

myUSCIS Copydeck: Interactive Forms	
Form Number and Name	I-129, Petition for a Nonimmigrant Worker
OMB Number	1615-0009
Form Edition Date:	11/2/2022
Form Expiration Date:	11/30/2025
Baseline Copydeck:	I-129-043 H-1B Comprehensive Final Rule REV

Revision Key		
Description		
<ul style="list-style-type: none"> • All original (old) text is black. • All revised (new) text is red. 		
Example	Original	Revised
<ul style="list-style-type: none"> • All original text is black. • Any text that is removed from original column will be removed in the revision column with the words on either side indicated with red. 	1. Oranges 2. Bananas 3. Apple 4. Pineapple	1. Oranges 2. Bananas 3. Pineapple 4. Pear
	I want to eat a watermelon for lunch and go hiking today.	I want to go hiking today.

FILE A FORM: I-129

Column Header Descriptions

Header: If needed, a header is located directly under the dropdown menu and above the body text.

Heading	Body Text	Alert	Link	CTA	Notes
File a Form	<p>Select the form you want to file online. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.</p> <p>Fee waiver: If you are requesting a fee waiver, you cannot file online. You must file a paper version of both the Form I-912, Request for Fee Waiver and the form for the specific benefit you are requesting. You can review the fee waiver guidance at www.uscis.gov/feewaiver.</p>				
Select the form you want to file online	<p>This form is used by an employer or agent to petition U.S. Citizenship and Immigration Services (USCIS) for a beneficiary to come temporarily to the United States as a nonimmigrant to perform services or labor, or to receive training. Generally, a Form I-129 petition may not be filed more than 6 months prior to the date employment is scheduled to begin.</p> <p>Form I-129 includes the:</p> <ul style="list-style-type: none">• Basic petition;• Individual supplements relating to specific classifications; and• H-1B Data Collection and Filing Fee Exemption Supplement (required for H-1B and H-1B1 classifications only). <p>Note: You may apply online if the requested eligibility classification is:</p> <ul style="list-style-type: none">• H-1B - Specialty occupation workers;• H-1B1 - Specialty occupation workers from Chile and Singapore;• H-1B2 - A beneficiary performing exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD) ; or• H-1B3 - Fashion models of distinguished merit and ability. <p>All other classifications must be filed using a paper Form I-129.</p> <p>Concurrent filing available</p> <p>You can file Form I-907, Request for Premium Processing Service, if you are filing Form I-129 for a nonimmigrant classification that is eligible for premium processing.</p> <p>If you request premium processing, we will present the Form I-907 for you to complete after you sign the Form I-129. This will allow you to pay for and submit both forms at the same time.</p>		https://www.uscis.gov/sites/default/files/document/forms/i-129.pdf		

APPLICATION OVERVIEW: I-129

Column Header Descriptions

Heading: The primary heading on a page, typically the first part of a section of the page.

Heading	Sub-Heading	Conditional Logic	Body Text	Revision	Alert	Required?	Link	CTA
I-129, Petition for a Nonimmigrant Worker			<p>This form is used by an employer or agent to petition U.S. Citizenship and Immigration Services (USCIS) for a beneficiary to come temporarily to the United States as a nonimmigrant to perform services or labor, or to receive training. Generally, a Form I-129 petition may not be filed more than 6 months prior to the date employment is scheduled to begin.</p> <p>Form I-129 includes the:</p> <ul style="list-style-type: none"> Basic petition; Individual supplements relating to specific classifications; and H-1B Data Collection and Filing Fee Exemption Supplement (required for H-1B and H-1B1 classifications only). <p>Note: You may apply online if the requested eligibility classification is:</p> <ul style="list-style-type: none"> H-1B - Specialty occupation workers; H-1B1 - Specialty occupation workers from Chile and Singapore; H-1B2 - A beneficiary performing exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD); or H-1B3 - Fashion models of distinguished merit and ability. <p>All other classifications must be filed using a paper Form I-129.</p>				https://www.uscis.gov/i-129	
Before You Start Your Petition	Eligibility		<p>Who May File Form I-129?</p> <p>General: A U.S. employer may file this form and applicable supplements to classify a beneficiary in any nonimmigrant classification listed in the About You section or the Reason for Request section of these instructions. A foreign employer, U.S. agent, or association of U.S. agricultural employers may file for certain classifications as indicated in the specific instructions.</p> <p>Agents: A U.S. individual or company in business as an agent may file a petition for workers who are traditionally self-employed or workers who use agents to arrange short-term employment on their behalf with numerous employers, and in cases where a foreign employer authorizes the agent to act on its behalf. A petition filed by an agent must include a complete itinerary of services or engagements, including dates, names, and addresses of the actual employers, and the locations where the services will be performed. A petition filed by a U.S. agent must guarantee the wages and other terms and conditions of employment by contractual agreement with the beneficiary or beneficiaries of the petition. The agent/employer must also provide an itinerary of definite employment and information on any other services planned for the period of time requested.</p> <p>Naming beneficiaries: All beneficiaries in a petition must be named.</p> <p>Note: You can file Form I-907, Request for Premium Processing Service, if you are filing a Form I-129 for a nonimmigrant classification that is eligible for premium processing. If you request premium processing, we will present the Form I-907 for you to complete after you sign the Form I-129. This will allow you to pay for and submit both forms at the same time.</p>					
			<p>Who May File Form I-129?</p> <p>General: A U.S. employer may file this form and applicable supplements to classify a beneficiary in any nonimmigrant classification listed in the About You section or the Reason for Request section of these instructions. A foreign employer, U.S. agent, or association of U.S. agricultural employers may file for certain classifications as indicated in the specific instructions.</p> <p>Agents: A U.S. individual or company in business as an agent may file a petition for workers who are traditionally self-employed or workers who use agents to arrange short-term employment on their behalf with numerous employers, and in cases where a foreign employer authorizes the agent to act on its behalf. A petition filed by an agent must include a complete itinerary of services or engagements, including dates, names, and addresses of the actual employers, and the locations where the services will be performed. A petition filed by a U.S. agent must guarantee the wages and other terms and conditions of employment by contractual agreement with the beneficiary or beneficiaries of the petition. The agent/employer must also provide an itinerary of definite employment and information on any other services planned for the period of time requested. The itinerary requirement does not apply to any H classifications.</p> <p>Naming beneficiaries: All beneficiaries in a petition must be named.</p> <p>Note: You can file Form I-907, Request for Premium Processing Service, if you are filing a Form I-129 for a nonimmigrant classification that is eligible for premium processing. If you request premium processing, we will present the Form I-907 for you to complete after you sign the Form I-129. This will allow you to pay for and submit both forms at the same time.</p>					
		[accordion]	<p>H Classification Supplement</p> <p>This is used to:</p> <ul style="list-style-type: none"> Determine which H Classification is sought by the petitioner for the beneficiary; Collect information related to the beneficiary's qualifications; and Collect information related to the beneficiary's proposed employment. <p>Who is required to submit this supplement? A U.S. employer or U.S. agent seeking to sponsor a nonimmigrant worker in any H-1B classification.</p>					
		[accordion]	<p>Trade Agreement Supplement</p> <p>This is used to:</p> <ul style="list-style-type: none"> Collect details about the proposed employment; Collect details about beneficiary's eligibility; and Collect employer's attestation to comply with terms and conditions of the classification. <p>Who is required to submit this supplement? A U.S. employer or U.S. agent seeking to sponsor a nonimmigrant worker based on a Free Trade Agreement between the United States and the beneficiary's country of citizenship.</p>					
		[accordion]	<p>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p> <p>This is used to:</p> <ul style="list-style-type: none"> Collect additional information about the H-1B employer and beneficiary; Determine the appropriate fees for the petition; and Determine whether the beneficiary is subject to the H-1B numerical limitation (also known as the H-1B cap). <p>Who is required to submit this supplement? A U.S. employer or U.S. agent seeking to classify a beneficiary as an H-1B or H-1B1 Free Trade Nonimmigrant worker must file this with the Form I-129 and the appropriate fee.</p>					
			<p>We will automatically calculate the cost for you before you submit your petition. For specific information about fees applicable to this form, see Form G-1055. There is an additional fee for Premium Processing Service.</p> <p>Refund policy: USCIS does not refund fees, regardless of any action we take on your application, petition, or request, or how long USCIS takes to reach a decision. By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service.</p> <p>Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833.</p>				https://www.uscis.gov/g-1055	
			<p>We will automatically determine which documents you should provide us as you fill out your petition. At the time of filing, you must submit all evidence and supporting documentation listed.</p> <p>Biometrics services appointment for certain beneficiaries who will be working in the Commonwealth of the Northern Mariana Islands (CNMI)</p> <p>After receiving your petition and ensuring completeness, USCIS will inform you in writing when the beneficiary needs to go to their local USCIS Application Support Center (ASC) for their biometrics services appointment. Failure to attend the biometrics services appointment may result in denial of your petition.</p>					
After You Submit Your Petition	Track your case online		<p>After you submit your form, you can track its status through your USCIS account. Sign into your account often to check your case status and read any important messages from USCIS.</p>					

