



# Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker

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

USCIS  
Form I-129CW  
OMB No. 1615-0111  
Expires 09/30/2024

For USCIS Use Only		
<b>Receipt</b>	<b>Partial Approval (explain)</b>	<b>Action Block</b>
<b>Class:</b> _____ <b># of Workers:</b> _____ <b>Job Code:</b> _____ <b>Priority Number:</b> _____ <b>Validity Dates: From:</b> _____ <b>To:</b> _____	<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.**

## Part 1. Information About the Employer Filing This Petition

If you are an individual employer or sole proprietor filing this application, complete **Item Numbers 1.a. - 2.** All petitioners should complete **Item Numbers 3. - 9.c.**

### Legal Name of Individual Petitioner or Sole Proprietor

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

4.g. If your place of business does not have a physical address, provide a description of your location, (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition. If you need more space to provide your explanation, use the space provided in **Part 10. Additional information.**

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

5. Trade Name or "Doing Business As" Name (if applicable)

### Petitioning Company or Organization Name and Address (USPS ZIP Code Lookup)

3. Name of Employer/Organization

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

4.b. Street Number and Name

4.c.  Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

### Petitioner's Contact Information

6.a. Daytime Telephone Number

6.b. Mobile Telephone Number (if any)

6.c. Email Address (if any)

**Part 1. Information about the Employer Filing This Petition** (continued)

**Taxpayer Identification Numbers**

Provide the following information as applicable:

7.a. Employer Identification Number (EIN)

7.b. Individual Taxpayer Identification Number (ITIN)

7.c. U.S. Social Security Number (if any)

8. USCIS Online Account Number (if any)

**E-Verify Information**

9.a. Do you certify that you are a participant in good standing in the E-Verify program?  Yes  No

9.b. Employer's Name as Listed in E-Verify

9.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

**Part 2. Information About This Petition**

Basis for Classification (Select **only one** box):

- 1.a.  New employment (including a duplicate for U.S. Department of State notification).
- 1.b.  Continuation of previously approved employment without change with the same employer.
- 1.c.  Change in previously approved employment (provide an explanation in **Part 10. Additional Information**).
- 1.d.  New concurrent employment.
- 1.e.  Change of employer for a worker already in the requested classification.
- 1.f.  Amended petition (provide an explanation in **Part 10. Additional Information**).
- 2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."

Requested Action (Select **only one** box):

- 3.a.  Notify the office in **Part 4**, so each worker can obtain a visa or be admitted.
- 3.b.  Change the worker's status and extend their stay since the worker is in the CNMI in another status. This option is available only if you selected **Item Number 1.a.**, "New Employment" as the Basis for Classification (see the Instructions for limitations).
- 3.c.  Extend stay of each worker since they now hold this status.
- 3.d.  Amend the stay of each worker since they now hold this status.

If you selected **Item Number 3.b.**, indicate the type of status change you are requesting (Select **only one** box):

- 4.a.  Initial Grant of CW-1 Status in CNMI.
- 4.b.  Change of Federal Nonimmigrant Status to CW-1
- 5. **Total number of workers in petition** (See Instructions relating to when more than one worker can be included):
- 6.a. Are you requesting a long-term CW-1 worker(s)?  Yes  No
- 6.b. If you answered "Yes" to **Item Number 6.a.**, how much time are you are requesting for the CW-1 long-term worker(s)?
  - Up to 1 Year
  - More Than 1 Year, up to 2 Years
  - More Than 2 Years, up to 3 Years
- 6.c. If you answered "Yes" to **Item Number 6.a.**, did each worker continuously maintain CW-1 nonimmigrant status during the required fiscal years?  Yes  No

**Part 3. Worker Information**

Provide the information requested about the worker(s) for whom you are filing. If you are providing information for more than one worker, complete a separate copy of the **Additional Worker Attachment for Form I-129CW** for each additional worker.

