



# Petition for Nonimmigrant Worker: H-2B Classification

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

USCIS  
Form I-129H2B  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

<b>For USCIS Use Only</b>	<b>Receipt</b>	<b>Partial Approval (explain)</b>	<b>Action Block</b>
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> <b>Classification Approved</b> <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

▶ **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

If you are an individual or sole proprietor filing this petition, complete **Item Numbers 1. - 2.** If you are a company or an organization filing this petition, complete **Item Number 3.** All petitioners should fill out **Item Numbers 4. - 17.,** as applicable.

**1. Legal Name of Petitioning Individual or Sole Proprietor**

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

**2. Date of Birth (mm/dd/yyyy)**      **3. Petitioning Company or Organization Name**

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

**4. Trade Name or "Doing Business As" Name**

**5. USCIS Online Account Number**

▶

**6. Primary U.S. Office Address of Petitioner**

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 ( <a href="#">USPS ZIP Code Lookup</a> )
<input type="text"/>	<input type="text"/>	<input type="text"/>



**Part 1. Petitioner Information** (continued)

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

  

City or Town

State

ZIP Code [\(USPS ZIP Code Lookup\)](#)

Province

Postal Code

Country

**Petitioner'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

**E-Verify Information**

15. Are you a participant 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 Petition**

- 1. 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 11. 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 11. Additional Information.**)
- 2. If you selected **Item F. Amended petition** in **Item Number 1.**, provide the receipt number of the petition you seek to amend.  
▶
- 3. Requested Action (select **only one** box)
  - A.  Notify the office in **Part 5.** so that each beneficiary(ies) can apply for and obtain a visa or be admitted, if eligible.
  - B.  Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are 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 1.** above.
  - C.  Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
  - D.  Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- 4. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)  
▶

**Part 3. Beneficiary Information**

Indicate the type of beneficiaries you are requesting in this petition, and list the countries of citizenship for these beneficiaries.

- 1. Type of beneficiaries requested (select **only one** box)  
 Named Workers     Unnamed Workers
- 2. List the countries of citizenship for the workers you are requesting.

Country of Citizenship	

If requesting unnamed workers in **Item Number 1.**, proceed to **Part 5. Processing Information.** However, you must provide the name and all of the information requested below for each H-2B worker who is in the United States or who is not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(6)(i)(E)(1). See [www.uscis.gov/h-2b](http://www.uscis.gov/h-2b) for the list of participating countries. If you are providing information for more than one named beneficiary, complete a separate copy of the **Named Worker Attachment for Form I-129H2B** for each additional beneficiary included in this petition.

- 3. Is each H-2B worker you plan to hire from a country designated as a participating country in accordance with 8 CFR 214.2(h)(6)(i)(E)(1)? (See [www.uscis.gov/h-2b](http://www.uscis.gov/h-2b) for the list of H-2B participating countries.)  Yes  No

If you answered “No” to **Item Number 3.**, you must provide the information requested in **Item Number 4.**



**Part 3. Beneficiary Information (continued)**

4. List each H-2B worker from a non-participating country. If you need more space, use **Part 11. Additional Information** or attach an additional sheet of paper.

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

**NOTE:** If any of the H-2B workers you are requesting are nationals of a country that is not designated as a participating country, you must also provide evidence showing: (1) that workers with the required skills are not available among foreign workers from countries currently on the eligible countries list; (2) whether the beneficiaries have been admitted previously to the United States in H-2B status; (3) that there is no potential for abuse, fraud, or other harm to the integrity of the H-2B visa programs through the potential admission of the intended workers; and (4) any other factors that may serve the United States interest.

**Information About the Beneficiary**

5. Beneficiary's Full Name

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

6. Provide all other names the beneficiary has 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 11. Additional Information**.