APPLICATION OVERVIEW: I-129

Column Header Descriptions

Heading: The primary heading on a page, typically the first part of a section of the page.

Heading	Sub-Heading	Conditional Logic	Body Text	Revision	Alert	Required?	Link	CTA
	Respond to requests for information		If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account.					
	Provide your biometrics		We will contact the beneficiary to schedule an appointment at an Application Support Center near them, if applicable. At the appointment, we will get their fingerprints, photograph, and signature.					
	Receive your decision		The decision on Form I-129 involves a determination of whether you have established eligibility for the immigration benefit you are seeking. USCIS will notify you of the decision in writing.					Next
Completing Your Petition Online	Filing online		Submitting your application online is the same as mailing in a completed paper form. They both gather the same information.					
	Complete the Getting Started section first		You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience.					
	Provide as many responses as you can		You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down processing of your case after you submit your form.					
	We will automatically save your responses		We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30 days from today, or from the last time you worked on the form.					
	How to continue filling out your form		After you start your form, you can sign into your account to continue filling out your form.					
	DHS Privacy Notice		<p>AUTHORITIES: The information requested on this petition and the associated evidence, is collected under 8 U.S.C. sections 1154, 1184, and 1258.</p> <p>PURPOSE: The primary purpose for providing the requested information on this petition is to petition USCIS for a nonimmigrant worker to come temporarily to the United States to perform services or labor or to receive training. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your petition.</p> <p>ROUTINE USES: DHS may share the information you provide on this petition and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/CE/CBP-001 Alien File, Index, and National File Tracking System and DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessments [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems,] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.</p>				www.dhs.gov/privacy	
	Paperwork Reduction Act		<p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated for Form I-129 at 2 hours and 20 minutes; Trade Agreement Supplement at 40 minutes; H Classification Supplement at 2 hours; H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement at 1 hour; including the time for reviewing instructions, gathering the required documentation and completing and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p>U.S. Citizenship and Immigration Services Office of Policy and Strategy, Regulatory Coordination Division 5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009</p> <p>Do not mail your completed Form I-129 to this address.</p> <p>OMB No. 1615-0009 Expires: 02/28/2027</p>	<p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated for Form I-129 at 2 .034 hours; Trade Agreement Supplement at 40 minutes; H Classification Supplement at 2 hours; H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement at 1 hour; including the time for reviewing instructions, gathering the required documentation and completing and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p>U.S. Citizenship and Immigration Services Office of Policy and Strategy, Regulatory Coordination Division 5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009</p> <p>Do not mail your completed Form I-129 to this address.</p> <p>OMB No. 1615-0009 Expires: 02/28/2028</p>				
Security reminder			If you do not work on your application for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.					Start