**Worker's Full Name**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

**Other Names the Worker Has Used**

Include nicknames, aliases, maiden name, and names from all previous marriages.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

**Other Information**

- 3. Date of Birth (mm/dd/yyyy)
- 4. Gender  Male  Female
- 5. U.S. Social Security Number (if any)
- 6. Alien Registration Number (A-Number) (if any)  
▶ A-
- 7. City or Town of Birth
- 8. State or Province of Birth
- 9. Country of Birth
- 10. Country of Citizenship or Nationality

**Worker's Foreign Address (if any)**

- 11.a. Street Number and Name
- 11.b.  Apt.  Ste.  Flr.
- 11.c. City or Town
- 11.d. State  11.e. ZIP Code
- 11.f. Province
- 11.g. Postal Code
- 11.h. Country

If the worker is in the CNMI, provide the information requested in **Item Numbers 12. - 17.**

- 12. Date of Last Arrival (mm/dd/yyyy)
- 13. Form I-94 Arrival-Departure Record Number
- ▶
- 14.a. Passport or Travel Document Number
- 14.b. Date Passport or Travel Document Issued (mm/dd/yyyy)
- 14.c. Date Passport or Travel Document Expires (mm/dd/yyyy)
- 14.d. Passport or Travel Document Country of Issuance
- 15.a. Current Nonimmigrant Status
- 15.b. Date Status Expires (mm/dd/yyyy) or Duration of Stay (D/S) (see Form I-94 Arrival/Departure Document)
- 16. Student and Exchange Visitor Information System (SEVIS) Number (if any)
- 17. Employment Authorization Document (EAD) Number (if any)

If the worker is in the CNMI, provide their current residential address.

- 18.a. Street Number and Name
- 18.b.  Apt.  Ste.  Flr.
- 18.c. City or Town
- 18.d. State  18.e. ZIP Code
- 19. Have you ever filed an immigrant petition for this worker?  Yes  No
- 20. Have you ever filed a nonimmigrant petition for this worker?  Yes  No

If you answered "Yes" to **Item Number 19.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

If you answered "Yes" to **Item Number 20.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

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

21. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary?  
 Yes  No

If you answered "Yes" to **Item Number 21.**, identify the receipt number for the petition and the date of the decision in **Part 10. Additional Information.**

Provide the worker's prior periods of stay in CW-1 classification in the United States for the last three years in **Item Numbers 22.a. - 24.c.** Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status, for example, CW-2 status. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

**NOTE:** Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)

**Period of Stay 1**

22.a. Employer's Name

22.b. Period of Stay From (mm/dd/yyyy)

22.c. To (mm/dd/yyyy)

**Period of Stay 2**

23.a. Employer's Name

23.b. Period of Stay From (mm/dd/yyyy)

23.c. To (mm/dd/yyyy)

**Period of Stay 3**

24.a. Employer's Name

24.b. Period of Stay From (mm/dd/yyyy)

24.c. To (mm/dd/yyyy)

**Part 4. Processing Information**

If any of the workers in **Part 3. Worker Information** or in an **Additional Worker Attachment for Form I-129CW** are outside the CNMI, or if a requested extension of stay or change of status cannot be granted, provide the U.S. Consulate or CBP inspection facility you want notified if this petition is approved.

1.a. Type of Office (Select **only one** box):

- U.S. Embassy or U.S. Consulate  
 CBP Pre-flight Inspection  
 U.S. Port of Entry

1.b. Office Location (City or Town)

1.c. Foreign Country or U.S. State

2. Does each worker in this petition have a valid passport?

- Yes  No

If you answered "No" to **Item Number 2.**, type or print a brief explanation in **Part 10. Additional Information.**

3. Are you filing any other petitions with this one?

- Yes  No

If yes, 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 numbers(s).

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

5. Are you filing any applications for dependents with this petition?

- Yes  No

If yes, how many?