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

**Other Information**

7. Date of Birth (mm/dd/yyyy)	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. U.S. Social Security Number
10. Alien Registration Number (A-Number) ▶ A-	11. USCIS Online Account Number ▶	
12. City or Town of Birth	13. Province of Birth	
14. Country of Birth	15. Country of Citizenship or Nationality	
16. Beneficiary's Foreign Address		
Street Number and Name	Apt. Ste. Flr.	Number
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town		
Province	Postal Code	Country



**Part 3. Beneficiary Information (continued)**

17. If the beneficiary is in the United States, complete the following:

Date of Last Arrival

(mm/dd/yyyy)

Passport or Travel Document Number

Date Passport or Travel Document Expires

(mm/dd/yyyy)

Current Nonimmigrant Status

Student and Exchange Visitor Information System (SEVIS) Number

Form I-94 Arrival-Departure Record Number

▶

Date Passport or Travel Document Issued

(mm/dd/yyyy)

Passport or Travel Document Country of Issuance

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

(mm/dd/yyyy)

Employment Authorization Document (EAD) Number

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

If you answered "Yes" to **Item Number 18.**, you must provide the beneficiary's U.S. residential address information in **Item Number 19.**

19. 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

City or Town

State

ZIP Code

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

▶

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

If you answered "Yes" to **Item Number 21.**, identify the classification sought and the receipt number for those petitions in **Part 11. Additional Information.**

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

If you answered "Yes" to **Item Number 22.**, identify the classification sought and the receipt number for those petitions in **Part 11. Additional Information.**

23. Has this beneficiary ever been denied H-2B classification on any prior petition you filed on behalf of this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 23.**, identify the receipt number for the petition and the date of the decision in **Part 11. Additional Information.**



**Part 3. Beneficiary Information (continued)**

24. List the beneficiary's prior periods of stay in H or L classification in the United States for the last three years. Be sure to only list those periods in which the beneficiary was actually 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. If you need more space, use **Part 11. Additional Information** or attach an additional sheet of paper.

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

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

25. Has this beneficiary experienced an interrupted stay associated with their entry in H or L classification?  Yes  No  
(See form Instructions for more information on interrupted stays.)

If you answered "Yes" to **Item Number 25.**, identify the classification sought and the receipt numbers for those petitions in **Part 11. Additional Information.**

**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.**

For the beneficiary named above in **Part 3. Beneficiary Information**, provide the requested information and submit documentation as outlined in the Instructions. For each additional beneficiary, please respond to the questions in a separate copy of the **Named Worker Attachment for Form I-129H2B.**

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, 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.



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

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 11. Additional Information**. Submit evidence as outlined in the Instructions.

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

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.



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

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. Does each beneficiary in this petition have a valid passport?  Yes  No
- If you answered "No" to **Item Number 2.**, provide an explanation in **Part 11. Additional Information.**
3. Are you filing any other petitions with this one?  Yes  No
- If you answered "Yes" to **Item Number 3.**, how many? ►
4. Have you previously filed any other petitions based on the same temporary labor certification as this petition?  Yes  No
- If you answered "Yes" to **Item Number 4.**, provide the previous receipt number(s). ►
5. Are you filing any applications for dependents with this petition?  Yes  No
- If you answered "Yes" to **Item Number 5.**, how many? ►
6. Is any beneficiary in this petition in removal proceedings?  Yes  No
- If you answered "Yes" to **Item Number 6.**, list the beneficiary's(ies) name(s) in **Part 11. Additional Information.**
7. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?  Yes  No
8. If you answered "Yes" to **Item Number 7.**, provide the dates the beneficiary(ies) 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(ies) fulfilled the two-year foreign residence requirement or had such residence requirement waived.



**Part 5. Processing Information** (continued)

9. Are you requesting substitution of beneficiaries who were approved and/or admitted based on a prior H-2B petition?  Yes  No

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

10. Explanation

---

---

---

11. Does any beneficiary in this petition have ownership interest in the petitioning organization?  Yes  No

If you answered "Yes" to **Item Number 11.**, provide an explanation of the beneficiary's(ies)' ownership interests in **Item Number 12.**

12. Explanation

---

---

---

13. Are you or the employer currently debarred by the U.S. Department of Labor (DOL)?  Yes  No

14. Has the temporary labor certification supporting this petition been revoked by DOL?  Yes  No

15. To the best of your knowledge, have you or the employer **ever** received a final order of debarment from DOL in any foreign labor certification program?  Yes  No

16. If you answered "Yes" to **Item Numbers 13., 14., and/or 15.**, provide an explanation. If you need more space, use **Part 11. Additional Information** or attach an additional sheet of paper.

