

TABLE OF CHANGES – FORM
Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
11/26/2024

Reason for Revision: H-1B Comprehensive Final Rule

Project Phase: OGCReview

Legend for Proposed Text:

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

Expires 02/28/2027

Edition Date 09/25/2024

Current Page Number and Section	Current Text	Proposed Text
<p>Page 2, Part 2. Information About This Petition (See instructions for fee information)</p>	<p>[Page 2]</p> <p>Part 2. Information About This Petition</p> <p>1. Requested Nonimmigrant Classification (Write classification symbol):</p> <p>2. Basis for Classification (select only one box):</p> <p>...</p> <p>4. Requested Action (select only one box):</p> <p>a. Notify the office in Part 4. so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)</p> <p>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 instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.</p> <p>c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.</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.</p>	<p>Part 2. Information About This Petition</p> <p>1. Requested Nonimmigrant Classification (Write classification symbol):</p> <p>[no change]</p> <p>...</p> <p>4. Requested Action (select only one box):</p> <p>[no change]</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>Pages 2-3, Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)</p>	<p>...</p> <p>[Page 2]</p> <p>Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)</p> <p>1. Type of Beneficiaries Requested (select only one box) Named Unnamed (for H-2A or H-2B petitions only)</p> <p>...</p> <p>6. If the beneficiary is in the United States, complete the following: Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy) Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)</p> <p>7. Current Residential U.S. Address (if applicable) (do not list a P.O. Box) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p>	<p>...</p> <p>Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)</p> <p>[no change]</p> <p>...</p> <p>6. If the beneficiary is in the United States, complete the following: Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance Current Nonimmigrant Status Date Status Expires (mm/dd/yyyy) or D/S Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)</p> <p>[no change]</p>
<p>Pages 4-5, Part 5. Basic Information About the Proposed Employment and Employer</p>	<p>[Page 4]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>[Page 5]</p> <p>3. Address where the beneficiary(ies) will work if different from address in Part 1. Street Number and Name</p>	<p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. LCA or ETA Case Number</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</p>

	<p>Apt./Ste./Flr. Number City or Town State ZIP Code</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>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 Is this a third-party location? Yes No</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 Is this a third-party location? Yes No</p> <p>If you answered "Yes," provide the name of the third-party organization.</p> <p>4. Did you include an itinerary with the petition? Yes No</p> <p>[no change]</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. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No</p> <p>16. Gross Annual Income</p> <p>17. Net Annual Income</p>	
<p>Page 11, Section 2. Petitioner’s Declaration, Signature, and Contract Information (Read the information on penalties in the instructions before completing this section.)</p>	<p>[Page 11]</p> <p>Section 2. Petitioner's Declaration, Signature, and Contact Information (Read the information on penalties in the instructions before completing this section.)</p> <p>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 U.S. Citizenship and Immigration Services (USCIS) at a later date.</p> <p>...</p>	<p>Section 2. Petitioner's Declaration, Signature, and Contact Information (Read the information on penalties in the instructions before completing this section.)</p> <p>[no change]</p> <p>...</p>
<p>Page 13-14, H Classification Supplement to Form I-129</p>	<p>[Page 13]</p> <p>H Classification Supplement to Form I-129</p> <p>1. Name of the Petitioner</p> <p>Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries</p> <p>...</p> <p>8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization? Yes No</p>	<p>H Classification Supplement to Form I-129</p> <p>[no change]</p> <p>...</p> <p>8.a. Does any beneficiary in this petition have a controlling interest in the petitioning organization, meaning the beneficiary owns more than 50 percent of the petitioner or has majority voting rights in the petitioner?</p> <p>Yes. If “Yes,” please explain in Item Number 8.b. No</p>

	<p>If yes, please explain in Item Number 8.b.</p> <p>8.b. Explanation</p>	<p>[no change]</p>
<p>Pages 14-15, Section 1. Complete This Section If Filing for H-1B Classification</p>	<p>[Page 14]</p> <p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties.</p> <p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</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 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>Signature of Petitioner</p> <p>...</p>	<p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties.</p> <p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</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.</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>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 USCIS 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' 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 this petition or any H-1B petition for H-1B workers performing services at the location or locations that are a subject of inspection or compliance review, including any third-party worksites.</p> <p>Signature of Petitioner</p> <p>...</p>
<p>Pages 15-18, Section 2. Complete</p>	<p>[Page 15]</p> <p>Section 2. Complete This Section If Filing for</p>	

