



Application for Nonimmigrant Worker: E and TN Classifications

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form
I-129E&TN
OMB No. 1615-xxxx
Expires xx/xx/20xx

▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have?" or "How many times have you departed the United States?"), type or print "None" unless otherwise directed.

Part 1. Applicant Information

If you are an individual employer or sole proprietor filing this application, or are filing for yourself as the applicant, complete **Item Numbers 1. - 2.** If you are a company or an organization filing this application, **complete Item Number 3.** **All filers should complete Item Numbers 4. - 11.,** as applicable.

1. Legal Name of Individual Employer, Sole Proprietor, or Applicant

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Date of Birth (dd/mm/yyyy)

3. Name of Company or Organization

4. Trade Name or "Doing Business As" Name

5. USCIS Online Account Number

6. Primary U.S. Office Address of the Company or Organization

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code (USPS ZIP Code Lookup)
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Is your mailing address different from your Primary U.S. Office Address?

Yes No

If you answered "Yes" to **Item Number 7.**, provide your mailing address below.

8. Mailing Address

In Care Of Name

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code (USPS ZIP Code Lookup)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province or Region	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 1. Applicant Information (continued)

Applicant's Contact Information

9. U.S. Daytime Telephone Number

10. U.S. Mobile Telephone Number

11. Email Address

Tax Payer Identification Numbers

Provide the following information, as applicable.

12. Employer Identification Number (EIN)

▶

13. Individual Taxpayer Identification Number (ITIN)

▶

14. U.S. Social Security Number (SSN)

▶

E-Verify Information

15. Are you an employer who, or will you work for a principal employer who, participates in the E-Verify program? Yes No

If you answered "Yes" to **Item Number 15.**, provide the information requested in **Item Numbers 16. - 17.**

16. Employer's Name as Listed in E-Verify

17. Employer's E-Verify Company Identification Number or an E-Verify Client Company Identification Number

Part 2. Information About This Application

1. Requested Nonimmigrant Classification (Select **only one** box)

- A. E-1
- B. E-2
- C. E-2 CNMI Investor (extensions only)
- D. E-3
- E. NAFTA (TN)

2. Basis for Classification (Select **only one** box)

- A. New employment/investment/trade.
- B. Continuation of previously approved employment/investment/trade without change with the same employer.
- C. Change in previously approved employment but continuation of employment with the same employer (provide an explanation in **Part 10. Additional Information**).
- D. New concurrent employment.
- E. Change of employer or change of investment for an applicant already in the requested classification.
- F. Amended application (provide an explanation in **Part 10. Additional Information**).

Part 2. Information About This Application (continued)

3. Provide the most recent petition/application receipt number for the applicant. If none exists, indicate "None."

▶

4. Requested Action (Select **only one** box)

- A. Notify the office in **Part 5**, so that the applicant can apply for and obtain a visa or be admitted, if eligible.
- B. Change the status and extend the stay of the applicant because the applicant is now in the United States in another status (see the Instructions for limitations). This is available only when you select **Item A. New Employment/investment/trade in Item Number 2.** above.
- C. Extend the stay of the applicant because the applicant now holds this status.
- D. Amend the terms of stay of the applicant because the applicant now holds this status.
- E. Request for advice as to whether a change in the terms or conditions that relates to E eligibility is substantive.

Part 3. Applicant or Employee Information

Provide the information requested about the applicant or employee for whom you are filing.

1. Applicant's or Employee's Full Name (If you are applying for yourself and you provided this information in **Part 1. Item Number 1.**, leave these fields blank.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Provide all other names the applicant or employee has ever used. Include nicknames, 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.**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

3. Date of Birth (mm/dd/yyyy) (If you provided this information in **Part 1. Item Number 2.**, leave this field blank.)

4. Gender

- Male Female

5. U.S. Social Security Number (If you provided this information in **Part 1. Item Number 14.**, leave this field blank.)

