



Petition for Nonimmigrant Worker: L Classification

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

USCIS
Form I-129L
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. Petitioner Information

- Petitioning Company or Organization Name
- Primary U.S. Office Address of Petitioner
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code [\(USPS ZIP Code Lookup\)](#)
- Is your mailing address different from your Primary U.S. Office Address? Yes No
If you answered "Yes" to **Item Number 3.**, provide your mailing address below.
- Mailing Address
In Care Of Name
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code [\(USPS ZIP Code Lookup\)](#)
Province Postal Code Country
- USCIS Online Account Number
▶

Petitioner's Contact Information

- U.S. Daytime Telephone Number
- U.S. Mobile Telephone Number
- Email Address

Tax Payer Identification Numbers

Provide the following information, as applicable.

- Employer Identification Number (EIN)
▶
- Individual Taxpayer Identification Number (ITIN)
▶

Part 1. Petitioner Information (continued)

E-Verify Information

11. Are you a participant in the E-Verify program? Yes No

If you answered "Yes" to **Item Number 11.**, provide the information requested in **Item Numbers 12. - 13.**

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

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

Part 2. Information About This Petition

1. This petition is: (select **only one** box)

An individual petition

A blanket petition

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

A. New employment.

B. Continuation of previously approved employment without change with the same employer.

C. Change in previously approved employment (provide an explanation in **Part 13. Additional Information**).

D. New concurrent employment.

E. Change of employer for a beneficiary already in the requested classification.

F. Amended petition (provide an explanation in **Part 13. Additional Information**).

G. Blanket petition.

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

▶

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

A. Notify the office in **Part 5.** so that the beneficiary can apply for and obtain a visa or be admitted, if eligible.

B. Change the status and extend the stay of the beneficiary because the beneficiary 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** in **Item Number 2.**

C. Extend the stay of the beneficiary because the beneficiary now holds this status.

D. Amend the stay of the beneficiary because the beneficiary now holds this status.

E. Initial blanket petition approval.

F. Extend the validity of a current blanket petition.

G. Amend the validity period of a current blanket petition.

5. Does the petitioner employ 50 or more individuals in the U.S.? Yes No

6. If you answered "Yes" to **Item Number 5.**, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes No

Part 3. Beneficiary Information

Provide the information requested about the beneficiary for whom you are filing.

1. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Provide all other names the beneficiary 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 13. Additional Information.

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

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

4. Gender

Male Female

5. U.S. Social Security Number

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

12. If the beneficiary 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

Part 3. Beneficiary's Information (continued)

13. Does the beneficiary have a U.S. residential address? Yes No

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

14. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the Commonwealth of the Northern Mariana Islands (CNMI).)

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

Part 4. Information About The Beneficiary's Public Benefits

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

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

- Yes, the beneficiary 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.
 - Federal-funded Medicaid
- No, the beneficiary has not received any of the above listed public benefits.
- No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary 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 13. Additional Information.** Submit evidence as outlined in the Instructions.

A. Type of Public Benefit	Agency that Granted the Public Benefit
<input type="text"/>	<input type="text"/>
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)	Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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

B. Type of Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

C. Type of Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

D. Type of Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

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

- The beneficiary 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 beneficiary 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 beneficiary received the public benefits, the beneficiary (or the beneficiary'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 beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary 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.
- None of the above statements apply to the beneficiary.

4. A. Has the beneficiary received, applied for, or has 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 dates mm/dd/yyyy to mm/dd/yyyy

Part 5. Processing Information

1. Indicate the U.S. Consulate or U.S. Customs and Border Protection (CBP) inspection facility you would like notified if the petition will be approved with consular notification (for example, you requested consular notification or a requested extension of stay or change of status cannot be granted).