▶

6. Is any worker in this petition in removal proceedings?

- Yes  No

If yes, how many?

▶

Provide the name and A-Number of each worker in removal proceedings in **Part 10. Additional Information.**

**Part 4. Processing Information (continued)**

7.a. Does any worker in this petition have ownership interest in the petitioning organization?  Yes  No

7.b. If you answered "Yes" to **Item Number 7.a.**, provide an explanation of the worker's ownership interests.

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

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

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

8.c. Have you or the employer ever received a final order of debarment from DOL in any foreign labor certification program?  Yes  No

8.d. If you answered "Yes" to **Item Numbers 8.a., 8.b., or 8.c.**, please explain.

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

9.a. Is this petition exempt from the CW-1 numerical limit (or cap) because the worker(s) has been previously counted against the CW-1 cap in the same fiscal year?  Yes  No

9.b. If you answered "Yes" to **Item Number 9.a.**, provide the receipt number.

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10. Are you requesting consideration under the governor's cap reservation?  Yes  No

**Part 5. Basic Information About the Proposed Employment and Employer**

1. Job Title  
\_\_\_\_\_

2. Employment and Training Administration (ETA) Case Number For Temporary Labor Certification (TLC)  
\_\_\_\_\_

3. SOC Code ▶ 

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4. Nontechnical Job Description  
\_\_\_\_\_

5. Will the worker(s) be working at multiple worksites?  Yes  No

If you answered "Yes" to **Item Number 5.**, you must submit a detailed itinerary with your petition.

If you answered "No" to **Item Number 5.**, provide the address where the worker(s) will work if different from the address in **Part 1.** If the location has no address, describe the location where the worker will work and provide a map with your petition. If you need more space, use the space provided in **Part 10. Additional Information.**

6.a. Street Number and Name \_\_\_\_\_

6.b.  Apt.  Ste.  Flr. \_\_\_\_\_

6.c. City or Town \_\_\_\_\_

6.d. State 

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 6.e. ZIP Code 

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

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

8.b. If you answered "No" to **Item Number 8.a.**, how many hours of work per week for the position?  
▶ 

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9.a. Wages: \$ 

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

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9.b. Other Compensation (Explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Intended Employment

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

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

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11. Type of Business  
\_\_\_\_\_

12. Year Established  
\_\_\_\_\_

13. Current Number of Employees  
\_\_\_\_\_

14. Gross Annual Income  
\_\_\_\_\_

15. Net Annual Income  
\_\_\_\_\_

## Part 6. Employer's Attestation

The above named petitioning employer has not displaced and will not displace a United States worker in order to employ the worker as agreed to in the application for Temporary Labor Certification.

The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(iii).

The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vii).

The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.

Each worker meets the qualifications for the position.

Each worker, if present in the CNMI, is lawfully present in the CNMI.

The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification including H-2A or H-2B.

The position falls within the list of occupational categories designated by USCIS (Select **only one** box):

- 5.a.  Professional, Technical, or Management Occupations
- 5.b.  Clerical and Sales Occupations
- 5.c.  Service Occupations
- 5.d.  Agricultural, Fisheries, Forestry, and Related Occupations
- 5.e.  Processing Occupations
- 5.f.  Machine Trade Occupations
- 5.g.  Benchwork Occupations
- 5.h.  Structural Occupations
- 5.i.  Miscellaneous Occupations

The above named petitioning employer will pay each worker a wage that is not less than the greater of:

- 1) The CNMI minimum wage;
- 2) The Federal minimum wage; or
- 3) The prevailing wage in the CNMI for the occupation in which the worker will be employed as established by the U.S. Department of Labor; and

The above named petitioning employer will comply with the reporting and retention requirements in 8 CFR 214.2(w)(26).

I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition.

6. Employer's Printed Name

7. Title

8. Employer/Organization Name

## Employer's Signature

9.a. Employer's Signature

➔

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

## Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

**NOTE:** Read the **Penalties** section of the Form I-129CW Instructions before completing this section. You, the petitioner, must file Form I-129CW while in the United States.