GETTING STARTED: I-129

Column Header Descriptions

Primary Nav: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Page Form Question	Revised Page Form Question	Question	Sub-Question	Revised Sub-Question	Field Type	Instructional Text	Help Text	Tool Tip	Alert	Required?	Notes	
Getting Started	Reason for request			2.1		What nonimmigrant classification are you requesting?	H-1B Specialty Occupation H-1B1 Chile and Singapore H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD) H-1B3 Fashion model of distinguished merit and ability		Radio Radio Radio Radio		The numerical limitation is commonly known as the "regular cap" and the 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education is commonly referred to as the "master's cap" or "advanced degree exemption."				YES	
			[if via cap = yes]			Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?	Yes/No		Radio							Shows list of H-1B registered beneficiaries by name and BCN: Lastname, Firstname - XXXXXXXXXX
				2.2a-2.2f		What is the basis for classification?	New employment Continuation of previously approved employment without change with the same employer Change in previously approved employment New concurrent employment Change of employer Amended petition		Radio Radio Radio Radio Radio Radio			Select this option if the beneficiary: • Is outside the United States and holds no classification; • Will begin employment for a new U.S. employer in a different nonimmigrant classification than the beneficiary currently holds; or • Will work for the same employer but in a different nonimmigrant classification. Select this option if you are applying to continue the employment of the beneficiary in the same nonimmigrant classification the beneficiary currently holds and there has been no change to the employment. Select this option if you are notifying USCIS of a non-material change to the previously approved employment such as a change in job title without a material change in job duties. Select this option if you are applying for a beneficiary to begin new employment with an additional employer in the same nonimmigrant classification the beneficiary currently holds while the beneficiary will continue working for his or her current employer in the same classification. Select this option if you are applying for a beneficiary to begin employment working for a new employer in the same nonimmigrant classification that the beneficiary currently holds. Select this option if you are applying to notify USCIS of a material change in the terms or conditions of employment or training or the beneficiary's eligibility as specified in the original approved petition.			YES	The list will show an additional option for 'My Beneficiary is not in this list'
				2.3		What is the most recent petition or application receipt number for the beneficiary?	None		Text	If the beneficiary has no previous petitions or applications, select None.	Provide a 13-character receipt number, beginning with 3 capitalized letters followed by 10 digits.					
	Reason for request page 2			2.4a-2.4f	2.4a	What action are you requesting?	Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted		Radio	If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.		Select this option if the beneficiary is outside of the United States, or, if the beneficiary is currently in the United States, but he or she will leave the United States to obtain a visa/admission abroad.		YES		
					2.4b		Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in "Reason for Request" on the previous page		Radio				Note: A petition is not required for H-1B1 Chile/Singapore beneficiaries who seek to obtain a visa/admission abroad. Select this option if the beneficiary is currently in the United States in a different nonimmigrant classification and is applying to change to a new nonimmigrant status.		Change of status	
					2.4c		Extend the stay of each beneficiary because the beneficiary now holds this status		Radio				Note: Do not select this option if the beneficiary seeks to change status to H-1B1 Chile/Singapore or TN classification. Select this option if the beneficiary is currently in the United States in a nonimmigrant classification and is requesting an extension of his or her stay in the same nonimmigrant classification.		Extension of stay	
					2.4d		Amend the stay of each beneficiary because the beneficiary now holds this status	Amend the stay of each beneficiary because the beneficiary now holds this status and is not seeking additional time from their current authorized period of stay.	Radio				Note: Do not select this option if the beneficiary seeks to extend his or her stay in H-1B1 Chile/Singapore or TN classification. Select this option if the beneficiary is currently in the United States in the same nonimmigrant classification and you are notifying USCIS of any material changes in the terms and conditions of employment, training or the beneficiary's eligibility as specified in the original approved petition.		Extension of stay	
					2.4e		Extend the status of a nonimmigrant classification based on a free trade agreement		Radio				Select this option if the beneficiary is currently in the United States based on a Free Trade Agreement (H-1B1 Chile/Singapore or TN classification) and is requesting an extension of his or her stay in that same classification.		Extension of stay	
					2.4f		Change status to a nonimmigrant classification based on a free trade agreement		Radio				Select this option if the beneficiary is currently in the United States in a different nonimmigrant classification and is applying to change to a nonimmigrant classification based on a Free Trade Agreement (H-1B1 Chile/Singapore or TN classification).		Change of status	
	Processing information			4.2		Does the beneficiary have a valid passport?	Yes/No		Radio							
				4.4		Are you filing any applications for replacement/initial Forms I-94, Arrival-Departure Records with this petition?	Yes/No		Radio		If the beneficiary was issued an electronic Form I-94 by CBP when he or she was admitted to the United States as an air or sea port, he or she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.					Link: www.cbp.gov/i94
				4.5		Are you filing any applications for dependents with this petition?	How many?		Text							
						Would you like to request Premium Processing Service?	Yes/No		Radio		Premium Processing Service guarantees that USCIS will take one of several possible actions (issue an approval notice, a denial notice, a notice of intent to deny, or a request for evidence or open an investigation for fraud or misrepresentation) on your Form I-129 within 15 days.					
									Radio		If you request premium processing, you will be asked to complete the Form I-907 after you sign your Form I-129. You will then be able to pay for and submit both forms at the same time.					
									Radio				[Blue alert] The Form I-129 and Form I-907 will be submitted together. After you sign the Form I-129, the form will be locked. You will not be able to make any changes to the form once it is locked. You will immediately be directed to the Form I-907 and will be able to pay for and submit both forms after you provide your signatures.			
	Preparer information					Is a preparer assisting you with completing this petition?	Yes/No		Radio	A preparer is anyone who completes or helps you complete all or part of your petition using information and answers that you provide.						
				8.1		What is your preparer's full name?	Given name (first name) Family name (last name)		Text Text							
				8.2		What is your preparer's business or organization name? (if any)			Text	If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).						
				8.3		What is your preparer's mailing address?	Country Address line 1 Address line 2 City or town State / Province ZIP code / Postal code		Dropdown/text Text Text Text Text Text			Street number and name Apartment, suite, unit, or floor				
									Text		Provide a 5 or 9-digit ZIP code.					
				8.4		What is your preparer's contact information?	Daytime telephone number Fax number Email address My preparer does not have an email address.		Text Text Text Checkboxes			Provide a 10-digit phone number. Example: user@domain.com				

ABOUT PETITIONER: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes	
About Petitioner	Petitioner's name				Are you filing this petition as an individual or a company?	I am an individual filing this petition	Radio	You may only file online on behalf of a company or organization at this time.					
			(If individual)	1.1	What is your current legal name?	I am filing this petition on behalf of a company or organization Given name (first name)	Radio Text						
			(If company or organization)	1.2	What is the company or organization name?	Middle name (if applicable) Family name (last name)	Text Text Text				Yes - Required field		
					7.1	What is the title of the authorized signatory?		Text					
		Petitioner's contact information			1.4	What is the petitioning entity or individual's contact information?	Daytime telephone number	Text		Provide a 10-digit phone number.			
						Mobile telephone number	Text		Provide a 10-digit phone number.				
						Email address	Text		Example: user@domain.com				
						1.3	What is the mailing address of the individual, company, or organization filing this petition?	I do not have an email address. In care of name (if any)	Checkbox Text				
							Country	Dropdown/Text				YES	
							Address line 1	Text		Street number and name		YES	
							Address line 2	Text		Apartment, suite, unit, or floor			
						City or town	Text				YES		
						State/Province	Dropdown/Text				YES		
						ZIP code/Postal code	Text		Provide a 5 or 9-digit ZIP code.		YES		
					1.5	What is the petitioner's Federal Employer Identification Number (FEIN)?		Text		Provide a 9-digit Federal Employer Identification number.			
				1.5	What is the petitioner's Individual IRS Tax Number?		Text		Provide a 9-digit Individual IRS Tax number.				
						I do not have or know the petitioner's Individual IRS Tax number.	Checkbox						
				1.5	What is the petitioner's U.S. Social Security number (SSN)?		Text		Provide a 9-digit Social Security number.				
						I do not have or know the petitioner's U.S. Social Security number.	Checkbox						
				1.6	Are you a nonprofit organized as tax exempt or a governmental research organization?	Yes/No	Radio						
					[if 1.6 = yes] [blue alert]					[blue alert] You may qualify for a reduced fee on this form. For specific information about fees applicable to this form, see Form G-1055.		https://www.uscis.gov/forms/all-forms	