---

---

---

17. Is this petition exempt from the H-2B numerical limit (or cap)?  Yes  No

If you answered "Yes" to **Item Number 17.**, provide a response to **Item Number 18.**

18. The basis for cap exemption is:

- A.  I am requesting an extension of stay or amendment of stay for the beneficiary(ies) who currently holds H-2B status.
- B.  The beneficiary(ies) will work as fish roe processors, fish roe technicians, or supervisors of fish roe processing.
- C.  The beneficiary(ies) will work exclusively on Guam.
- D.  The beneficiary(ies) will work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI).
- E.  The beneficiary(ies) has been previously counted against the H-2B cap in the same fiscal year. Provide receipt number.

▶

- F.  Other reason not identified above. Provide an explanation.

---

---

---



**Part 5. Processing Information (continued)**

- 19. Are you requesting consideration of this petition under the National Defense Authorization Act (NDAA) exemption from the requirement that the services or labor be temporary because it is directly connected to, or directly associated with, the military realignment on Guam or in the CNMI?  Yes  No
- 20. Are you requesting consideration of this petition under the NDAA exemption from the requirement that the services or labor be temporary because it is for health care workers on Guam or in the CNMI?  Yes  No

**Part 6. Basic Information About the Proposed Employment and Employer**

- 1. Job Title
- 2. Temporary Labor Certification ETA Case Number

3. The nature of your need for the services or labor is: (select **only one** box)

- A.  Seasonal
- B.  Peakload
- C.  Intermittent
- D.  One-time occurrence

- 4. If you indicated your need is Seasonal in **Item Number 3.**, is your need for additional worker(s) to perform services or labor traditionally tied to a season of the year by an event or pattern, and of a recurring nature?  Yes  No

If you answered “Yes” to **Item Number 4.**, explain the basis on which the need recurs and specify the period(s) of time during each year in which you do not need the services or labor.

- 5. If you indicated your need is Peakload in **Item Number 3.**, do you regularly employ permanent workers to perform the services or labor at the place of employment?  Yes  No

If you answered “Yes” to **Item Number 5.**, explain why you need to supplement your permanent staff at the place of employment on a temporary basis due to a seasonal or short-term demand, and why the temporary additional workers you are seeking will not become a part of your regular operation.

- 6. If you indicated your need is Intermittent in **Item Number 3.**, have you employed permanent or full-time workers to perform the services or labor.  Yes  No

If you answered “Yes” to **Item Number 6.**, explain why you occasionally or intermittently need temporary workers to perform services or labor for short periods and why you have not employed permanent or full-time workers to perform the services or labor.



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

7. If you indicated your need is a One-Time Occurrence in **Item Number 3.**, provide a response to **Item Number 7.A.** or **7.B.**, as applicable.

A. Explain why you have not employed workers to perform the services or labor in the past and why you will not need workers to perform the services or labor in the future.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

B. Explain the temporary event of short duration that has created your one-time need, even though the need for the services or labor is otherwise permanent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Will the beneficiary(ies) be working at multiple worksites?  Yes  No

If you answered "Yes" to **Item Number 8.**, you must submit a detailed itinerary with the dates and locations where the services or labor is to be performed.

9. If you answered "No" to **Item Number 8.**, provide the address where the beneficiary(ies) will work if different from the address in **Part 1.** Provide the name of the person or organization associated with the address, if different from the individual employer, sole proprietor, or company or organization name listed in **Part 1.**

Name of Person or Organization

\_\_\_\_\_

Street Number and Name

\_\_\_\_\_

Apt. Ste. Flr. Number

\_\_\_\_\_

City or Town

\_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

\_\_\_\_\_

10. Will the beneficiary(ies) work for you off-site at another company or organization's location?  Yes  No

11. Have you or a corporate parent, subsidiary, or affiliate filed an application for permanent labor certification for this same position?  Yes  No

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

13. If you answered "No" to **Item Number 12.**, how many hours per week for the position? ▶

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

15. Other Compensation (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Dates of Intended Employment

From (mm/dd/yyyy)

\_\_\_\_\_

To (mm/dd/yyyy)

\_\_\_\_\_



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

17. Type of Business  18. Year Established

19. Current Number of Employees in the United States ▶

20. Gross Annual Income \$  21. Net Annual Income \$

**Part 7. Petitioner and Employer Obligations**

1. Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2B workers that you intend to hire by filing this petition?  Yes  No