▶

6. Alien Registration Number (A-Number)

▶ A-

7. USCIS Online Account Number

▶

8. City or Town of Birth

9. Province of Birth

10. Country of Birth

11. Country of Citizenship or Nationality

Part 3. Applicant or Employee Information (continued)

12. If the applicant or employee is in the United States, complete the following:

Date of Last Arrival
(mm/dd/yyyy)

Form I-94 Arrival-Departure Record Number
▶

Passport or Travel Document Number

Date Passport or Travel Document Issued
(mm/dd/yyyy)

Date Passport or Travel Document Expires
(mm/dd/yyyy)

Passport or Travel Document Country of Issuance

Current Nonimmigrant Status

Date Status Expires or Duration of Status (D/S)
(see Form I-94 Arrival/Departure Document)
(mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number

Employment Authorization Document (EAD) Number

13. Does the applicant or employee have a U.S. residential address? Yes No

If you answered "Yes" to **Item Number 13.**, you **must** provide the applicant or employee's U.S. residential address information in **Item Number 14.**

14. Applicant or Employee's Current U.S. Residential Address (Do not list a P.O. Box unless you are requesting E-2 Commonwealth of the Northern Mariana Islands (CNMI) classification.)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Part 4. Information About Applicant or Employee's Public Benefits

Part 4. only applies to applications that also seek a change of an applicant or employee's status or an extension of an applicant or employee's nonimmigrant stay in the United States. If you are filing this application without a request for the beneficiary's change of status or extension of stay, you may skip **Part 4.**

1. Has the applicant or employee received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of applicant or employee, received, or the applicant or employee currently certified to receive, the following public benefits? (**select all** that apply).

- Yes, the applicant or employee has received or is currently certified to receive the following public benefits: (**select all** that apply)
 - Any Federal, State, local or tribal cash assistance for income maintenance
 - Supplemental Security Income (SSI)
 - Temporary Assistance for Needy Families (TANF)
 - General Assistance (GA)
 - Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
 - Section 8 Housing Assistance under the Housing Choice Voucher Program
 - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
 - Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.

Part 4. Information About The Beneficiary's Public Benefits (continued)

Federally-funded Medicaid

No, the applicant or employee has not received any of the above listed public benefits.

No, the applicant or employee is not certified to receive any of the above listed public benefits.

2. If the applicant or employee has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any **Item Number** in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit Agency that Granted the Benefit
Date the Applicant or Employee Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended or Expires
Date the Applicant or Employee Will Start Receiving the Benefit (mm/dd/yyyy)

B. Type of Benefit Agency that Granted the Benefit
Date the Applicant or Employee Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended or Expires
Date the Applicant or Employee Will Start Receiving the Benefit (mm/dd/yyyy)

C. Type of Benefit Agency that Granted the Benefit
Date the Applicant or Employee Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended or Expires
Date the Applicant or Employee Will Start Receiving the Benefit (mm/dd/yyyy)

D. Type of Benefit Agency that Granted the Benefit
Date the Applicant or Employee Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended or Expires
Date the Applicant or Employee Will Start Receiving the Benefit (mm/dd/yyyy)

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the applicant or employee? Provide the evidence listed in the Form I-129E&TN Instructions.

The applicant or employee is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

The applicant or employee is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the applicant or employee received the public benefits, the applicant or employee (or the applicant or employee's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the applicant or employee received the public benefits, the applicant or employee was present in the United States in a status exempt from the public charge ground of inadmissibility.

At the time the applicant or employee received the public benefits, the applicant or employee was present in the United States after being granted a waiver of the public charge ground of inadmissibility.

The applicant or employee is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.

Part 4. Information About The Beneficiary's Public Benefits (continued)

None of the above statements apply to the applicant or employee.

4. A. Has the applicant or employee received, applied for, or been certified to receive federally-funded Medicaid in connection with any of the following (**select all** that apply): Submit evidence as outlined in the Instructions.
- An emergency medical condition
 - For a service under the Individuals with Disabilities Education Act (IDEA)
 - Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
 - While under the of age 21
 - While pregnant or during the 60-day period following the last day of pregnancy
- B. Provide the applicable date from (mm/dd/yyyy) to (mm/dd/yyyy)