ABOUT BENEFICIARY: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Revised Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes	
About Beneficiary	Beneficiary's name			3.2		What is the beneficiary's current legal name?	Given name (first name)	Text	Their current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.				Prepopulate from Getting Started > Select the beneficiary you are filing for: (if bene is in the list)	
				3.3		Have they ever used other names?	Middle name Family name (last name) Yes/No	Text Text Radio	This would include nicknames, aliases, maiden names, and names from all previous marriages.			YES	Small Table, CTA Add another name	
			(If 3.3 = YES)	3.3	3.4	Provide all other names the beneficiary has used.	Given name (first name)	Text	Include nicknames, aliases, maiden name, and names from all previous marriages.					
		Beneficiary's contact information					Is the beneficiary in the United States?	Yes/No	Radio					
					3.6		What is their current U.S. mailing address?	Address line 1 Address line 2 City or town State ZIP code	Text Text Text Dropdown/Text Text	Do not list a P.O. Box.	Street number and name Apartment, suite, unit, or floor			
					4.1.a		What type of office would you like your petition approval notification sent to?	Consulate Pre-flight inspection Port of Entry	Radio Radio Radio	If the beneficiary is outside the United States, or a requested extension of stay or change of status cannot be granted, we will send the notification to the selected office.	Provide a 5 or 9-digit ZIP code.			
					4.1.c		What country is the office in?		Dropdown					
					4.1.b		What city is the office in?		Text					
					4.1.c	[If 4.1.c = United States]	What state is the office in?		Dropdown					
					4.1.d		What is the beneficiary's foreign address? (if any)	Country Address line 1 Address line 2 City or town State/Province ZIP Code/Postal code	Dropdown/Text Text Text Text Dropdown/Text Text		Street number and name Apartment, suite, unit, or floor			Provide a 5 or 9-digit ZIP code.
		When and where they were born			3.4	3.5	What is the beneficiary's date of birth?	MM/DD/YYYY	Date					
					3.4	3.5	What is the beneficiary's country of birth?		Dropdown					Ensure there is an option for 'My country is not in this list'
					3.4	3.5	What is the beneficiary's province of birth?		Text					
		Immigration information			3.5	3.6	When was the beneficiary's date of last arrival?	MM/DD/YYYY	Date					
					3.5	3.6	What is the beneficiary's Form I-94 Arrival-Departure Record number?		Text	Provide an 11 character I-94 Number.				
				3.5	3.6	What is the beneficiary's passport or travel document number?	I do not have or know the beneficiary's Form I-94 Arrival-Departure Record number.	Checkbox						
				3.5	3.6	What is the beneficiary's passport or travel document number?	I do not have or know the beneficiary's passport or travel document number.	Text						
				3.5	3.6	When was their passport or travel document issued?	MM/DD/YYYY	Date						
				3.5	3.6	When does their passport or travel document expire?	MM/DD/YYYY	Date						
				3.5	3.6	What country issued their passport or travel document?		Dropdown						
	Immigration information page 2			3.5	3.6	What is the beneficiary's current nonimmigrant status?		Dropdown					Ensure there is an option in the dropdown for 'The status is not in this list' or something similar	
				3.5	3.6	When does the beneficiary's status expire?	MM/DD/YYYY The beneficiary's status does not expire.	Date Checkbox						
				3.5	3.6	What is the beneficiary's Student and Exchange Visitor Information System (SEVIS) Number? (if any)	N-	Text		Provide a 10, 11, or 12-digit SEVIS number.				
				3.5	3.6	What is their Employment Authorization Document (EAD) number? (if any)		Text		Provide a 13-character number, beginning with 3 capitalized letters followed by 10 digits.				
	Immigration history			4.6		Is the beneficiary in this petition in removal proceedings?	Yes/No	Radio						
				4.7		Have you ever filed an immigrant petition for the beneficiary in this petition?	Yes/No	Radio						
				(if yes to 4.7)		How many petitions?	Yes/No	Text Radio						
				4.9		Have you ever previously filed a nonimmigrant petition for this beneficiary?	Provide an explanation.	Text						
				(if yes to 4.9)				Text						
	Immigration history page 2			4.8a		Has the beneficiary in this petition ever been given the classification you are now requesting within the last seven years?	Yes/No	Radio						
				(if yes to 4.8a)		Provide an explanation.	Yes/No	Text Radio						
				4.8b		Has the beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?	Yes/No	Radio						
				(if yes to 4.8b)		Provide an explanation.	Yes/No	Text Radio						
				4.11.a		Has the beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?	Yes/No	Text Radio						
				(if yes to 4.11.a)		Provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent.	From: MM/DD/YYYY	Date					Small table Make fields required if one field is filled out (vice versa)	
							To: MM/DD/YYYY	Date						
							Present	Checkbox						
	Other information			3.4		What is the beneficiary's country of citizenship or nationality?		Dropdown						
				3.4		What is the beneficiary's gender?	Male Female	Radio Radio						

ABOUT BENEFICIARY: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Revised Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
				3.4		What is the beneficiary's A-Number?	A-	Text		Provide a 7, 8, or 9-digit number. If the A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567.			
							I do not have or know the beneficiary's A-Number.	Checkbox					
				3.4		What is the beneficiary's U.S. Social Security number (SSN)?		Text		Provide a 9-digit Social Security number.			
							I do not have or know the beneficiary's U.S. Social Security number.	Checkbox					

EMPLOYMENT: I-129

Column Header Descriptions

Primary Nav	Secondary Nav	Tertiary Nav	Revised text	Conditional Logic	Revised Logic	Paper Form Question	Revised Logic	Question	Revised Question	Sub-Question	Revised subquestion	Field Type	Revised Field Type	Instructional Text	Revised Instructional text	Help Text	Revised help text	Alert	Required?	Notes
Employment	Basic information					5.1 5.2		What is the job title of the beneficiary? What is the labor condition application (LCA) or Employment and Training Administration (ETA) Case Number?				Text Text								
				(If no to 5.7)		5.7 5.8		Is this a full-time position? How many hours per week will the position work?		Yes/No		Radio Text				Provide a number between 0-100 hours.				Number of hours must be between 0-100
						5.9		What is the beneficiary's wage?		\$ per hour per week bi-weekly per month per year		Text Dropdown								
				(if yes)		5.10 5.11		Is there any other compensation? What are the dates of intended employment?		Yes/No Provide an explanation. From: (MM/DD/YYYY)		Radio Text Date								YES
				[Yellow alert] (if date > 6 months away)						To: (MM/DD/YYYY)		Date								[H] The start date you entered is more than 6 months away [b] Generally, a Form I-129 petition may not be filed more than six months prior to the date employment is scheduled to begin. Review the appropriate regulatory provisions in Title 8 of the Code of Federal Regulations that relate to the nonimmigrant classification sought.
	Petitioner information					5.12 5.13 5.14		What is the petitioner's type of business? What year was the petitioning business established? What is the petitioner's current number of employees in the United States?				Text Text Text								
						5.15		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		Radio								YES
						[If 5.15 = yes] [Blue alert]														[Blue alert] You may qualify for a reduced fee on this form. For specific information about fees applicable to this form, see Form G-1055. https://www.uscis.gov/forms/all-forms
	Work location					5.16 5.17 5.3		What is the petitioner's gross annual income? What is the petitioner's net annual income? Is the beneficiary's work address the same as the petitioner's mailing address you provided in the 'About Petitioner' section?		\$ \$ Yes/No		Currency Currency								
				(If no to 5.3)		5.3		What is the beneficiary's work address?		Address line 1 Address line 2 City or town State ZIP code		Text Text Text Dropdown Text				Street number and name Apartment, suite, unit, or floor Provide a 5 or 9-digit ZIP code.				
										Is this a third-party location? What is the name of the third-party organization?	Yes/No	Radio Text								Table page "Add address" as CTA
																				Here is the beneficiary's additional work addresses. If anything is incorrect or missing you can delete your entries below or add a new work address.
						[If CTA]		What is the other work address for the beneficiary?		Address line 1 Address line 2 City or town State ZIP code		Text Text Text Dropdown Text				Street number and name Apartment, suite, unit, or floor Provide a 5 or 9-digit ZIP code.				
										Is this a third-party location? What is the name of the third-party organization?	Yes/No	Radio Text								CTA is "Save Entry" and "Cancel"
	Work location page 2					5.4 5.5 5.6		Did you include an itinerary with the petition? Will the beneficiary work for you off-site at another company or organization's location? Will the beneficiary work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?		Yes/No Yes/No Yes/No		Radio Radio Radio								
	Release of technology or technical data			(If 2.1 = H-1B, H-1B1 Chile/Singapore, or H-1B3)		6.1 6.2		With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that they have reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:		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. 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 unit and unless the petitioner has received the required license or other authorization to release it to the beneficiary.		Radio Radio								