If you answered "Yes" to **Item Number 1.**, provide the name and address of the service or agent used in **Item Numbers 2.** and **3.** If you need to include the name and address of more than one service or agent, use the space provided in **Part 11. Additional Information.**

2. Name of Service or Agent

3. Address of Service or Agent

Street Number and Name  Apt. Ste. Flr. Number

City or Town  State  ZIP Code

Province  Postal Code  Country

4. Did any of the H-2B workers that you are requesting pay you or an agent, a job placement fee or other form of compensation (either direct or indirect) as a condition of the employment, or do they have an agreement to pay you or the service such fees at a later date?  Yes  No

**NOTE:** The phrase "fee or other form of compensation" includes, but is not limited to, petition fees, attorney fees, recruitment costs, and any other fees that are a condition of a beneficiary's employment that the employer is prohibited from passing to the H-2B worker under law. This phrase does not include reasonable travel expenses and certain government-mandated fees (such as passport fees) that are not prohibited from being passed to the H-2B worker by statute, regulations, or any laws.

5. If you answered "Yes" to **Item Number 4.**, list the types and amounts of fees that the worker(s) paid or have agreed to pay. If you need to include information about more than three fees, use the space provided in **Part 11. Additional Information.**

Type of Fee	Amount
	\$
	\$
	\$

6. If the workers paid any fee or compensation, were they reimbursed?  Yes  No
- If you answered "Yes" to **Item Number 6.**, submit evidence of reimbursement with this petition.

7. If the workers agreed to pay a fee, was that agreement terminated before the workers paid the fee? (Submit evidence of termination or reimbursement with this petition.)  Yes  No
- If you answered "Yes" to **Item Number 7.**, submit evidence of termination with this petition.



**Part 7. Petitioner and Employer Obligations (continued)**

8. If you answered “Yes” to **Item Number 1.**, have you made inquiries to determine that the recruiter, facilitator, agent, or similar employment service that you used or plan to use has not collected, and will not collect, directly or indirectly, any fees or other compensation from the H-2B workers requested in this petition as a condition of the H-2B workers' employment?  Yes  No

**NOTE:** If USCIS determines that you knew, or should have known, that the workers requested in connection with this petition paid any fees or other compensation at any time as a condition of employment, your petition may be denied or revoked.

9. Have you ever had an H-2B petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer or employment?  Yes  No

10. If you answered “Yes” to **Item Number 9.**, when was the petition denied or revoked?

(mm/dd/yyyy)

11. Receipt Number of denied or revoked H-2B petition:

▶

12. Describe the types and amounts of fees the workers paid or agreed to pay in connection with the denied or revoked petition. If you need to include information about more than three fees, use the space provided in **Part 11. Additional Information.**

Type of Fee	Amount
	\$
	\$
	\$

13. Were the workers reimbursed for such fees and compensation that they paid in connection with the denied or revoked petition?  Yes  No

If you answered “Yes” to **Item Number 13.**, submit evidence of reimbursement. If you answered “No” to **Item Number 13.**, because you were unable to locate the workers, include evidence of your efforts to locate the workers.

14. The H-2B petitioner and each employer consent to allow Government access to the site where the labor is being performed for the purpose of determining compliance with H-2B requirements. The petitioner further agrees to notify DHS within 2 workdays if:

- A. An H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition;
- B. The agricultural labor or services for which H-2B workers were hired is completed more than 30 days early;
- C. The H-2B worker absconds from the worksite by failing to report for work for 5 consecutive workdays without the consent of the employer; or
- D. The H-2B worker is terminated prior to the completion of labor or services for which he or she was hired.

Yes  No

See [www.uscis.gov/h-2b](http://www.uscis.gov/h-2b) for the appropriate manner of notifying DHS as specified in a notice published in the Federal Register.

**NOTE:** "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

15. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period.  Yes  No



**Part 7. Petitioner and Employer Obligations (continued)**

***Petitioner's or Employer's Agreement***

The petitioner must complete and sign the statement in **Item Number 16**. If the petitioner is the employer's agent, the employer must complete and sign **Item Number 17**.

**16. Petitioner**

By filing this petition, I agree to the conditions of H-2B employment and agree to the notification requirements.