<p>This Section If Filing for H-2A or H-2B Classification</p>	<p>H-2A or H-2B Classification</p> <p>1. Employment is: (select only one box)</p> <p>a. Seasonal</p> <p>b. Peak load</p> <p>c. Intermittent</p> <p>d. One-time occurrence</p> <p>2. Temporary need is: (select only one box)</p> <p>a. Unpredictable</p> <p>b. Periodic</p> <p>...</p>	<p>Section 2. Complete This Section If Filing for H-2A or H-2B Classification</p> <p>1. Employment is: (select only one box)</p> <p>a. Seasonal</p> <p>b. Peak load</p> <p>c. Intermittent</p> <p>d. One-time occurrence</p> <p>2. Temporary need is: (select only one box)</p> <p>a. Unpredictable</p> <p>[no change]</p> <p>...</p>
<p>Pages 19-20, Section 2. Fee Exemption and/or Determination</p>	<p>[Page 19]</p> <p>Section 2. Fee Exemption and/or Determination</p> <p>In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:</p> <p>...</p> <p>9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No</p> <p>If you answered yes, to Item Number 9. above, you are required to pay an additional ACWIA fee of \$750. If you answered no, then you are required to pay an additional ACWIA fee of \$1,500.</p> <p>NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.</p> <p>The Fraud Prevention and Detection Fee and</p>	<p>Section 2. Fee Exemption and/or Determination</p> <p>[no change]</p> <p>...</p> <p>9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No</p> <p>If you answered yes, to Item Number 9. above, you are required to pay an additional ACWIA fee of \$750. If you answered no, then you are required to pay an additional ACWIA fee of \$1,500.</p> <p>NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. An additional fee of \$4,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.</p> <p>[no change]</p>

	<p>Public Law 114-113 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.</p>	
<p>Pages 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>...</p> <p>[Page 21]</p> <p>3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:</p> <p>a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).</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</p>	<p>Section 3. Numerical Limitation Information</p> <p>[no change]</p> <p>...</p> <p>3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:</p> <p>a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).</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>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, (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in</p>

	<p>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>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>
<p>Page 35, Attachment-1 to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p>	<p>[Page 35]</p> <p>Attachment-1 Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>...</p> <p>IF IN THE UNITED STATES:</p> <p>Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Country of Issuance for Passport or Travel Document</p> <p>Current Nonimmigrant Status</p> <p>Date Status Expires or D/S (mm/dd/yyyy)</p> <p>Student and Exchange Visitor Information System (SEVIS) Number (if any)</p> <p>Employment Authorization Document (EAD) Number (if any)</p>	<p>Attachment-1 Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>[no change]</p> <p>...</p> <p>IF IN THE UNITED STATES:</p> <p>Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Country of Issuance for Passport or Travel Document</p> <p>Current Nonimmigrant Status</p> <p>Date Status Expires (mm/dd/yyyy) or D/S</p> <p>Student and Exchange Visitor Information System (SEVIS) Number (if any)</p> <p>Employment Authorization Document (EAD) Number (if any)</p>
<p>Page 36, Attachment-1 to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p>	<p>[Page 36]</p> <p>Attachment-1 Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>...</p> <p>IF IN THE UNITED STATES:</p>	<p>Attachment-1 Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>[no change]</p> <p>...</p> <p>IF IN THE UNITED STATES:</p>

	<p>Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Country of Issuance for Passport or Travel Document</p> <p>Current Nonimmigrant Status</p> <p>Date Status Expires or D/S (mm/dd/yyyy)</p> <p>Student and Exchange Visitor Information System (SEVIS) Number (if any)</p> <p>Employment Authorization Document (EAD) Number (if any)</p>	<p>Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Country of Issuance for Passport or Travel Document</p> <p>Current Nonimmigrant Status</p> <p>Date Status Expires (mm/dd/yyyy) or D/S</p> <p>Student and Exchange Visitor Information System (SEVIS) Number (if any)</p> <p>Employment Authorization Document (EAD) Number (if any)</p>