Part 5. Processing Information

1. If filing for a TN-1 (Canadian) employee and the employee will be seeking a new visa or admission upon approval of this application, indicate the U.S. Consulate or U.S. Customs and Border Protection (CBP) inspection facility you would like notified.
- A. Type of Office (select **only one** box)
- U.S. Consulate CBP Pre-flight Inspection Facility U.S. Port of Entry
- B. City Where Office is Located C. U.S. State or Foreign Country
2. Applicant or Employee's Foreign Address
- Street Number and Name Apt. Ste. Flr. Number
-
- City or Town
- Province Postal Code Country
3. Are you filing any other applications with this one? Yes No
- If you answered "Yes" to **Item Number 3.**, how many? ►
4. Are you filing any applications for replacement/initial Form I-94, Arrival-Departure Records, with this application? (If the applicant was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an airport or seaport, he/she may be able to obtain the Form I-94 from the CBP website at www.cbp.gov/i94 instead of filing an application for a replacement/initial Form I-94.) Yes No
- If you answered "Yes" to **Item Number 4.**, how many? ►
5. Are you filing any applications for dependents with this application? Yes No
- If you answered "Yes" to **Item Number 5.**, how many? ►
6. Is the applicant or employee in removal proceedings? Yes No
- If you are applying on behalf of someone else, answer **Item Numbers 7. - 12.**
7. Have you ever filed an immigrant petition on behalf of this applicant or employee? Yes No
- If you answered "Yes" to **Item Number 7.**, identify the receipt number of each petition, in **Part 10. Additional Information.**

Part 5. Processing Information (continued)

8. Have you ever filed a nonimmigrant petition or application on behalf of this applicant or employee? Yes No

If you answered "Yes" to **Item Number 8.**, identify the receipt number for each petition and/or application in **Part 10. Additional Information.**

9. Has the applicant or employee in this application ever been granted the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation in **Part 10. Additional Information.**

10. Has the applicant or employee in this application ever been denied the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 10.**, provide an explanation in **Part 10. Additional Information.**

11. Has the applicant or employee ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? Yes No

If you answered "Yes" to **Item Number 11.**, provide a response to **Item Number 12.**

12. If you answered "Yes" to **Item Number 11.**, provide the dates the applicant or employee maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp. Additionally, provide evidence that the applicant or employee fulfilled the two-year foreign residence requirement or had such residence requirement waived.

If you are applying for yourself, answer **Item Numbers 13. - 18.**

13. Has anyone ever filed an immigrant petition on your behalf? Yes No

If you answered "Yes" to **Item Number 13.**, identify the receipt number of each petition, in **Part 10. Additional Information.**

14. Has anyone ever filed a nonimmigrant petition or application on your behalf? Yes No

If you answered "Yes" to **Item Number 14.**, identify the receipt number of each petition and/or application in **Part 10. Additional Information.**

15. Have you ever been granted the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 15.**, provide an explanation in **Part 10. Additional Information.**

16. Have you ever been denied the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 16.**, proceed to **Part 10. Additional Information** and type or print your explanation.

17. Have you ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? Yes No

18. If you answered "Yes" to **Item Number 17.**, provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp. Additionally, provide evidence that the principal J-1 applicant or employee fulfilled the two-year foreign residence requirement or had such residence requirement waived.

Part 6. Basic Information About the Proposed Employment and Employer

Attach the Form I-129E&TN Supplement relevant to the classification you are requesting.

1. Job Title

2. Addresses where the applicant or employee will work if different from the address in **Part 1**. If you need to provide more than two additional addresses, use **Part 10. Additional Information**.

Address 1

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Address 2

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

3. Will the applicant work for you off-site at another company or organization's location? Yes No

4. Will the applicant work exclusively in the CNMI? Yes No

5. Is this a full-time position? Yes No

6. If you answered "No" to **Item Number 5.**, how many hours per week for the position?

7. Wages (in U.S. dollars): \$ per (Specify hour, week, month, or year)

8. Other Compensation (Explain)

9. Dates of intended employment

From (mm/dd/yyyy)

To (mm/dd/yyyy)

10. Type of Business

11. Year Established

12. Current Number of Employees in the United States

13. Gross Annual Income

\$

14. Net Annual Income

\$

Part 7. Statement, Contact Information, Certification, and Signature of the Employer, Applicant, or Authorized Signatory

NOTE: Read the **Penalties** section of the Form I-129E&TN Instructions before completing this section.

Employer's, Applicant's, or Authorized Signatory's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Employer, Applicant, or Authorized Signatory's Statement Regarding the Interpreter
 - A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
 - B. The interpreter named in **Part 8.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood all of this information as interpreted.
2. Employer, Applicant, or Authorized Signatory's Statement Regarding the Preparer

At my request, the preparer named in **Part 9.**, , prepared this application for me based only upon information I provided or authorized.