H CLASSIFICATION SUPPLEMENT: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Revised Question	Sub-Question	Field Type	Instructional Text	Revisions	Help Text	Alert	Required?	Required	Notes			
H Classification Supplement	General information		(If 2.1 = H-1B Specialty Occupation or H-1B3 Fashion Model)	5a	Provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in the petition.			Text								Prepopulate BCN from Getting Started - Select the beneficiary you are filing for (if bene is in the list)		
				5b	What was the passport or travel document number used to identify the beneficiary on the registration submission?		I do not have or know the Beneficiary Confirmation Number.	Checkbox										
				5b	What country issued the beneficiary's passport or travel document listed on the registration?				Text									
				5b	What was the expiration date of the passport or travel document used to identify the beneficiary on the registration submission?			MM/DD/YYYY	Date									
				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	Radio									
				7	Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?			Yes/No	Radio									
		Beneficiary information		3		List the beneficiary's prior periods of stay in H or L Classification in the United States for the last 6 years.			From: (MM/DD/YYYY)	Date	Only list the 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.							Small table Make fields required if one field is filled out (vice versa)
			8a		Does the beneficiary in this petition have ownership interest in the petitioning organization?	Does the 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?		To: (MM/DD/YYYY) Present Yes/No	Date Checkbox Radio		If the H-1B beneficiary possesses a controlling interest in the petitioning organization or entity, the petition, if approved, will be limited to a validity period of up to 18 months. The first extension (including an amended petition with a request for an extension of stay) of such a petition will also be limited to a validity period of up to 18 months.				YES			
			(If yes to 8a)	8b	Provide an explanation.				Text									
			1.1		What are the beneficiary's proposed duties?				Text									
		1.2		What is the beneficiary's present occupation and summary of prior work experience?				Text										

TRADE AGREEMENT SUPPLEMENT: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes	
Trade Agreement Supplement	Preparer information		(if 2.1 = H-1B1) AND (If yes to preparer)	3.1	What is your preparer's full name?	Given name (first name)	Text					Prepop from 8.1 from Getting Started, allow user to edit the fields if necessary to add another preparer	
							Family name (last name)	Text					Prepop from 8.2 from Getting Started
				3.2	What is your preparer's business or organization name?		Text	If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).					
							My preparer is not part of a business or organization.	Checkbox					
				3.3	What is your preparer's mailing address?	Country	Dropdown/Text						
						Address line 1	Text	Street number and name					
						Address line 2	Text	Apartment, suite, unit, or floor					
						City or town	Text						
						State/Province	Dropdown						
						(If non-USA use Province and text field) (If non-USA use Postal code and remove help text)		ZIP code/Postal code	Text	Provide a 5 or 9-digit ZIP code.			
		4.4	What is your preparer's contact information?	Daytime telephone number	Text	Provide a 10-digit phone number.	Prepop from 8.4 from Getting Started						
				Fax number	Text	Provide a 10-digit phone number.							
				Email address	Text	Example: user@domain.com							
				My preparer does not have an email address.	Checkbox								
Petitioner information			(if 2.1=H-1B1)	1 and 2.1	What is your current legal name?	Given name (first name)	Text	Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.					
							Middle name	Text					
							Family name (last name)	Text					
				1.4	What is your contact information?	Daytime telephone number	Text	Provide a 10-digit phone number.					
							Mobile telephone number	Text	Provide a 10-digit phone number.				
				Email address	Text	Example: user@domain.com							
				I do not have an email address.	Checkbox								
Other information				3	The employer is a:	U.S. Employer	Radio						
							Foreign Employer	Radio					
							Foreign Employer	Radio					
			(if foreign employer)	4	What is the name of the foreign country?	Free Trade, Chile (H-1B1)	Radio						
				1.1	This is a request for Free Trade status based on:	Free Trade, Singapore (H-1B1)	Radio						
						A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)	Radio						

