Nonimmigrant Petition Based on Blanket L Petition

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

USCIS
Form I-129S
OMB No. 1615-0010
Expires 11/30/2021

For Government Use Only			
Received	**Resubmitted**	**Fee Receipt**	**Action Block**
Relocated Sent	**Relocated Received**		
Validity Dates **From:** _____ **To:** _____		**Beneficiary Interviewed on:** _____ **Approved as:** ☐ **Manager/Executive** ☐ **Specialized Knowledge Professional** **Approval Date:** _____	
Denial Reason			

To be completed by an attorney or BIA-accredited representative (if any).	☐ **Select this box if Form G-28 or Form G-28I is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)

► **START HERE - Type or print in black ink.**

Part 1. Information About The Employer (Petitioner)

1. Name of the Petitioning Organization

Petitioner's Mailing Address

2.a. In Care Of Name (if any)

2.b. Street Number and Name

2.c. ☐ Apt. ☐ Ste. ☐ Flr.

2.d. City or Town

2.e. State **2.f.** ZIP Code

3. Is this mailing address the same as the physical location of the sponsoring company or organization?

☐ Yes ☐ No

If you answered "No" to **Item Number 3.**, provide the sponsoring company's or organization's physical address in **Item Numbers 4.a. - 4.e.**

Petitioner's Physical Address

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State **4.e.** ZIP Code

Petitioner's Contact Information

5. Daytime Telephone Number

6. Fax Number

7. Email Address (if any)

8. Website Address (if any)

Petitioner's Employees in the United States

9. Does the petitioner employ 50 or more individuals in the United States?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 9.**, complete **Item Number 10.**

10. Are more than 50 percent of the petitioner's employees in H-1B, L-1A, or L-1B nonimmigrant status?

☐ Yes ☐ No

Part 2. Information About the Proposed Position and Prior Employment Periods in the United States

The beneficiary will work as a:

1.a. ☐ Manager or Executive (L-1A)

1.b. ☐ Specialized Knowledge Professional (L-1B)

Dates of Proposed Employment

Provide the beneficiary's dates of proposed employment.

2.a. Start Date (mm/dd/yyyy)

2.b. End Date (mm/dd/yyyy)

Prior Periods of Stay in the United States

3. Was the beneficiary of this petition in the United States during the last seven years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, provide the dates of the beneficiary's prior periods of stay for the last seven years in a work-authorized capacity and indicate the beneficiary's immigration status and visa category (for example, H-1B, O-1) during the period of stay. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

Period of Stay 1

4.a. From (mm/dd/yyyy)

4.b. To (mm/dd/yyyy)

5. Nonimmigrant Status During Period of Stay

Period of Stay 2

6.a. From (mm/dd/yyyy)

6.b. To (mm/dd/yyyy)

7. Nonimmigrant Status During Period of Stay

Part 3. Information About the Beneficiary

Provide the following information about the beneficiary.

1. Alien Registration Number (A-Number) (if any)

► **A-**

2. USCIS Online Account Number (if any)

►

3. U.S. Social Security Number (if any)

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Beneficiary's Full Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Beneficiary's Foreign Mailing Address

6.a. In Care Of Name (if any)

6.b. Street Number and Name or PO Box

6.c. ☐ Apt. ☐ Ste. ☐ Flr.

6.d. City or Town

6.e. Province

6.f. Postal Code

6.g. Country

7. Is this mailing address also where the beneficiary physically resides? ☐ Yes ☐ No

If you answered "No" to **Item Number 7.**, provide the beneficiary's physical address in **Item Numbers 8.a. - 8.f.**

Part 3. Information About the Beneficiary (continued)

Beneficiary's Foreign Physical Address

8.a. Street Number and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. Province

8.e. Postal Code

8.f. Country

Other Information About the Beneficiary

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

10. Gender ☐ Male ☐ Female

11. City or Town of Birth

12. Province or State of Birth

13. Country of Birth

14. Country of Citizenship or Nationality

Part 4. Information About Proposed United States Employment

1. Provide the receipt number for the Blanket L petition upon which this petition is based.

▶

2. Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition? ☐ Yes ☐ No

Proposed Employment Address for the Beneficiary

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

Wages and Hours of Proposed Employment

Provide the wages per year the beneficiary will receive and the number of hours the beneficiary will work per week for the proposed employment. Also describe any other compensation the beneficiary will receive, including dollar value (if applicable).