Employer's Applicant's, or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the employer, applicant, or authorized signatory, 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 contained in this application, in supporting documents, in my USCIS records, and in the organization's USCIS 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 application using publicly available open source information. I also recognize that any supporting evidence submitted in support of this application may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this application 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 provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Employer's, Applicant's, or Authorized Signatory's Signature

3. Employer, Applicant, or Authorized Signatory's Signature Date of Signature (mm/dd/yyyy)

If Part 7. is being completed by an Authorized Signatory, provide the following information:

Name and Title of Authorized Signatory

4. Family Name (Last Name) Given Name (First Name)
5. Title

Part 7. Statement, Contact Information, Certification, and Signature of the Employer, Applicant, or Authorized Signatory (continued)

Authorized Signatory's Contact Information

6. Daytime Telephone Number
7. Mobile Telephone Number (if any)
8. Email Address (if any)

NOTE TO ALL EMPLOYERS, APPLICANTS, AND AUTHORIZED SIGNATORIES: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 8. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Part 8. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item B. in Item Number 1.**, and I have read to this employer, applicant, or the authorized signatory in the identified language every question and instruction on this application and his or her answer to every question. The employer, applicant, or authorized signatory informed me that he or she understands every instruction, question, and answer on the application, including the **Employer's, Applicant's, or Authorized Signatory's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Employer, Applicant, or Authorized Signatory

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Employer, Applicant, or Authorized Signatory (continued)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the employer's, applicant's, or authorized signatory's consent.
- B. I am an attorney or accredited representative and my representation of the employer, applicant, or authorized signatory in this case extends does not extend beyond the preparation of this application.

NOTE: 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 application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the employer, applicant, or authorized signatory. The employer, applicant, or authorized signatory has reviewed this completed application, including the **Employer's, Applicant's, or Authorized Signatory's Certification**, and informed me that all of the information in the application and in the supporting documents is complete, true, and correct.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)
- | | |
|--|--|
| | |
|--|--|

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Not for
Production
07/10/2020

Part 10. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you require more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print the employer, sole proprietor, or applicant name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Individual Employer, Sole Proprietor, or Applicant Name (same as in Part 1.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

3. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

4. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

5. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

6. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.



E-1 or E-2 Classification Supplement to Form I-129E&TN

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129E&TN
OMB No. 1615-xxxx
Expires xx/xx/20xx

1. Legal Name of Individual Employer, Sole Proprietor, or Applicant

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name of Company or Organization

3. Classification or Action Sought (Select **only one** box)

- E-1 Treaty Trader
- E-1 Employee - Executive or Supervisory
- E-1 Employee - Special Qualifications
- E-2 Treaty Investor
- E-2 CNMI Investor (extensions only)
- E-2 Employee - Executive or Supervisory
- E-2 Employee - Special Qualifications
- Advice on Whether a Change in the Terms or Conditions of E Status is Substantive

4. Name of country signatory to the applicable treaty with the United States upon which you are basing your E application

5. How is the U.S. commercial enterprise related to the company or organization abroad? (Select **only one** box)

Parent
 Branch
 Subsidiary
 Affiliate
 Joint Venture
 Other

6. Provide the following information for each individual who has a percentage of ownership in the U.S. commercial enterprise.

Name (First/MI/Last)	Nationality	Immigration Status	Percent of Ownership

NOTE: Ownership of the commercial enterprise must be traced as best as is practicable to the individuals who are ultimately its owners. If the commercial enterprise is owned solely or partly by other organizations, you must establish the nationality of the individual owners of the other organizations (attach documentation).

7. Commercial Enterprise's Assets
\$

8. Commercial Enterprise's Net Worth
\$

9. Commercial Enterprise's Liabilities
\$

10. Commercial Enterprise's Net Annual Income
\$

Information About Staff in the United States

- 11. How many executive and supervisory employees does the U.S. commercial enterprise have who are nationals of the treaty country in E nonimmigrant status?
- 12. How many persons with special qualifications that are essential to the successful or efficient operation of the U.S. commercial enterprise does the U.S. commercial enterprise employ who are in E nonimmigrant status?
- 13. Provide the total number of employees (U.S. and foreign) in executive and supervisory positions in the United States.
- 14. Provide the total number of positions in the United States that require persons with special qualifications that are essential to the successful or efficient operation of the U.S. commercial enterprise.
- 15. If the U.S. commercial enterprise is attempting to qualify the applicant as an executive or supervisor, provide the total number of employees he or she will supervise. Alternatively, if the commercial enterprise is attempting to qualify the employee based on special qualifications, explain why the special qualifications are essential to the successful or efficient operation of the treaty enterprise, and what efforts you are taking to replace such persons with other U.S. workers.