H-1B AND H-1B1 DATA COLLECTION AND FILING FEE EXEMPTION SUPPLEMENT: I-129

Column Header Descriptions
Primary Navigation: A section of the form that contains several boxes.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Page Form Question	Question	Revision question	Sub-Question	Revision subquestion	Field Type	Instructional Text	Revision	Help Text	Alert	Required?	Notes		
H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement	General Information		[(f 2.1 = H-1B; H-1B1; H-1B2; or H-1B3)]	1.1a	Is the petitioner an H-1B dependent employer?	Yes/No			Radio	An H-1B dependent employer has: <ul style="list-style-type: none"> • 25 or fewer full-time equivalent employees who are employed in the United States and employ more than seven H-1B nonimmigrants; • At least 25 but not more than 50 full-time equivalent employees who are employed in the United States and employ more than 12 H-1B nonimmigrants; or • At least 51 full-time equivalent employees who are employed in the United States and employ H-1B nonimmigrants in a number that is equal to at least 15 percent of the number of such full-time equivalent employees. 				YES for H-1B; H-1B1; and H-1B3			
				1.1b	Has the petitioner ever been found to be a willful violator?	Yes/No			Radio	A willful violator is an employer whom the U.S. Secretary of Labor has found, after notice and opportunity for a hearing, to have willfully failed to meet a condition of the labor condition application described in section 212(n) of the Immigration and Nationality Act.							
				1.1c	Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?	Yes/No			Radio	An exempt H-1B nonimmigrant: <ul style="list-style-type: none"> • Receives wages (including cash bonuses and similar compensation) at an annual rate equal to at least \$60,000; or • Has attained a master's degree or higher (or its equivalent) in a specialty related to the intended employment. 							
					Why is the beneficiary exempt? (Select all that apply)		The beneficiary's annual rate of pay is equal to at least \$60,000. The beneficiary has a master's degree or higher degree in a specialty related to the employment.	Checkbox									
				1.1d	Does the petitioner employ 50 or more individuals in the United States?	Yes/No		Radio							YES for H-1B; H-1B1; and H-1B3		
				1.1d.1	Are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status?	Yes/No		Radio								YES for H-1B; H-1B1; and H-1B3	
				Beneficiary information		1.2a	What is the beneficiary's highest level of education?	No diploma High school graduate diploma or the equivalent (for example: GED) Some college credits, but less than 1 year One or more years of college, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEd, MEd, MSc, MBA) Professional degree (for example: MD, DDS, DVM, LL.M., JD) Doctorate degree (for example: PhD, EdD)	Dropdown								
				1.3	What is the beneficiary's major or primary field of study?			Text	Use the beneficiary's degree transcripts to determine the primary field of study. DO NOT consider work experience to determine the beneficiary's major field of study.								
				1.4	What is the beneficiary's rate of pay per year?		They do not have a major or primary field of study.	Checkbox									
				1.5	What is the DOT Code for the position?			Text							Provide a 3-digit DOT code.		
1.6	What is the NAICS Code for the business?			Text	This is the North American Industry Classification System (NAICS) Code. You can use this link to obtain the code number from the U.S. Department of Commerce, Census Bureau.						Provide a 6-digit code. If your code has fewer than 6 digits, enter the code left to right and then add zeros in the remaining unoccupied boxes. For example, if your code sequence is 33466, you should enter it as 334660.		https://www.census.gov/naics/				
Fee exemption and/or determination		[blue alert] [always display]											[blue alert] [b] In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.				
		2.1	Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?	Yes/No										YES for H-1B; H-1B1; and H-1B3			
		2.2	Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(ii)(B)?	Yes/No						The employer is a nonprofit research organization or government research organization. Such nonprofit organizations or entities include, but are not limited to, hospitals and medical research institutions.				YES for H-1B; H-1B1; and H-1B3			
		2.3	Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(ii)(C)?	Yes/No						"Nonprofit organization or entity" means the organization or entity is determined by the Internal Revenue Service to be a tax-exempt organization under the Internal Revenue Code of 1986, section 501(c)(3), (c)(4), or (c)(28) (collocated at 26 U.S.C. 501(c)(3), (c)(4), or (c)(28)). See 8 CFR 214.2(h)(19)(ii). Note: A nonprofit entity may engage in more than one fundamental activity. When a fundamental activity of a nonprofit organization is engaging in basic research and/or applied research that organization is a nonprofit research organization. When a fundamental activity of a governmental organization is the performance or promotion of basic research and/or applied research, that organization is a government research organization. A governmental research organization may be a federal, state, or local entity. See 8 CFR 214.2(h)(19)(ii)(C). The regulation at 8 CFR 214.2(h)(19)(ii)(C) further provides definitions for basic research and applied research. Note: A nonprofit research organization or governmental research organization may perform or promote more than one fundamental activity.			YES for H-1B; H-1B1; and H-1B3				
		2.4	Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alert?	Yes/No						This petition is the second or subsequent request for an extension of stay filed by the employer regardless of when the first extension of stay was filed or whether the ACWIA filing fee was paid on the initial petition or the first extension of stay.				YES for H-1B; H-1B1; and H-1B3			
		2.5	Is this an amended petition that does not contain any request for extensions of stay?	Yes/No										YES for H-1B; H-1B1; and H-1B3			
Fee exemption and/or determination page 2		[blue alert] [always display]											[blue alert] [b] In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.				
		2.6	Are you filing this petition to correct a USCIS error?	Yes/No										YES for H-1B; H-1B1; and H-1B3			
		2.7	Is the petitioner a primary or secondary education institution?	Yes/No										YES for H-1B; H-1B1; and H-1B3			
		2.8	Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?	Yes/No										YES for H-1B; H-1B1; and H-1B3			
		[if yes to any questions 2.1-2.8] [blue alert]															
		2.9	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 or organization?	Yes/No						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 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2023, an additional fee must be submitted if the petitioner employs 50 or more individuals in the United States and if there are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status. This fee was mandated by the provisions of Public Law 114-113. The Fraud Prevention and Detection Fee and 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. For specific information about fees applicable to this form, see Form G-1055.				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 Fraud Prevention and Detection fee. In addition, a fee must be submitted if the petitioner employs 50 or more individuals in the United States and if there are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status. The Fraud Prevention and Detection Fee and 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. For specific information about fees applicable to this form, see Form G-1055.			YES for H-1B; H-1B1; and H-1B3
		[if yes to 2.9 - yellow alert] [if no to 2.9 - yellow alert]											[blue alert] [b] You are not required to submit the ACWIA fee for this H-1B Form I-129 petition.				
Numerical limitation information		3.1a-3.1d											[yellow alert] [b] You are required to pay an additional ACWIA fee for this petition. [yellow alert] [b] You are required to pay an additional ACWIA fee for this petition.		YES for H-1B; H-1B1; and H-1B3		
		3.2a	What is the name of the United States institution of higher education?	Cap H-1B Bachelor's Degree Cap H-1B U.S. Master's Degree or Higher Cap H-1B1 Chile/Singapore Cap Exempt	Radio												
		3.2b	When was the degree awarded?	MM/DD/YYYY	Date												
		3.2c	What is the type of United States degree?		Text												

H-1B AND H-1B1 DATA COLLECTION AND FILING FEE EXEMPTION SUPPLEMENT: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several basic