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. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

3. Are you filing any applications for replacement/initial Form I-94, Arrival-Departure Records, with this petition? (If the beneficiary 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 yes, how many? ▶

4. Are you filing any applications for dependents with this petition? Yes No

If yes, how many? ▶

5. Is the beneficiary in removal proceedings? Yes No

6. Have you ever filed an immigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 6.**, identify the classification sought and the receipt numbers for those petitions in **Part 13. Additional Information.**

7. Have you ever filed a nonimmigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 7.**, identify the classification sought and the receipt numbers for those petitions in **Part 13. Additional Information.**

8. Has the beneficiary in this petition ever been granted the classification you are now requesting within the last seven years? Yes No

If you answered "Yes" to **Item Number 8.**, provide an explanation in **Part 13. Additional Information.**

9. Has the beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation in **Part 13. Additional Information.**

Part 5. Processing Information (continued)

10. Has the beneficiary in this petition 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 10.**, provide a response to **Item Number 11.**

11. If you answered "Yes" to **Item Number 10.**, provide the dates the beneficiary 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, if applicable, provide evidence that the beneficiary fulfilled the two-year foreign residence requirement or had such residence requirement waived.

Part 6. Basic Information About the Proposed Employment and Employer

1. Job Title

2. Addresses where the beneficiary will work if different from the address in **Part 1.** If you need to provide more than two additional addresses, use **Part 13. Additional Information.**

Address 1

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Is this a third-party location?

Yes No

If you answered "Yes," provide the name of the third-party organization.

Address 2

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Is this a third-party location?

Yes No

If you answered "Yes," provide the name of the third-party organization.

3. Is this a full-time position?

Yes No

4. If you answered "No" to **Item Number 3.**, how many hours per week for the position? ▶

5. Wages (in U.S. dollars): \$

per (Specify hour, week, month, or year)

6. Other Compensation (Explain)

Part 6. Basic Information About the Proposed Employment and Employer (continued)

7. Dates of intended employment

From (mm/dd/yyyy)

To (mm/dd/yyyy)

8. Type of Business

9. Year Established

10. Current Number of Employees in the United States ▶

11. Gross Annual Income \$

12. Net Annual Income \$

Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

Select **Item A.** or **Item B.** as appropriate. Select **only one** option.

1. With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that either:

A. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; **or**

B. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 8. Filing An Individual Petition

Complete this section if you are filing an individual petition. Go to **Part 9.** if you are filing a blanket petition. If you need extra space to complete any **Item Numbers** in **Part 8.**, use the space provided in **Part 13. Additional Information** or attach an additional sheet of paper.

1. Classification sought (select **only one** option):

L-1A manager L-1A executive L-1B specialized knowledge

2. List the beneficiary's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary was physically present in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit copies of Forms I-94, Form I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification.

Beneficiary's Name	Period of Stay	
	From (mm/dd/yyyy)	To (mm/dd/yyyy)

Part 8. Filing An Individual Petition (continued)

3. Name of Employer Abroad

4. Address of Employer Abroad

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

5. Indicate how the U.S. company is related to the company abroad. The U.S. company is the: (select **only one** option)

Parent Branch Subsidiary (to include Joint Ventures) Affiliate

6. Dates of beneficiary's employment with this employer. Explain any interruptions in employment.

Dates of Employment		Explanation of Interruptions
From (mm/dd/yyyy)	To (mm/dd/yyyy)	

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

Manager Executive Specialized Knowledge Specialized Knowledge Professional

8. Describe the beneficiary's duties abroad for the three years preceding the filing of the petition. If the beneficiary is currently in the United States, describe the beneficiary's duties abroad for the three years preceding the beneficiary's admission to the United States.

9. Describe the beneficiary's proposed duties in the United States.

10. Summarize the beneficiary's education, training, and work experience.

Part 8. Filing An Individual Petition (continued)

11. Describe the percentage of ownership (as applicable) and control of each company that has a qualifying relationship. Provide the EIN for each U.S. company that has a qualifying relationship.