- 16. Has the U.S. company or organization met all legal requirements, including licensing, for doing business in the jurisdiction where it is located? Yes No
- 17. Is the U.S. company or organization a real, active, and operating commercial undertaking which produces services or goods for profit? Yes No

If you answered "Yes" to **Item Number 17.**, provide an explanation. If you need extra space to provide your explanation, use the space provided in **Part 10. Additional Information.**

Information About the Employer Outside the United States

- 18. Employer's Name
- 19. Total Number of Employees
- 20. Employer's Address
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country
- 21. Principal Product, Merchandise or Service

Part 2. Information About E-1 Treaty Trader or Employee of an E-1 Treaty Trader

Provide the information requested in **Item Numbers 1. - 3.** if you are filing for or as an E-1 Treaty Trader. If you are filing for an **employee** of an E-1 Treaty Trader, complete **Item Numbers 4. - 20.**

Complete Item Numbers 1. - 3. if filing for an E-1 Treaty Trader.

- 1. Total Annual Gross International Trade/Business of the U.S. commercial enterprise
- 2. Select **only one** box for Calender or Fiscal Year Ending (yyyy)
- 3. Percent of total gross trade between the United States and the treaty trader country for each of the following categories (provide the dollar value and number of transactions for each):
 - A. Imports from treaty country to U.S. business
\$ Number of Transactions
 - B. Exports from U.S. business to treaty country
\$ Number of Transactions
 - C. Imports from third countries to U.S. business
\$ Number of Transactions
 - D. Exports from U.S. business to third countries
\$ Number of Transactions
 - E. Domestic U.S. production manufacturing
\$ Number of Transactions
 - F. Total amount (Sum of **Items A. - E.**)
\$ Number of Transactions

Complete Item Numbers 4. - 20. if filing for an employee of an E-1 Treaty Trader.

- 4. Employee's Position Title
- 5. Description of Duties (include names and title of all immediate subordinates)
- 6. Number of Years Employee has been employed by Present Employer
- 7. Employee's Highest Level of Education
Major/Subject Degree Year
- 8. Employee's Other Relevant Experience and Education
- 9. Provide the following information about the U.S. company or organization.
Number of Executive Employees Number of Supervisory Employees Number of Employees having Special Qualifications

Part 2. Information About E-1 Treaty Trader or Employee of an E-1 Treaty Trader (continued)

10. Is the principal employer an individual person? Yes No
If you answered "Yes" to **Item Number 10.**, complete **Item Numbers 11.** and **12.** If you answered "No" to **Item Number 10.**, skip to **Item Number 15.**
11. Does the principal employer have the nationality of the treaty country? Yes No
12. Is the principal employer in the United States? Yes No
If you answered "Yes" to **Item Number 12.**, then complete **Item Number 13.** If you answered "No" to **Item Number 12.**, then skip to **Item Number 14.**
13. Is the principal employer maintaining nonimmigrant treaty trader status? Yes No
14. Would the principal employer be classifiable as a treaty trader? Yes No
15. Is the principal employer an enterprise or organization? Yes No
16. Indicate the percentage of ownership by persons having the nationality of the treaty country who are in the United States and are maintaining treaty investor status.
17. Indicate the percentage of ownership by persons having the nationality of the treaty country who are **not** in the United States and who would be classifiable as treaty investors.
18. Is this a replacement or an increase in staff? (Select **only one** box)
 Replacement Increase in Staff
19. If you indicated that this is a replacement in **Item Number 18.**, provide details regarding the position for which the replacement is being sought, including, in the case of a worker with special qualifications, any efforts the commercial enterprise has made to train locally available U.S. workers.
20. If you indicated that this is a replacement in **Item Number 18.**, indicate the length of time that this position has existed.