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Page Form Question	Question	Revision question	Sub-Question	Revision subquestion	Field Type	Instructional Text	Revision	Help Text	Revision	Alert	Required?	Notes	
			(f 3.1 + CAP H-1B U.S. Master's Degree or Higher)	3.2d	What is the address of the United States institution of higher education?		Address line 1		Text			Street number and name					
			(f 3.1 + CAP Exempt)	3.3a-3.3h	Why is this petition exempt from the numerical limitation for H-1B classification?		Address line 2		Text			Apartment, suite, unit, or floor					
			(f 3.1 + CAP Exempt)				City or town		Text								
			(f 3.1 + CAP Exempt)				State		Text								
			(f 3.1 + CAP Exempt)				ZIP code		Text			Provide a 5 or 9-digit ZIP code.					
			(f 3.1 + CAP Exempt)				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).	The petitioner is an institution of higher education as defined in section 201(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).	Checkbox								
			(f 3.1 + CAP Exempt)				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)(i)(F)(2).	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)(i)(F)(2).	Checkbox								
			(f 3.1 + CAP Exempt)				The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(i)(F)(3).	The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(i)(F)(3).	Checkbox			When a fundamental activity of a nonprofit organization is engaging in basic research and/or applied research, that organization is a nonprofit research organization. When a fundamental activity of a governmental organization is the performance or promotion of basic research and/or applied research, that organization is a governmental research organization. A governmental research organization may be a Federal, state, or local entity. See 8 CFR 214.2(h)(8)(i)(F)(3). (These terms have the same definitions as described at 8 CFR 214.2(h)(5)(ii)(C)).					
			(f 3.1 + CAP Exempt)				The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(i)(F)(4).	The beneficiary will be employed at a qualifying cap exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(i)(F)(4).	Checkbox			The beneficiary will spend at least half of their work time performing job duties at a qualifying institution, organization, or entity and those job duties further an activity that supports or advances one of the fundamental purposes, missions, objectives, or functions of the qualifying institution, organization, or entity, namely, either higher education, nonprofit research, or governmental research.					
			(f 3.1 + CAP Exempt)				The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.	The beneficiary is currently employed at a cap exempt institution, organization, or entity and the petitioner seeks to concurrently employ the H-1B beneficiary.	Checkbox								
			(f 3.1 + CAP Exempt)				The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(i) of the Act.		Checkbox								
			(f 3.1 + CAP Exempt)				The beneficiary of this petition has been counted against the cap and (i) is applying for the remaining portion of the 6-year period of admission, or (ii) is seeking an extension beyond the 6-year limitation based upon sections 104(i) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).	The beneficiary of this petition has been counted against the cap and (i) is applying for the remaining portion of the 6-year period of admission, or (ii) is seeking an extension beyond the 6-year limitation based upon sections 104(i) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21), or (iii) 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(i) or 106(a) of AC21.	Checkbox								
			(f 3.1 + CAP Exempt)				The petitioner is an employer subject to the Guam CNMI cap exemption pursuant to Public Law 110-225.		Checkbox								
			Off-site assignment	4.1	Will the beneficiary of this petition be assigned to work at an off-site location for all or part of the period for which H-1B classification is sought?		Yes/No		Radio								
			(f yes to 4.1)	4.2	Will the placement of the beneficiary off-site during the period of employment comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification?		Yes/No		Radio								
			(f yes to 4.1)	4.3	Will the beneficiary be paid the higher of the prevailing or actual wage in any and all off-site locations?		Yes/No		Radio								

EVIDENCE: I-129																				
Column Header Descriptions																				
Policy Revisions & sections of the form that contain special rules.																				
Primary New	Secondary New	Revisions	Secondary New	Conditional Light	Revisions	Paper Form	Evidence Title	Revisions	Field Type	Revisions	Instructions/Text	Revisions	Document type	Revisions	File Requirements	Revisions	Alerts	Required?	Links	Notes
Evidence	Certified labor condition application			[I-18 or H-181]			Evidence Of Certified Labor Condition Application		Upload		If you are requesting an extension of H-1B status (including H-1B Change/Transfer), upload evidence that the Department of Labor has certified a labor condition application for the specialty occupation which is valid for the period of time requested.		Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Evidence of qualified specialty occupation			[I-18 or H-181]			Evidence Of Qualified Specialty Occupation		Upload		Upload evidence showing that the proposed employment qualifies as a specialty occupation.		Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Degree or evidence of specialized training			[I-18 or H-181]			Degree Or Evidence Of Specialized Training		Upload		Upload evidence showing that the beneficiary has the required degree by submitting either: <ul style="list-style-type: none"> A copy of the beneficiary's U.S. bachelor's or higher degree as required by the specialty occupation. A copy of a foreign degree and evidence that it is equivalent to the U.S. degree. Evidence of education, specialized training, and/or progressively responsible experience that is equivalent to the required U.S. degree. 		Foreign Equivalent Degree U.S. Degree Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Evidence of available position			[I-18 or H-181]			Evidence Of Available Position		Upload		Upload evidence that you have a bona fide position in a specialty occupation available for the beneficiary as of the start date of the validity period requested on the petition. A petitioner is not required to establish specific day-to-day assignments for the entire time period requested in the petition.		Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	License and certificates			[I-18 or H-181]			Evidence Of License And Certificates		Upload		Upload evidence the beneficiary meets or continues to meet any required license or other official permission to practice the profession or occupation in the state of intended employment.		License Certificate Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Written contract or terms of agreement			[I-18, H-181, or H-181]			Written Contract Or Terms Of Agreement		Upload		Upload a copy of any written contracts between the petitioner and the beneficiary or, if there is no written agreement, a summary of the terms of the original oral agreement under which the beneficiary will be employed.		Written Contract Statement of terms Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Passport or travel document			[I-18 AND if selected 3.1a, 3.1b, or 3.1c in Data Collection and Filing Fee Supplement]			Classification - Initial Evidence: Part 3 Petition Always Required: H-1B Beneficiaries (Three Types)		Upload		Upload evidence of the beneficiary's passport or travel document used at the time of registration to identify the beneficiary.		Passport Travel document Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	H-1B Registration Selection Notice			[I-18 AND if selected 3.1a, 3.1b, or 3.1c in Data Collection and Filing Fee Supplement]			H-1B Registration Selection Notice		Upload		Upload a copy of the H-1B Registration Selection Notice.		H-1B Registration Selection Notice		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Itinerary schedule	[hidden]		[hidden]			Itinerary Schedule	[hidden]	Upload	[hidden]	An itinerary should be submitted if the beneficiary will be providing services at more than one location. The itinerary should show the dates and places of assignment. <p>A petition filed by an agent must include a complete itinerary of services or engagements, including dates, names, and addresses of the actual employers, and the location where the services will be performed. The agent/employer must also provide an itinerary of future employment and information on any other services planned for the period of time requested.</p>		Itinerary schedule Other	[hidden]	<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 	[hidden]				
	Description of proposed employment			[I-181 or H-182]			Written Description Of Proposed Employment		Upload		Upload a description of the proposed or continuing employment.		Description of proposed employment Other Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	ODD service and project compliance			[I-182]			Evidence Of Compliance To Department Of Defense Service And Project Conditions		Upload		Upload evidence showing that the services and project meet the conditions of performing services of an exceptional nature relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD).		Other documents		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Current and past workers			[I-182]			Current And Past Workers		Upload		Upload a statement listing the names of nonimmigrant workers who are currently or have been employed over the last year, along with their dates of employment.		Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Evidence of degree			[I-182]			Evidence Of Degree		Upload		Upload evidence that the beneficiary holds a bachelor's or higher degree or its equivalent in the field of employment.		Foreign equivalent degree Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	DOD verification letter			[I-182]			Department Of Defense Verification Letter		Upload		Upload a verification letter from the U.S. Department of Defense (DOD) project manager. Details about the specific project are not required.		Verification letter Other documents		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Evidence of distinguished merit and ability			[I-181]			Evidence Of Distinguished Merit And Ability		Upload		Upload evidence such as certifications, affidavits, or reviews to establish the beneficiary is, in a fashion model of distinguished merit and ability, any affidavits submitted by the present or former employers or recognized experts must set forth their expertise of the affiant and manner in which the affiant acquired such information.		Evidence of distinguished merit and ability Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Maintenance of status			[I-182]			Maintenance Of Status		Upload		Upload evidence of maintenance of status. You may submit copies of the beneficiary's last two pay stubs, Form W-2, and other relevant evidence as well as a copy of the beneficiary's form I-96, Nonimmigrant Arrival/Departure Record, a valid passport, travel document, or a copy of Form I-797, Notice of Action. A beneficiary who must have a passport to be admitted generally must maintain a valid passport during their entire stay.		Form I-94 Valid passport Travel documents Form I-797 Pay stubs W-2 Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Evidence of I-1 or I-2 status			[I-182]			Evidence Of I-1 Or I-2 Status		Upload		Upload evidence showing status as a I-1 exchange visitor or a I-2 dependent of a I-1 exchange visitor. A copy of either Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the I-1 or I-2 stamp.		Evidence of I-1 or I-2 status Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					
	Additional evidence			[I-182]			Additional Evidence You Want To Provide		Upload		You can upload additional documents that support your petition or help explain any of your responses.		Other		<ul style="list-style-type: none"> Clear and readable Accepted file formats: JPG, JPEG, PDF, TIFF or TIF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 12MB per file 					

