

H-1B Registration

U.S. employers or agents who seek to obtain H-1B nonimmigrant classification on behalf of an individual subject to the H-1B numerical allocations will need to submit a registration during a designated registration period, unless the registration requirement is suspended by USCIS.

The annual initial registration period will last a minimum of 14 calendar days and will start at least 14 calendar days before the earliest date on which H-1B cap-subject petitions may be filed for a particular fiscal year.

If a sufficient number of registrations projected as needed to reach the H-1B regular cap have not been received within the 14 days initial registration period, we will notify all registrants who have properly registered that their registrations have been selected. We will keep the registration open past the initial registration period until we have determined that we have received enough registrations projected as needed to meet the H-1B regular cap.

After the end of the initial registration period, if USCIS has received more registrations than needed to meet the projected number of registrations to reach the regular cap, we will randomly select a sufficient number of registrations. A similar process will apply for those who may be eligible for the numerically limited cap exemption. A Form I-129, Petition for a Nonimmigrant Worker, may then be filed by the employer based on a selected registration to request classification of the beneficiary as an H-1B worker.



Before you start your registration



Eligibility

General: A U.S. employer or agent may file H-1B cap petitions, and as such, will be required to submit an H-1B Registration to be eligible to file the H-1B cap petition, unless the registration requirement is suspended.

U.S. Employers: Person or entity in U.S. that: 1. engages a person to work in the U.S.; 2. has an employer-employee relationship with the beneficiary; and 3. has an EIN.

Agents: A U.S. individual or company in business as an agent may file an H1-B Registration for workers who are traditionally self-employed or workers who use agents to arrange short-term employment on their behalf with numerous employers, and in cases where a foreign employer authorizes the agent to act on its behalf.



Duplicates

A registrant may only submit one registration per beneficiary in any fiscal year. If a registrant submits more than one registration per beneficiary in the same fiscal year, all registrations filed by that registrant relating to that beneficiary for that fiscal year will be considered invalid.

Next

Completing your registration online



We will automatically save your responses

We will automatically save your information when you select "Next" to go to a new page or navigate to another section of the form.



How to continue filling out your registration

After you start an H-1B Registration, you can sign in to your account to continue where you left off.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected under the Immigration and Nationality Act sections 101(a)(15)(H)(i)(b) and 214(a), (c)(1), (g); 8 U.S. Code 1101(a)(15)(H)(i)(b) and 1184(a), (c)(1), and (g); and the regulatory authority under 8 Code of Federal Regulations 214.2(h).

PURPOSE: The primary purpose for providing the requested information on this form is to register prospective beneficiaries for the annual H-1B cap selection process. DHS uses the provided information to select a projected number of registrations needed to generate a sufficient number of H-1B cap petitions to reach the annual H-1B numerical limitations, including the advanced degree exemption, and associate selected registrations with subsequently filed H-1B cap petitions. Unless the registration requirement is suspended, a registrant must have a selected registration to be eligible to file an H-1B cap petition for the named beneficiary.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may preclude you from filing an H-1B cap petition on the named beneficiary's behalf.

ROUTINE USES: DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-034(a) H-1B Registration Final Rule] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering the required information, completing the application, preparing statements, and submitting the application electronically. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

U.S. Citizenship and Immigration Services, Regulatory Coordination Division
Office of Policy and Strategy
20 Massachusetts Ave NW
Washington, DC 20529-2140

OMB No. 1615-0144 TBD
Expires: 1/31/2022 TBD



Security reminder

If you still have a draft H-1B Registration in progress when the registration time period closes, we will delete your data in order to prevent storing personal information indefinitely.

Start

What is your business or organization name?

What is your Doing Business As name?

Doing Business As (DBA) is a trade name, fictitious name, or assumed name registered with the state, country, or city your business is located in.

What is your business or organization employer identification number (EIN)?

If filing as an individual registrant (self-employed), provide the registrant's Individual IRS Tax Number (SSN or ITIN).

What is your primary U.S. office address?

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State

ZIP code

[Next](#)[← Back](#)

What is your current legal name?

Given name (first name)

Test

Middle name (if applicable)

Test

Family name (last name)

Test

What is your position at the business or organization?

Tester

What is your contact information?

