

TABLE OF CHANGES – FORM
Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
09/19/2023

Reason for Revision: H-1B NPRM

Project Phase: OMB Review

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 11/30/2025

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Current Page Number and Section	Current Text	Proposed Text
<p>Page 2,</p> <p>Part 2. Information About This Petition (See instructions for fee information)</p>	<p>[Page 2]</p> <p>...</p> <p>d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.</p> <p>e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)</p> <p>...</p>	<p>[Page 2]</p> <p>...</p> <p>d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from their current authorized period of stay.</p> <p>[no change]</p> <p>...</p>
<p>Pages 4-5, Part 5. Basic Information About the Proposed Employment and Employer</p>	<p>[Page 5]</p> <p>...</p> <p>3. Address where the beneficiary(ies) will work if different from address in Part 1.</p> <p>[new]</p> <p>Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>[new]</p>	<p>[Page 5]</p> <p>...</p> <p>3. Address(es) where the beneficiary(ies) will work if different from address in Part 1. If you need to provide more than two additional addresses, use Part 9. Additional Information.</p> <p>Address 1</p> <p>Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>Is this a third-party location? Yes No</p>

	<p>4. Did you include an itinerary with the petition? Yes No</p> <p>5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No</p> <p>6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No</p> <p>7. Is this a full-time position? Yes No</p> <p>8. If the answer to Item Number 7. is no, how many hours per week for the position?</p> <p>9. Wages: \$ per (Specify hour, week, month, or year)</p> <p>10. Other Compensation (Explain)</p> <p>11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)</p> <p>12. Type of Business</p> <p>13. Year Established</p> <p>14. Current Number of Employees in the United States</p> <p>15. Gross Annual Income</p> <p>16. Net Annual Income</p>	<p>If you answered "Yes," provide the name of the third-party organization.</p> <p>Address 2</p> <p>Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>Is this a third-party location? Yes No</p> <p>If you answered "Yes," provide the name of the third-party organization.</p> <p>[no change]</p> <p>[deleted]</p> <p>5. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No</p> <p>6. Is this a full-time position? Yes No</p> <p>7. If the answer to Item Number 6. is no, how many hours per week for the position?</p> <p>8. Wages: \$ per (Specify hour, week, month, or year)</p> <p>9. Other Compensation (Explain)</p> <p>10. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)</p> <p>11. Type of Business</p> <p>12. Year Established</p> <p>13. Current Number of Employees in the United States</p> <p>14. Gross Annual Income</p> <p>15. Net Annual Income</p>
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<p>Page 9, E-1/E-2 Classification Supplement to Form I-129</p>	<p>[Page 9]</p> <p>...</p> <p>3. Classification sought (select only one box): E-1 Treaty Trader E-2 Treaty Investor E-2 CNMI Investor</p> <p>...</p>	<p>[Page 9]</p> <p>...</p> <p>3. Classification sought (select only one box): E-1 Treaty Trader E-2 Treaty Investor E-2 CNMI Investor</p> <p>...</p>
<p>Page 13-14, H Classification Supplement to Form I-129</p>	<p>[Page 13]</p> <p>...</p> <p>5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).</p> <p>[new]</p> <p>6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p>[Page 14]</p> <p>...</p> <p>8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization? Yes. If yes, please explain in Item Number 8.b. No</p> <p>8.b. Explanation</p>	<p>[Page 13]</p> <p>...</p> <p>5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption):</p> <p>a. Provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable), and</p> <p>b. Provide the beneficiary's passport number, country of issuance, and expiration date for the passport used at the time of registration.</p> <p>[no change]</p> <p>...</p> <p>8.a. Does any beneficiary in this petition have a controlling ownership interest in the petitioning organization? Yes. If yes, please explain in Item Number 8.b. No</p> <p>8.b. Explanation</p>
<p>Page 14, Section 1. Complete This Section If Filing for H-1B Classification</p>	<p>[Page 14]</p> <p>...</p> <p>By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a</p>	<p>[Page 14]</p> <p>...</p> <p>By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H-1B1 employment. If there is material change to the beneficiary's employment requiring a new LCA, I will file an amended or</p>

	<p>position in a new location, I will obtain and post an LCA for that site prior to reassignment.</p> <p>I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.</p> <p>[new]</p> <p>Signature of Petitioner</p> <p>...</p>	<p>new petition for that beneficiary prior to that change taking place.</p> <p>[no change]</p> <p>By filing this petition, I agree to the conditions of H-1B or H-1B1 employment and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS. I understand that Government access to the petitioning organization's headquarters, satellite locations, or the location where the beneficiary works or will work, including third-party worksites, is vital for the purpose of determining compliance with H-1B or H-1B1 requirements. I understand that USCIS's inability to verify facts, including due to the failure or refusal of the petitioner or third party to cooperate in an inspection or other compliance review, may result in denial or revocation of the approval of the H-1B or H-1B1 petition.</p> <p>[no change]</p> <p>...</p>
<p>Page 19, Section 1. General Information</p>	<p>[Page 19]</p> <p>...</p> <p>5. DOT Code</p> <p>6. NAICS Code</p>	<p>[Page 20]</p> <p>...</p> <p>5. SOC Code</p> <p>[no change]</p>
<p>Page 20-21, Section 3. Numerical Limitation Information</p>	<p>[Page 20]</p> <p>Section 3. Numerical Limitation Information</p> <p>1. Specify the type of H-1B petition you are filing. (select only one box):</p> <p>a. CAP H-1B Bachelor's Degree</p> <p>b. CAP H-1B U.S. Master's Degree or Higher</p> <p>c. CAP H-1B1 Chile/Singapore</p> <p>d. CAP Exempt</p> <p>[Page 21]</p> <p>...</p>	<p>[Page 21]</p> <p>Section 3. Numerical Limitation Information</p> <p>1. Specify the type of H-1B petition you are filing. (select only one box):</p> <p>a. Cap H-1B Bachelor's Degree</p> <p>b. Cap H-1B U.S. Master's Degree or Higher</p> <p>c. Cap H-1B1 Chile/Singapore</p> <p>d. Cap Exempt</p> <p>...</p> <p>[Page 22]</p>

	<p>b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).</p> <p>c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).</p> <p>d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).</p> <p>e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.</p> <p>f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.</p> <p>g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).</p> <p>h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.</p>	<p>b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(iii)(F)(2).</p> <p>c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(iii)(F)(3).</p> <p>d. The beneficiary will be employed at a qualifying cap exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(iii)(F)(4).</p> <p>e. The beneficiary is currently employed at a cap-exempt institution, organization , or entity, and the petitioner seeks to concurrently employ the H-1B beneficiary.</p> <p>[no change]</p> <p>g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6-year period of admission, (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21), or (3) is seeking an amendment to a petition that was part of the beneficiary's 6-year period of admission or an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of AC21.</p> <p>[no change]</p>
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