

File a Form

Select the form you want to file online. Once you start your form, we will automatically save your information for 30 days, or from the last time you worked on the form.

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.

Select the form you want to file online.

I-129, Petition for a Nonimmigrant Worker ▼

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.

Form I-129 includes the:

- 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).

Note: You may apply online if the requested eligibility classification is:

- H-1B - Speciality 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.

All other classifications must be filed using a [paper Form I-129](#).

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Form I-129 includes the:

- 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).

Note: You may apply online if your eligibility classification is:

- 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.

All other classifications must be filed using a [paper Form I-129](#).

Before You Start Your Petition

Eligibility

Who May File Form I-129?

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.

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.**

Naming beneficiaries: All beneficiaries in a petition must be named.

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.

Classification supplements

H Classification Supplement This is used to: • 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. 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.	
Trade Agreement Supplement This supplement is used to: • 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. 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.	
H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement This is used to: • 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). 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.	

Fee

We will automatically calculate the cost for you before you submit your request. For specific information about fees applicable to this form, [see Form G-1055](#).

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.

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.

Documents you may need

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.

Biometric Services Appointment

Biometrics services appointment for certain beneficiaries who will be working in the Commonwealth of the Northern Mariana Islands (CNMI)

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.

After You Submit Your Petition

Track your case online

After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check on your case status and read any important messages from USCIS.

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.

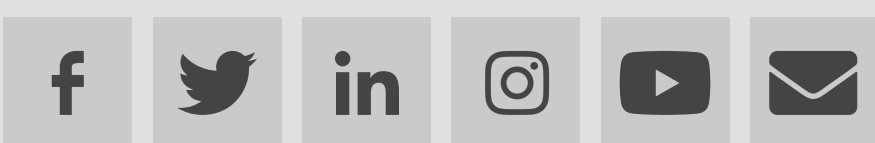
Receive your decision

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.

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Completing Your Form Online

Filing Online

Submitting your form online is the same as mailing in a completed paper form. They both gather the same information and cost the same.

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 in to your account to continue filling out your form.

DHS Privacy Notice

AUTHORITIES: The information requested on this declaration, and the associated evidence, is collected under the Immigration and Nationality Act sections 212(d)(5), 214 and 248.

PURPOSE: The primary purpose for providing the requested information is to determine if you have established eligibility for naturalization and issuance of a Certificate of Citizenship for a child who regularly resides outside the United States. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.

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 the beneficiary's benefit request.

ROUTINE USES: DHS may share the information you provide on this declaration 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/ICE/CBP-001 Alien File, Index, and National File Tracking System, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessments [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program (IDDMP), DHS/USCIS/PIA-056 USCIS Electronic Immigration System, DHS/USCIS/PIA-071 myUSCIS Account Experience, and DHS/USCIS/PIA-051 Case and Activity Management for International Operations] 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.

Paperwork Reduction Act

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:

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

Do not mail your completed Form I-589 to this address.

OMB No. 1615-0067
Expires 11/30/2025

 Security Reminder

If you do not work on your form for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.

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What nonimmigrant classification are you requesting?

- ☒ H-1B Speciality Occupation
- ☐ H-1B1 Free Trade Nonimmigrant from Chile or Singapore
- ☐ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- ☐ Fashion model of distinguished merit and ability

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)?

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
- ☐ No

Select the beneficiary you are filing for:

What is the basis for classification?

If the beneficiary will work for the same employer in the same classification but there is a material change in the terms and conditions of employment, training, or the beneficiary’s eligibility as specified in the original approved petition, select the **Amended Petition** option.

- ☒ 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 

What is the most recent petition or application receipt number for the beneficiary?

If the beneficiary has no previous petitions or applications, select None.

☐ None

Provide a 13-character receipt number, beginning with 3 capitalized letters followed by 10 digits.

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What action are you requesting?

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.

- ☒ Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted 
- ☐ 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’ above. 
- ☐ Extend the stay of each beneficiary because the beneficiary now hold(s) 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.** 
- ☐ Extend the status of a nonimmigrant classification based on a free trade agreement 
- ☐ Change status to a nonimmigrant classification based on a free trade agreement 

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Does the beneficiary have a valid passport?

- ☐ Yes
- ☒ No

Provide an explanation.

0 / 500

Are you filing any applications for replacement/
initial Forms I-94, Arrival-Departure Records with
this petition?

If the beneficiary was issued an electronic Form I-94 by CBP when he or she was admitted to the United States at 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.

- ☒ Yes
- ☐ No

How many?

Are you filing any applications for dependents
with this petition?