Part 3. Information About E-2 Treaty Investor or Employee of an E-2 Treaty Investor

Provide the information requested in **Item Numbers 1. - 7.** if you are filing for or as an E-2 Treaty Trader. If you are filing for an **employee** of an E-2 Treaty Trader, complete **Item Numbers 8. - 22.**

Complete Item Numbers 1. - 7. if filing for an E-2 Treaty Investor.

1. Type of Investment (Select **only one** box)
- Creation of a New Business
Provide Total Start-Up Costs \$
- Purchase of an Existing Business
Provide Total Purchase Price \$
- Continuation of an Existing Business
Provide Fair Market Value of Business \$
2. Total Investment Made in the United States (attach documentation):
- | | | | | | | | | |
|-----------|----|----------------------|-----------|----|----------------------|--------------|----|----------------------|
| Cash | \$ | <input type="text"/> | Equipment | \$ | <input type="text"/> | Other | \$ | <input type="text"/> |
| Inventory | \$ | <input type="text"/> | Premises | \$ | <input type="text"/> | Total | \$ | <input type="text"/> |

Part 3. Information About E-2 Treaty Investor or Employee of an E-2 Treaty Investor (continued)

3. Source of Investment Capital (for example, personal funds, loans, stocks, bonds, etc.)

4. Do you develop and direct the investment enterprise? Yes No

5. If you answered "Yes" to **Item Number 4.**, indicate which of the following apply to you (select all that apply):

- I control the enterprise through ownership of at least 50% of the enterprise.
- I possess operational control through a managerial position or other corporate device.
- I control the enterprise by other means.

6. Provide an explanation and supporting documentation for the items you selected in **Item Number 5.**

7. Provide the number of U.S. company or organization employees in E status.

Complete Item Numbers 8. - 22. if filing for an employee of an E-2 Treaty Investor.

8. Does the Treaty Investor develop and direct the investment enterprise? Yes No

9. If you answered "Yes" to **Item Number 8.**, indicate which of the following apply to the Treaty Investor (select all that apply):

- The Treaty Investor controls the enterprise through ownership of at least 50% of the enterprise.
- The Treaty Investor possesses operational control through a managerial position or other corporate device.
- The Treaty Investor controls the enterprise by other means.

10. Provide an explanation and supporting documentation for the items you selected in **Item Number 9.** If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

11. Provide the following information about the U.S. company or organization:

Number of Executive Employees	Number of Supervisory Employees	Number of Employees having Special Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Is the principal employer an individual person? Yes No

If you answered "Yes" to **Item Number 12.**, then complete **Item Numbers 13.** and **14.** If you answered "No" to **Item Number 12.**, then skip to **Item Number 17.**

13. Does the principal employer have the nationality of the treaty country? Yes No

14. Is the principal employer in the United States? Yes No

If you answered "Yes" to **Item Number 14.**, then complete **Item Number 15.** If you answered "No" to **Item Number 14.**, then skip to **Item Number 16.**

15. Is the principal employer maintaining nonimmigrant treaty investor status? Yes No

16. Would the principal employer be classifiable as a treaty investor? Yes No

17. Is the principal employer an enterprise or organization? Yes No

18. Indicate the percentage of ownership by persons having the nationality of the treaty country who are in the United States and are maintaining treaty investor status.

Part 3. Information About E-2 Treaty Investor or Employee of an E-2 Treaty Investor (continued)

19. Indicate the percentage of ownership by persons having the nationality of the treaty country who are **not** in the United States and who would be classifiable as treaty investors.
20. Is this a replacement or an increase in staff? (Select **only one** box)
- Replacement Increase in Staff
21. If you indicated that this is a replacement in **Item Number 20.**, provide details regarding the position for which the replacement is being sought, including, in the case of a worker with special qualifications, any efforts the commercial enterprise has made to train locally available U.S. workers.
-
22. If you indicated that this is a replacement in **Item Number 20.**, indicate the length of time that this position has existed.

Part 4. E-2 CNMI (E-2C) Investor

Provide the information requested in **Item Numbers 1. - 5.** if you are filing as an E-2 CNMI Investor.