4. Beneficiary's Wages Per Year **$**

5. Beneficiary's Hours Per Week

6. Other Compensation

Proposed Job Title and Duties

Provide the job title and duties the beneficiary will perform. Also indicate the percentage of time the beneficiary will spend performing the duties on a daily basis. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

7. Job Title

8. Duties Performed on a Daily Basis

Primary Worksite

If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

9. If you are seeking L-1B specialized knowledge professional status for the beneficiary, will the beneficiary work primarily offsite (at a worksite of a company or organization other than the petitioner or its affiliate, branch, subsidiary, or parent company)?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 9.**, describe how and who will control and supervise the beneficiary's work and why the placement is not labor for hire in **Item Numbers 10.a. - 11.**

10.a. Supervisor's Name

10.b. Nature of Supervision and Control of the Beneficiary's Work

Part 4. Information About Proposed United States Employment (continued)

11. Describe the reasons why the placement of the beneficiary at this worksite is not an arrangement to provide labor for hire. Also include a description of how the beneficiary's duties at this worksite relate to your need for the specialized knowledge he or she possesses.

Part 5. Information About Foreign Employment

Provide information for **each** qualifying foreign employer for whom the beneficiary worked during the required one continuous year out of three years. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

Qualifying Foreign Position

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

1.a. ☐ Manager

1.b. ☐ Executive

1.c. ☐ Specialized Knowledge Professional

Qualifying Foreign Employer Name and Address

Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.

2. Foreign Employer Name

Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. Province

3.e. Postal Code

3.f. Country

Other Information About the Beneficiary's Foreign Employment

Provide the beneficiary's job titles, dates of foreign employment, and the duties of the jobs the beneficiary performed during the required one continuous year out of three years. Also provide the yearly wage the beneficiary received and the number of hours the beneficiary worked per week.

Job 1

4. Job Title

5.a. Start Date (mm/dd/yyyy)

5.b. End Date (mm/dd/yyyy)

6. Job Duties

7. Wages Earned Per Year **$**

8. Hours Worked Per Week

Job 2

9. Job Title

10.a. Start Date (mm/dd/yyyy)

10.b. End Date (mm/dd/yyyy)

11. Job Duties

12. Wages Earned Per Year **$**

13. Hours Worked Per Week

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

Select **Item Number 1.** or **2.**, as appropriate.

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:

1. ☐ 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

2. ☐ 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 7. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

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

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.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.

1.b. ☐ The interpreter named in **Part 8.** 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. ☐ At my request, the preparer named in **Part 9.**, _____, prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

3.a. Authorized Signatory's Family Name (Last Name)

3.b. Authorized Signatory's Given Name (First Name)

4. Authorized Signatory's Title

5. Authorized Signatory's Daytime Telephone Number

6. Authorized Signatory's Mobile Telephone Number (if any)

7. Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, 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, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, this petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8.a. Petitioner's or Authorized Signatory's Signature

➡

8.b. Date of Signature (mm/dd/yyyy)

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

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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 7.**, **Item Number 1.b.**, 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 Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 9. 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.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Part 9. 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.

7.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 petition.

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 Declaration and 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.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 10. 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 the beneficiary's 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.

1.a. Beneficiary's Family Name (Last Name)

1.b. Beneficiary's Given Name (First Name)

1.c. Beneficiary's Middle Name

2. Beneficiary's A-Number (if any)

► **A-**

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.