ADDITIONAL INFORMATION: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
Additional Information	Additional information				You may provide additional information for your petition. Add a response		Large table	If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing. If you do not need to provide any additional information, you may leave this section blank.			No	Large Table Pattern Ghost Sub Nav

REVIEW AND SUBMIT: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper form question	Question	Sub-Question	Revision	Field Type	Instructional Text	Help Text	Alert	Required?	CTA	Notes
					Alerts and warnings				You have one or more alerts and warnings based on the information you provided in your petition. A red alert means you have incomplete responses or inconsistent data. You cannot submit your petition with any red alerts. A yellow warning means you may be missing information or may need to follow-up with us about your responses. You can still submit your petition, but some warnings may slow down the review process after you submit your petition. A green alert means you have completed all required fields and responses.					
						Review the I-129 form information			Here is a summary of all the information you provided in your petition.					Next
			(If H-1B2 U.S. DOD Projects Only)	H Classification Supplement	DOD Project Manager Statement and Signature	I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense (DOD). As the petitioner or preparer, you must collect the signature of the DOD Project Manager and upload the signed signature page. Follow these steps: 1. Download the Petition Summary 2. Download the DOD Project Manager Signature page 3. Print the Petition Summary and DOD Project Manager Signature page 4. Give the Petition Summary and DOD Project Manager Signature page to the DOD Project Manager to read and sign 5. Collect the signed DOD Project Manager Signature page The petitioner will need to scan and upload the completed signature page on the next screen.								
			(If H-1B2 U.S. DOD Projects Only)		DOD Project Manager's Signature Upload			Upload	Scan and upload the completed DOD Project Manager Signature page.					
			(IF PREPARER)	8.5	Preparer's Declaration and Signature	By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct. As the petitioner's preparer, you must sign on paper and provide your signature page to the petitioner. Follow these steps: 1. Download the Preparer Signature page 2. Print the Preparer Signature page 3. Read and sign the Preparer Signature page 4. Give the signed Preparer Signature page to the petitioner The petitioner will need to scan and upload the completed signature page on the next screen.			Your preparer must read and agree to the certification below.					
			(IF PREPARER)	8.5	Preparer's Signature Upload			Upload	Scan and upload the completed Preparer Signature page.					
			(If H-1B, H-1B1, H-1B2, H-1B5 Classification)	H Classification Supplement	Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore	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. 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.			You must read and agree to all of the declarations on this page. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your petition, we can deny your petition and may deny any other immigration benefit. You may also face criminal prosecution and penalties provided by the law. 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 workites, 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 workites.					
			(If H-1B Specialty Occupation OR H-1B2 U.S. DOD Projects)	H Classification Supplement	Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects	I have read and agree to the statement. As an authorized official of the employer, I certify that the employer will be 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 have read and agree to the statement.		Checkbox						
			(If H-1B1)	Trade Agreement Supplement	Petitioner's Trade Agreement Supplement declaration	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. I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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. I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct. I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization.		Checkbox						
				7	Authorized Signatory's Declaration and Signature	I have read and agree to the statement. 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. I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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 and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct. I have read and agree to the statement.		Checkbox						
			(If user has checked all checkboxes on Your declarations and signature page)	7.2.a	Authorized Signatory's Signature			Checkbox Text	You must provide your digital signature below by typing your full legal name. We may deny your petition if you do not completely fill out this petition or fail to submit required documents. We will record the date of your signature with your petition.					Required field
			(If Your declarations and signature page is complete)		Pay for and submit your petition				The final step to submit your Form I-129, Petition for a Nonimmigrant Worker, is to pay the required fee. Note: Your petition fee includes the Form I-129 filing fee and may also include the ACWIA fee, Fraud and Detection fee, and Public Law 113-114 fee, based on the answers you provided on your Form I-129 or supplements. Your petition fee is: \$[xx] Refund policy: By continuing this transaction, you agree that you are paying for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action USCIS takes on an petition, petition or request, or how long USCIS takes to reach a decision. You must submit all fees in the exact amounts. We will send you to Pay.gov — our safe, secure payment website — to pay your fees and submit your form online. Here are the steps in the payment and submission process: 1. Provide your billing information on Pay.gov 2. Provide your credit card or U.S. bank account information 3. Submit your payment When you have paid your fee, your application will be submitted. Pay.gov will redirect you to a uscis.gov confirmation screen, which will include your receipt number. Please keep a copy of your receipt number for your records. You can track the status of your application through your USCIS online account.					
			(If Your declaration and signature page is complete) AND (if user concurrently filed)		Finish the I-129 and continue to the I-907	By finishing this form, your Form I-129 will be locked and no further changes can be made. Please make sure that the information on your Form I-129 is complete and accurate before continuing. If you need to make any edits after finishing, you will need to create a new Form I-129. Next, you will continue to Form I-907. Once you complete Form I-907, you can pay for and submit both forms at the same time.								Finish and continue
			(Successful submission) (No nav)		You have successfully submitted your S[formTitle]				We will contact you if we have any questions or need additional information. You can track the status of your application through your USCIS online account.					Go to my cases

REVIEW AND SUBMIT: I-129

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper form question	Question	Sub-Question	Revision	Field Type	Instructional Text	Help Text	Alert	Required?	CTA	Notes
	(Unsuccessful card declined) (No nav)				You did not submit your \$(formTitle)				Your payment failed because your credit or debit card was declined. You can try again now to sign and submit your petition or save and exit.					Sign and submit
	(Unsuccessful submission) (No nav)				You did not submit your \$(formTitle)				Your payment failed or was canceled before it could be processed on Pay.gov. You can try again now to sign and submit your petition or save your petition and exit. We will save your petition for 30 days from when you started it.					Sign and submit