## 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. 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.

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

***Petitioner's or 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 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, my petition, and all of this information is complete, true, and correct.

***Petitioner's or Authorized Signatory's Signature***

- 8.a. Petitioner'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 delay a decision on or 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)

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

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item 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 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

**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 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, with this petition.



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**Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory** (continued)

***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 has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of this information in the form 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 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. \_\_\_\_\_  
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DRAFT  
NOT FOR PRODUCTION  
07/07/2022



# Additional Worker Attachment for Form I-129CW

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

USCIS  
Form I-129CW  
OMB No. 1615-0111  
Expires 09/30/2024

Complete a separate copy of this attachment for each additional worker included in this petition. (Do not complete a copy of this Attachment for the worker you already named in **Part 3** of Form I-129CW.)

Provide the same petitioner name information that was provided in **Part 1** of Form I-129CW.

### Legal Name of Individual Petitioner or Sole Proprietor

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

### Petitioning Company or Organization Name and Address

2. Name of Employer/Organization

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

3.c. Street Number and Name

3.d.  Apt.  Ste.  Flr.

3.e. City or Town

3.f. State  3.g. ZIP Code

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

### Information About the Worker

Worker's Full Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

### Other Names the Worker Has Used

Include nicknames, aliases, maiden name, and names from all previous marriages.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

### Other Information

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

7. Gender  Male  Female

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

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

10. City or Town of Birth

11. State or Province of Birth

12. Country of Birth

13. Country of Citizenship or Nationality

### Worker's Foreign Address (if any)

14.a. Street Number and Name

14.b.  Apt.  Ste.  Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

If the worker is in the CNMI, provide the information requested in **Item Numbers 15. - 20.**

15. Date of Last Arrival (mm/dd/yyyy)
16. Form I-94 Arrival-Departure Record Number
- 17.a. Passport or Travel Document Number
- 17.b. Date Passport or Travel Document Issued (mm/dd/yyyy)
- 17.c. Date Passport or Travel Document Expires (mm/dd/yyyy)
- 17.d. Passport or Travel Document Country of Issuance
- 18.a. Current Nonimmigrant Status
- 18.b. Date Status Expires(mm/dd/yyyy) or Duration of Stay (D/S) (see Form I-94 Arrival/Departure Document)
19. Student and Exchange Visitor Information System (SEVIS) Number (if any)
20. Employment Authorization Document (EAD) Number (if any)

If the worker is in the CNMI, provide their current residential address.

- 21.a. Street Number and Name
- 21.b.  Apt.  Ste.  Flr.
- 21.c. City or Town
- 21.d. State  21.e. ZIP Code

22. Have you ever filed an immigrant petition for this worker?  Yes  No

If you answered "Yes" to **Item Number 22.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

23. Have you ever filed a nonimmigrant petition for this worker?  Yes  No

If you answered "Yes" to **Item Number 23.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

24. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary?  Yes  No

If you answered "Yes" to **Item Number 24.**, identify the receipt number for the petition and the date of the decision in **Part 10. Additional Information.**

Provide the worker's prior periods of stay in CW-1 classification in the United States for the last three years in **Item Numbers 25.a. - 27.c.** Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status (for example, CW-2 status). If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

**NOTE:** Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)

**Period of Stay 1**

- 25.a. Employer's Name
- 25.b. Period of Stay From (mm/dd/yyyy)
- 25.c. To (mm/dd/yyyy)

**Period of Stay 2**

- 26.a. Employer's Name
- 26.b. Period of Stay From (mm/dd/yyyy)
- 26.c. To (mm/dd/yyyy)

**Period of Stay 3**

- 27.a. Employer's Name
- 27.b. Period of Stay From (mm/dd/yyyy)
- 27.c. To (mm/dd/yyyy)