Daytime phone number

(231) 231-2312

Email address

h2b@test.com

Next

[Back](#)

registrant > h2b@test.com > 6734fe15-f937-4e16-a648-b003f46c0ee4

About Registrant

About Beneficiary

Review and Submit

About Beneficiary

Beneficiary Information

You may only submit one registration per beneficiary in any fiscal year.

If you submit more than one registration per beneficiary in the same

fiscal year, all registrations filed by that petitioner relating to that

beneficiary for that fiscal year will be considered invalid.

+ Add

Next

< [Back](#)

Beneficiary Information

You may only submit one registration per beneficiary in any fiscal year. If you submit more than one registration per beneficiary in the same fiscal year, all registrations filed by that petitioner relating to that beneficiary for that fiscal year will be considered invalid.

What is the beneficiary's current legal name?

Given Name (first name)

Middle Name

I do not have a first name

I do not have a middle name

Test A

Test A

Family Name (last name)

Test A

What is the beneficiary's gender?

Male

Female

What is the beneficiary's date of birth?

11/11/2011

What is the beneficiary's country of birth?

Andorra

What is the beneficiary's country of citizenship?

Algeria

What is the beneficiary's passport number?

I do not have a passport number.

123abc

Does the beneficiary have a master's or higher degree from a U.S. institution of higher education such that the beneficiary is eligible for the advanced degree exemption under INA 214(g)(5)(C)?

- Yes
 No

Are you registering for H-1B employment with a start date for the first day of the fiscal year (October 1st)?

- Yes
 No

If you are not filing in the initial registration period, are you registering for H-1B employment not more than six month before the requested start date?

- Yes
 No

Save Entry

Cancel

Beneficiary Information

You may only submit one registration per beneficiary in any fiscal year.

If you submit more than one registration per beneficiary in the same fiscal year, all registrations filed by that petitioner relating to that beneficiary for that fiscal year will be considered invalid.

Beneficiaries	
Test A Test A Test A 11/11/2011	Edit Delete
Test B Test B Test B 11/11/2011	Edit Delete

There are 2 beneficiaries.

[+ Add another](#)

[Next](#)

[← Back](#)

registrant > h2b@test.com > 6734fe13-f937-4e16-e648-b503f46c0ee4

About Registrant

About Beneficiary

Review and Submit

Review your registration

Check your registration before you submit

We will review your registration to check for accuracy and completeness before you submit it.

We encourage you to provide as many responses as you can throughout the registration, to the best of your knowledge. Missing information can slow down the review process after you submit your registration.

You can return to this page to review your registration as many times as you want before you submit it.

[Review registration](#)

[← Back](#)



Check your registration before you submit

We will review your registration to check for accuracy and completeness before you submit it.

We encourage you to provide as many responses as you can throughout the registration, to the best of your knowledge. Missing information can slow down the review process after you submit your registration.


You can return to this page to review your registration as many times as you want before you submit it.

Your fee

 Your form filing fee is: **\$20.00**

Alerts and warnings

A green alert means you have completed all required fields and responses.

 We found no alerts or warnings in your registration

Next

[← Back](#)

[Review the Registration information](#)

Here is a summary of all the information you provided in your registration.

Make sure you have provided responses for everything that applies to you before you submit your registration. You can edit your responses by going to each registration section using the site navigation.

About Registrant

Employer

What is your business or organization name?	Test
What is your Doing Business As name?	Testing
What is your business or organization employer identification number (EIN)?	123123123
What is your primary U.S. office address?	United States 123 Street Unit 1 City, VA, 22222

Authorized Employee

What is your current legal name?	Test Test Test
What is your position at the business or organization?	Tester
What is your contact information?	(231) 231-2312
Email address	h2b@test.com

About Beneficiary

About Beneficiary

Given name Test A

Middle name Test A

Family name Test A

What is the beneficiary's gender? male

What is the beneficiary's date of birth? 11/11/2011

What is the beneficiary's country of birth? Andorra

What is the beneficiary's country of citizenship? Algeria

What is the beneficiary's passport number? 123abc

Does the beneficiary have a master's or higher degree from a U.S. institution of higher education such that the beneficiary is eligible for the advanced degree exemption under INA 214(g)(5)(C)? Yes

Are you registering for H-1B employment with a start date for the first day of the fiscal year (October 1st)? Yes

If you are not filing in the initial registration period, are you registering for H-1B employment not more than six month before the requested start date? Yes