Name of Petitioner

Signature of Petitioner

Date (mm/dd/yyyy)

**17. Employer Who is Not the Petitioner**

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2B eligibility.

Name of Employer

Signature of Employer

Date (mm/dd/yyyy)

**Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory**

**NOTE:** Read the **Penalties** section of the Form I-129H2B 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 9.** 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 10.**, , prepared this petition for me based only upon information I provided or authorized.



**Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory (continued)**

***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.

I certify that the petitioner and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and 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 8.** is being completed by an Authorized Signatory, provide the name and title of the Authorized Signatory.

***Name and Title of Authorized Signatory***

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

5. 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 9. 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)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8.**

**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 10. 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.  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)

**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)



**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 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. Individual Petitioner or Company Name

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

D.

DRAFT

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

D.

Not for

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

D.

Production

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

D.

09/04/2020

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

D.





# Named Worker Attachment for Form I-129H2B

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

USCIS  
Form I-129H2B  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

Attach to Form I-129H2B when more than one person is included in the petition. A single H-2B petition may be filed on behalf of no more than 25 named workers. Therefore, do not include more than 24 Named Worker Attachments with a single I-129H2B petition. Complete a separate copy of this attachment for each additional beneficiary included in this petition. (Do not complete a copy of this Attachment for the beneficiary you already named in **Part 3** of Form I-129H2B.)

## Petitioner's Information

Provide the same petitioner name information that was provided in **Part 1** of **Form I-129H2B**, as applicable.

1. Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Petitioning Company or Organization Name

## Beneficiary Information

3. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

4. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

Given Name (First Name)

Middle Name

## Other Information

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

6. Gender

Male  Female

7. U.S. Social Security Number

8. Alien Registration Number (A-Number)

▶ A-

9. USCIS Online Account Number

▶

10. City or Town of Birth

11. Province of Birth

12. Country of Birth

13. Country of Citizenship or Nationality

14. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country



15. If the beneficiary is in the United States, complete the following:

Date of Last Arrival

(mm/dd/yyyy)

Passport or Travel Document Number

Date Passport or Travel Document Expires

(mm/dd/yyyy)

Current Nonimmigrant Status

Student and Exchange Visitor Information System (SEVIS) Number

Form I-94 Arrival-Departure Record Number

▶

Date Passport or Travel Document Issued

(mm/dd/yyyy)

Passport or Travel Document Country of Issuance

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

(mm/dd/yyyy)

Employment Authorization Document (EAD) Number

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

If you answered "Yes" to **Item Number 16.**, you must provide the beneficiary's U.S. residential address information in **Item Number 17.**

17. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the CNMI)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

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

▶

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

If you answered "Yes" to **Item Number 19.**, identify the classification sought and the receipt number for those petitions in **Part 11. Additional Information.**

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

If you answered "Yes" to **Item Number 20.**, identify the classification sought and the receipt number for those petitions in **Part 11. Additional Information.**

21. Has this beneficiary ever been denied H-2A classification on any prior petition you filed on behalf of this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 21.**, identify the classification sought and the receipt number for those petitions in **Part 11. Additional Information.**



22. List the beneficiary's prior periods of stay in H or L classification in the United States for the last three years. Be sure to only list 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. If you need more space, use **Part 11. Additional Information** or attach an additional sheet of paper.

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

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

23. Has this beneficiary experienced an interrupted stay associated with their entry in H or L classification?  Yes  No  
(See form Instructions for more information on interrupted stays.)

If you answered "Yes" to **Item Number 23.**, submit evidence of each entry and each exit as evidence of the interrupted stays.

**Information About the Additional Beneficiary's Public Benefits**

**Item Numbers 24. - 27.B.** only apply 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 **Item Numbers 24. - 27.B.**

24. Has the beneficiary, 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, any of the following public benefits? (**select all** that apply).

- Yes, the beneficiary has received or is currently certified to receive the following public benefits:
  - 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.

25. 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 11. Additional Information**. Submit evidence as outlined in the Instructions.

<p><b>A.</b> Type of Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Agency that Granted the Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div>	<p>Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div>

**Information About the Additional Beneficiary's Public Charge (continued)**

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

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

**26.** If you answered "Yes" to **Item Number 23.**, 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 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.

**27. 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

