TABLE OF CHANGES – FORM

Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker OMB Number: 1615-0111 Date 06/24/2020

Reason for Revision: Fee Rule Project Phase: Post G-1056

• Please note – all instances of "if any" and "if applicable" have been removed from Form I-129CW

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 12/31/2020 Edition Date 06/18/2020

| Current Page Number and Section | Current Text | Proposed Text |
|---------------------------------|---|--|
| Page 1, | [Page 1] | [Page 1] |
| Part 1. Information | | |
| about the Employer | ••• | ••• |
| Filing This Petition | 3. Name of Employer/Organization 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code 5. Trade Name or "Doing Business As" Name (if applicable) | 3. Name of Employer/Organization 4.a. In Care Of Name 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code 5. Trade Name or "Doing Business As" Name |
| | | |
| | 6.b. Mobile Telephone Number (if any) | 6.b. Mobile Telephone Number |
| | 6.c. Email Address (if any) | 6.c. Email Address |
| | [Page 2] | [Page 2] |
| | 7.c. U.S. Social Security Number (SSN) | 7.c. U.S. Social Security Number |
| | 8. USCIS Online Account Number (if any) | 8. USCIS Online Account Number |
| | | |
| Pages 2-4, | [Page 3] | [Page 3] |
| Part 3. Worker | | |

| Information | Other Information | Other Information |
|--|---|---|
| | Other Information | Other Information |
| | 5. U.S. Social Security Number (if any) | 5. U.S. Social Security Number |
| | 6. Alien Registration Number (A-Number) (if any) | 6. Alien Registration Number (A-Number) |
| | | |
| | Worker's Foreign Address (if any) 11.a. Street Number and Name 11.b. Apt./Ste./Flr. Number 11.c. City or Town 11.d. State 11.e. ZIP Code 11.f. Province 11.g. Postal Code 11.h. Country | Worker's Foreign Address 11.a. Street Number and Name 11.b. Apt./Ste./Flr. Number 11.c. City or Town 11.d. State 11.e. ZIP Code 11.f. Province 11.g. Postal Code 11.h. Country |
| | | |
| | 16. Student and Exchange Visitor Information System (SEVIS) Number (if any) | 16. Student and Exchange Visitor Information System (SEVIS) Number |
| | 17. Employment Authorization Document (EAD) Number (if any) | 17. Employment Authorization Document (EAD) Number |
| | | |
| Page 11, | [Page 11] | [Page 11] |
| Part 11. Additional Information | Part 11. Additional Information | Part 11. 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 name and A-Number (if any) 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. | If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number 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.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number (if any) | 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. A-Number |
| | | |
| Pages 12-15, Additional Worker Attachment for | [Page 12] | [Page 12] |
| Form I-129CW | | |
| | 3.a. In Care Of Name (if any)3.b. Street Number and Name3.c. Apt./Ste./Flr. Number3.d. City or Town | 3.a. In Care Of Name3.b. Street Number and Name3.c. Apt./Ste./Flr. Number3.d. City or Town |
| | 3.e. State | 3.e. State |

| 3.f. ZIP Code | 3.f. ZIP Code |
|---|--|
| | |
| Other Information | Other Information |
| 8. U.S. Social Security Number (if any) | 8. U.S. Social Security Number |
| 9. Alien Registration Number (A-Number) (if any) | 9. Alien Registration Number (A-Number) |
| | |
| Worker's Foreign Address (if any) 14.a. Street Number and Name 14.b. Apt./Ste./Flr. Number 14.c. City or Town 14.d. State 14.e. ZIP Code 14.f. Province 14.g. Postal Code 14.h. Country | Worker's Foreign Address 14.a. Street Number and Name 14.b. Apt./Ste./Flr. Number 14.c. City or Town 14.d. State 14.e. ZIP Code 14.f. Province 14.g. Postal Code 14.h. Country |
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| | |
| 19. Student and Exchange Visitor Information System (SEVIS) Number (if any) | 19. Student and Exchange Visitor Information System (SEVIS) Number |
| 20. Employment Authorization Document (EAD) Number (if any) | 20. Employment Authorization Document (EAD) Number |