Given name Test B

Middle name Test B

Family name Test B

What is the beneficiary's gender? male

What is the beneficiary's date of birth? 11/11/2011

What is the beneficiary's country of birth? Afghanistan

What is the beneficiary's country of citizenship? Afghanistan

What is the beneficiary's passport number? d

Does the beneficiary have a master's or higher degree from a U.S. institution of higher education such that the beneficiary is eligible for the advanced degree exemption under INA 214(g)(5)(C)? Yes

Are you registering for H-1B employment with a start date for the first day of the fiscal year (October 1st)? Yes

If you are not filing in the initial registration period, are you registering for H-1B employment not more than six month before the requested start date? Yes

Next

[← Back](#)

[^ Return to top](#)

Employer's or Employer's Agent certification and signature

Employer/Agent Certification:

If submitting or authorizing this registration on behalf of an organization, by my signature, I certify that I am authorized to do so by the organization.

I authorize release of information contained in this registration to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I further certify, under penalty of perjury, that I have reviewed this registration and that all of the information contained in the registration is complete, true and correct and that I, or the organization on whose behalf this registration is being submitted, intend to file an H-1B petition on behalf of the beneficiary named in this registration if the registration is selected.

I have read and agree to the employer's statement

Next

[← Back](#)

registrant > h2b@test.com > 6734fe15-f937-4e16-a648-b303f46c0ee4

About Registrant

About Beneficiary

Review and Submit

Review your registration

Your registration
summary

Registrant signature

Registrant statement

You must read and agree to the statement below.

- I can read and understand English, and have read and understand every question and instruction on this registration, as well as my answer to every question.

Next

[← Back](#)

Registrant's certification and signature

You must read and agree to the certification below.



I authorize release of information contained in this registration to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

By my signature, I further certify that the contents of this registration are true and accurate and that I, or the entity on whose behalf this registration is being submitted, intend to file an H-1B petition on behalf of the beneficiary named in this registration if the registration is selected.

I have read and agree to the registrant's statement

Your signature

You must provide your electronic signature below by typing your full legal name. We may consider your registration to be invalid if you do not completely fill out and electronically sign this registration. We will record the date of your signature with your registration.

test

[Next](#)

[Back](#)

Pay for and submit your registration

The final step to submit your H-1B Registration is to pay the required fee.

Your registration fee is: **\$20.00**

Refund Policy: USCIS does not refund fees, regardless of any action we take on your application, petition, or request. By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service.



We will send you to Pay.gov — our safe, secure payment website — to pay your fees and submit your registration online.

Here are the steps in the payment and submission process:

1. Provide your billing information on Pay.gov
2. Provide your credit card or U.S. bank account information
3. Submit your payment

When you have paid your fee, your registration will be submitted.

Pay.gov will redirect you to a uscis.gov confirmation screen, which will include your registration confirmation number. Please keep a copy of your registration confirmation number for your records. You can track the status of your registration through your USCIS online account.

Pay and submit

USCIS EGIS H-1BR

Please select a payment method:

I want to pay with a withdrawal from a checking or savings account (ACH)



I want to pay with a debit or credit card



[Cancel](#)

[Continue](#)

USCIS EGIS H-1BR

Please provide the Credit or Debit Card Information below

* indicates required fields

Agency Tracking ID: NJKMFWSVZY2ASZ

Payment Amount: \$20.00

* Country:

* Billing Address:

Billing Address 2:

* City:

* State/Province:

* ZIP/Postal Code:

* Account Holder Name:



* Card Number:

* Expiration Date:

* Card Security Code:

[Previous](#)

[Cancel](#)

[Continue](#)

USCIS EGIS H-1BR

Review and submit payment

* indicates required fields

Agency Tracking ID: NJKMFWSVZY2ASZ

Payment Amount: \$20.00

Payment Method: Plastic Card

Account Holder Name: test

Card Type: VISA

Card Number: *****1111

Billing Address: 123 street

Billing Address 2:

City: city

Country: United States

State/Province: VA

ZIP/Postal Code: 22033

* I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

[Previous](#)

[Cancel](#)

[Continue](#)

registrant > h2b@test.com > 6734fe15-f937-4e18-a646-b503f46c0aa4

You successfully submitted your H1-B Registration

We will contact you if we have any questions or need additional information. You can track the status of your registration through your USCIS online account.

[Go to my cases](#)