-Departure Document)</p> <p>Current Nonimmigrant Status</p> <p>Date Status Expires (<i>mm/dd/yyyy</i>)</p> <p>Country Where Passport Issued</p> <p>Date Passport Expires (<i>mm/dd/yyyy</i>)</p> <p>Date Started With Group (<i>mm/dd/yyyy</i>)</p> <p>Family Name (<i>Last Name</i>)</p>	<p>Beneficiary's Current CNMI Address</p> <p><b>5.a.</b> Street Number and Name</p> <p><b>5.b.</b> Apt. Ste. Flr.</p> <p><b>5.c.</b> City or Town</p> <p><b>5.d.</b> State</p> <p><b>5.e.</b> ZIP Code</p> <p>Beneficiary's Foreign Address</p> <p><b>6.a.</b> Street Number and Name</p> <p><b>6.b.</b> Apt. Ste. Flr.</p> <p><b>6.c.</b> City or Town</p> <p><b>6.d.</b> State</p> <p><b>6.e.</b> ZIP Code</p> <p><b>6.f.</b> Province</p> <p><b>6.g.</b> Postal Code</p> <p><b>6.h.</b> Country</p> <p><b>7.</b> Country of Birth</p> <p><b>8.</b> Country of Citizenship <b>or Nationality</b></p> <p><b>IF IN THE CNMI</b></p> <p><b>9.</b> Date of Last Arrival (<i>mm/dd/yyyy</i>)</p> <p><b>10.</b> Form I-94 Arrival-Departure Record Number</p> <p><b>11.a.</b> Current Nonimmigrant Status</p> <p><b>11.b.</b> Date Status Expires (<i>mm/dd/yyyy</i>)</p> <p><b>12.a.</b> Passport Number</p> <p><b>12.b.</b> Country Where Passport Was Issued</p> <p><b>12.c.</b> Date Passport Issued (<i>mm/dd/yyyy</i>)</p> <p><b>12.d.</b> Date Passport Expires (<i>mm/dd/yyyy</i>)</p>
	<p><b>1.</b> Name of employer or organization filing petition</p> <p><b>2.</b> Name of person for whom you are filing</p> <p><b>3.</b> Is the petitioning employer requesting an accommodation to the benefit process on behalf of the beneficiary because of a disability or impairment? (<i>See instructions for examples of accommodations.</i>)</p> <p>Yes</p> <p>No</p>	<p><b>[Page 10]</b></p> <p><b>Part 2. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p><b>NOTE:</b> Read the information in the Form I-129CW Instructions before completing this part.</p> <p><b>1.</b> Name of <b>Employer</b> or <b>Organization Filing Petition</b></p> <p><b>2.</b> Name of <b>Person For Whom You Are Filing</b></p> <p><b>3. Are you, the petitioning employer, requesting an accommodation because of the beneficiary's disabilities and/or impairments?</b></p> <p>Yes</p> <p>No</p>

	<p>If you answered “Yes,” check the box below that applies:</p> <p><b>a.</b> The beneficiary is deaf or hard of hearing and request the following accommodation (if requesting a sign-language interpreter, indicate for what language (e.g. American Sign Language):</p> <p><b>b.</b> The beneficiary is blind or sight impaired and request the following accommodation:</p> <p><b>c.</b> The beneficiary has another type of disability (describe the nature of the disability and accommodation you are requesting):</p>	<p>If you answered “Yes” to <b>Item Number 3.</b>, select any applicable box in <b>Item Numbers 4.a. - 4.c.</b> and provide an answer.</p> <p><b>4.a.</b> The beneficiary is deaf or hard of hearing and <b>requests</b> the following accommodation. (<b>If they are</b> requesting a sign-language interpreter, indicate for <b>which</b> language (<b>for example, American Sign Language</b>).)</p> <p><b>4.b.</b> The beneficiary is blind or <b>has low vision</b> and <b>requests</b> the following accommodation:</p> <p><b>[Page 11]</b></p> <p><b>4.c.</b> The beneficiary has another type of disability <b>and/or impairment</b>. (<b>Describe</b> the nature of <b>their disability and/or impairment</b> and the accommodation you are requesting.)</p>
<p><b>Page 10, Employer Attestation</b></p>	<p><b>[Page 10]</b></p> <p><b>Employer Attestation</b></p> <ol style="list-style-type: none"> <li>1. There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.</li> <li>2. The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).</li> <li>3. The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).</li> <li>4. The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker;</li> <li>5. The beneficiary meets the qualifications for the position.</li> <li>6. The beneficiary, if present in the CNMI, is lawfully present in the CNMI.</li> <li>7. The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.</li> <li>8. The position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).</li> </ol> <p><b>Check one:</b></p>	<p><b>[Page 11]</b></p> <p><b>Part 3. Employer Attestation</b></p> <p><b>There</b> are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.</p> <p><b>The</b> above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).</p> <p><b>The</b> above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).</p> <p><b>The</b> above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant <b>worker</b>.</p> <p><b>The</b> beneficiary meets the qualifications for the position.</p> <p><b>The</b> beneficiary, if present in the CNMI, is lawfully present in the CNMI.</p> <p><b>The</b> position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.</p> <p><b>The</b> position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).</p> <p><b>Select only one box:</b></p>

	<p>a. Professional, technical, or management occupations  b. Clerical and sales occupations  c. Service occupations  d. Agricultural, fisheries, forestry, and related occupations  e. Processing occupations  f. Machine trade occupations  g. Benchwork occupations  h. Structural occupations  i. Miscellaneous occupations</p> <p><b>[Page 11]</b></p> <p>I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.</p> <p><b>Signature</b></p> <p><b>Printed Name</b></p> <p><b>Title</b></p> <p><b>Date (mm/dd/yyyy)</b></p> <p><b>Employer/Organization Name</b></p> <p><b>Employer/Organization Street Address (do not use a post office)</b></p> <p><b>Suite Number</b>  <b>City</b>  <b>State</b>  <b>Zip Code</b></p> <p><b>Daytime Phone Number (with area code)</b></p> <p><b>Fax Number (if any)</b></p> <p><b>E-mail Address (if any)</b></p>	<p><b>1.a. Professional, Technical, or Management Occupations</b>  <b>1.b. Clerical and Sales Occupations</b>  <b>1.c. Service Occupations</b>  <b>1.d. Agricultural, Fisheries, Forestry, and Related Occupations</b>  <b>1.e. Processing Occupations</b>  <b>1.f. Machine Trade Occupations</b>  <b>1.g. Benchwork Occupations</b>  <b>1.h. Structural Occupations</b>  <b>1.i. Miscellaneous Occupations</b></p> <p>[no change]</p> <p>[delete]</p> <p><b>2. Petitioner's Printed Name</b></p> <p><b>3. Title</b></p> <p>[delete]</p> <p><b>4. Employer/Organization Name</b></p> <p><b>Employer/Organization's Physical Address</b></p> <p><b>5.a. Street Number and Name</b>  <b>5.b. Apt. Ste. Flr.</b>  <b>5.c. City or Town</b>  <b>5.d. State</b>  <b>5.e. ZIP Code</b></p> <p><b>Employer/Organization's Contact Information</b></p> <p><b>6. Daytime Telephone Number</b></p> <p><b>7. Fax Number (if any)</b></p> <p><b>8. Email Address (if any)</b></p> <p><b>Petitioner's Signature</b></p> <p><b>9.a. Petitioner's Signature</b>  <b>9.b. Date of Signature (mm/dd/yyyy)</b></p>
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