Percentage of ownership (as applicable) and control of each company that has a qualifying relationship.	EIN for each U.S. company that has a qualifying relationship.

12. Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad? Yes No

If you answered "No" to **Item Number 12.**, provide an explanation in **Part 13. Additional Information** that shows how the U.S. company has and will have a qualifying relationship with another foreign entity during the entire requested period of stay.

13. Is the beneficiary coming to the United States to open or to be employed in a new office? Yes No

14. Is this petition requesting the first extension after a new office petition? Yes No

15. Has the beneficiary ever been previously approved to open or be employed in a new office? Yes No

If you are seeking L-1B specialized knowledge, including L-1B specialized knowledge professional, status for an individual, provide a response to **Item Numbers 16. - 19.**

16. Are you are seeking L-1B specialized knowledge, including L-1B specialized knowledge professional, status for an individual? Yes No

If you answered "Yes" to **Item Number 16.**, provide a response to **Item Numbers 17. - 20.**

17. Will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)? Yes No

18. Will you, the petitioner, be controlling and supervising the beneficiary's work at the unaffiliated employer's worksite? Yes No

19. Identify the name of the unaffiliated employer at the worksite and describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work.

Name of Unaffiliated Employer

Description

20. Describe the reasons why placement at a worksite other than that of the petitioner, subsidiary, affiliate or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to your need for the specialized knowledge he or she possesses.

Part 9. Filing A Blanket Petition

Complete this section if you are filing a blanket petition. Go back to **Part 8.** if you are filing an individual petition. If you need extra space to complete any of the Item Numbers in **Part 8.**, use the space provided in **Part 13. Additional Information** or attach an additional sheet of paper.

1. List all U.S. and foreign parents, branches, subsidiaries, and affiliates included in this petition. Include the address of each entity, its relationship to the U.S. company, and its percentage of ownership and control.

Entity 1

Name of Entity

Entity Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Relationship to U.S. Company

Percentage of Ownership and Control

 %

Entity 2

Name of Entity

Entity Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Relationship to U.S. Company

Percentage of Ownership and Control

 %

Part 9. Filing A Blanket Petition (continued)

Entity 3

Name of Entity

Entity Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Relationship to U.S. Company

Percentage of Ownership and Control

 %

Part 10. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

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

Petitioner'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. Petitioner's 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 petition and my answer to every question.

B. The interpreter named in **Part 11.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood all of this information as interpreted.

2. Petitioner's or Authorized Signatory's Statement Regarding the Preparer

At my request, the preparer named in **Part 12.**, , prepared this petition for me based only upon information I provided or authorized.

Petitioner's or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner or authorized signatory, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information contained in this petition, in supporting documents, in my USCIS records, and in the petitioning 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 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.

Part 10. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory (continued)

I certify, under penalty of perjury, that I provided or authorized all of the information in my petition, I understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

3. Petitioner's or Authorized Signatory's Signature Date of Signature (mm/dd/yyyy)
➔

If **Part 10.** is being completed by an Authorized Signatory, provide the name and title of the Authorized Signatory.

Name and Title of Authorized Signatory

4. Authorized Signatory's Family Name (Last Name) Authorized Signatory's Given Name (First Name)

5. Authorized Signatory's Title

Authorized Signatory's Contact Information

6. Daytime Telephone Number 7. Mobile Telephone Number (if any)

8. Email Address (if any)

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

Part 11. 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

Part 11. Interpreter's Contact Information, Certification, and Signature (continued)

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)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 10.,**

Item B. in Item Number 1., 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 **Petitioner'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 12. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner 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. Fl. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory (continued)

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)

Preparer's Statement

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

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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

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 or authorized signatory has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of the information in the petition and in the supporting documents is complete, true, and correct.

Preparer's Signature

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

06/17/2020

Part 13. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your company or organization 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. Company or Organization Name (same as **Part 1.**)

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

D.

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

D.

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

D.

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

D.

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

D.