1. If you are applying for an extension as an E-2 CNMI Investor, indicate which of the following applies to you:
- I am a long-term business investor who was issued a long-term business certificate by the CNMI based upon an investment of at least \$50,000.
- I am a foreign investor with a foreign investment certificate issued by the CNMI based upon an investment of at least \$100,000 in an aggregate approved investment in excess of \$2 million or at least \$250,000 in a single approved investment.
- I am a retiree investor over 55 years of age who was issued a foreign retiree investment certificate based upon a qualifying investment in an approved residence in the CNMI.
2. Provide an explanation for the item you selected in **Item Number 1.**
-
3. Have there been any substantive changes to your investments, residence, or employment? Yes No
- If you answered "Yes" to **Item Number 3.**, provide details including dates the change occurred.
-
4. For retiree investors only:
- Have you had any employment? Yes No
- If you answered "Yes" to **Item Number 4.**, provide an explanation including the name of employer, address, contact information, position, and dates of employment.
-
5. Have you departed the CNMI during your current E-2C status? Yes No
6. If you answered "Yes" to **Item Number 5.**, provide a detailed list of all of your trips outside of the CNMI.
-
7. Were you in the CNMI on the date you filed this application? Yes No



E-3 Classification Supplement to Form I-129E&TN

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129E&TN
OMB No. 1615-xxxx
Expires xx/xx/20xx

Only Australian nationals are eligible as principal applicants for E-3.

1. Legal Name of Individual Employer, Sole Proprietor, or Applicant

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name of Company or Organization

3. Labor Condition Application (LCA) or Employment and Training Administration (ETA) or ETA Case Number

Requirements for the Offered Position

4. What level of education is required for the position?

5. What fields of study would qualify someone for this position?

6. How many years of experience are required in order to qualify for this position?

7. What special skills are required in order to qualify for the position?

8. Describe the proposed duties for the applicant's proffered position. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.

9. Describe the applicant's present occupation and summary of prior work experience. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.

10. Applicant's Highest Level of Education (Select **only one** box)

- | | |
|--|---|
| <input type="checkbox"/> No diploma | <input type="checkbox"/> Bachelor's degree (for example, BA, AB, BS) |
| <input type="checkbox"/> High School Graduate Diploma or the equivalent (for example, GED) | <input type="checkbox"/> Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) |
| <input type="checkbox"/> Some college credit, but less than one year | <input type="checkbox"/> Professional degree (for example, MD, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> One or more years of college, no degree | <input type="checkbox"/> Doctorate degree (for example, PhD, EdD) |
| <input type="checkbox"/> Associate's degree (for example, AA, AS) | |

11. Major/Primary Field of Study

Requirements for the Offered Position (continued)

12. SOC Code

13. NAICS Code

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14. Will the applicant be assigned to work at an off-site location for all or part of the period for which E-3 classification is sought?

Yes No

If you answered "No" to **Item Number 14.**, you may leave **Item Number 15.** blank.

15. Will the applicant be paid the higher of the prevailing or actual wage at any and all off-site locations?

Yes No

Statement for E-3 Specialty Occupations

By filing this application, I agree to, and will abide by, the terms of the LCA (or ETA) for the duration of the applicant's authorized period of stay for E-3 employment. If the applicant is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that any required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Name of Employer

Signature of Employer

➔

Date (mm/dd/yyyy)

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07/10/2020**



North American Free Trade Agreement (NAFTA)
Supplement to Form I-129E&TN

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129E&TN
OMB No. 1615-xxxx
Expires xx/xx/20xx

1. Legal Name of Individual Employer, Sole Proprietor, or Applicant

Family Name (Last Name) Given Name (First Name) Middle Name

2. Name of Company or Organization

[Text input box]

3. This is a request for status based on (select only one box):

[] NAFTA, Canada (TN-1) [] NAFTA, Mexico (TN-2)

4. Employer is a (select only one box):

[] U.S. Employer [] Foreign Employer

5. If Foreign Employer, Name the Foreign Country

[Text input box]

6. Does the applicant intend to establish a business or practice in the U.S. in which he or she will be in substance self-employed? [] Yes [] No

7. Is the applicant the sole or controlling shareholder or owner of the U.S. corporation or entity where he/she will be employed? [] Yes [] No

8. Will the applicant perform business activities for a U.S. corporation or entity (including an individual) that were not arranged from outside the United States? [] Yes [] No

9. If you answered "Yes" to Item Numbers 6., 7., or 8., provide an explanation, including but not limited to the percentage of ownership.

[Text input box]

10. Will the applicant depart upon completion of the assignment? [] Yes [] No

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07/10/2020