- ☒ Yes
- ☐ No

How many?

Would you like to request Premium Processing
Service?

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.

There is an additional fee for Premium Processing Service. For specific information about fees applicable to this form, [see Form G-1055](#).

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.

- ☐ Yes
- ☐ No

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Is a preparer assisting you with completing this
petition?

A preparer is anyone who completes or helps you complete all or part of
your petition using information and answers that you provide.

☒ Yes

☐ No

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What is your preparer’s full name?

Given name (first name)

Family name (last name)

What is your preparer’s business or organization name? (If any)

If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).

What is your preparer’s mailing address?

Country

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State/Province

Zip code/Postal code

What is your preparer’s contact information?

Daytime Telephone number

Fax number

Email address

☒ My preparer does not have an email address.

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Is a preparer assisting you with completing this
application?

A preparer is anyone who completes or helps you complete all or part of
your application using information and answers that you provide.

☐ Yes

☒ No

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Are you filing this petition as an individual or a
company?

- ☒ I am an individual filing this petition
- ☐ I am filing this petition on behalf of a company or
organization

What is your current legal name?

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.

Given name (first name)

Middle name (if applicable)

Family name (last name)

What is the title of the authorized signatory?

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Are you filing this petition as an individual or a
company?

You may only file online on behalf of a company or organization at this
time.

- ☐ I am an individual filing this petition
- ☒ I am filing this petition on behalf of a company or
organization

What is the company or organization name?

What is the title of the authorized signatory?

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What is the petitioning entity or individual's contact information?

Daytime telephone number

Provide a 10-digit phone number.

Mobile telephone number

Provide a 10-digit phone number.

Email address

☐ I do not have an email address.

Example: user@domain.com

What is the mailing address of the individual, company, or organization filing this petition?

We will use your current mailing address to contact you throughout the application process. We may not be able to contact you if you do not provide a complete and valid address.

In care of name (if any)

Country

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State/Province

ZIP code/Postal code

Provide a 5 or 9-digit ZIP code.

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What is the petitioner's Federal Employer Identification Number (FEIN)?

Provide a 9-digit number Federal Employer Identification number.

What is the petitioner's Individual IRS Tax Number?

☐ I do not have or know the petitioner's Individual IRS Tax number.

What is the petitioner's U.S. Social Security number (SSN)? (If any)

☐ I do not have or know the petitioner's U.S. Social Security number.

Provide a 9-digit Social Security number.

re o o ro or e s e em or
o er me rese r or o

- ☒ Yes
- ☐ No

 You may qualify for a reduced fee on this form. For specific information about fees applicable to this form, [see Form G-1055](#).

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What is the beneficiary's current legal name?

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.

Given name (first name)

☐ The beneficiary does not have a first name.

Middle name

☐ The beneficiary does not have a middle name.

Family name (last name)

☐ The beneficiary does not have a last name.

Have they ever used other names?

This would include nicknames, aliases, maiden names, and names from all previous marriages.

☒ Yes

☐ No

Provide all other names the beneficiary has used.

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

Given name (first name)

☐ The beneficiary does not have a first name.

Middle name

☐ The beneficiary does not have a middle name.

Family name (last name)

☐ The beneficiary does not have a last name.

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Is the beneficiary in the United States?

- ☒ Yes
- ☐ No

What is their current U.S. mailing address?

Do not list a P.O. Box.

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State

ZIP code

Provide a 5 or 9-digit
ZIP code.

What type of office would you like your petition
approval notification sent to?

- ☒ Consulate
- ☐ Pre-flight inspection
- ☐ Port of entry

What country is the office in?

What city is the office in?

What state is the office in?

What is the beneficiary's foreign address? (if any)

Country

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State/Province

ZIP code/Postal code

Provide a 5 or 9-digit
ZIP code.

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What is the beneficiary's date of birth?

MM/DD/YYYY

What is the beneficiary's country of birth?

What is the beneficiary's province of birth?

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When was the beneficiary's date of last arrival?

MM/DD/YYYY

What is the beneficiary's Form I-94 Arrival-
Departure Record number?

☐ I do not have or know the beneficiary's Form I-94 Arrival-Departure
Record number.

Provide an 11-character I-94 number.

What is the beneficiary's passport or travel
document number?

☐ I do not have or know the beneficiary's passport or travel document
number.

When was their passport or travel document
issued?

MM/DD/YYYY

When does their passport or travel document
expire?

MM/DD/YYYY

What country issued their passport or travel
document?

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What is the beneficiary's current nonimmigrant status?

When does the beneficiary's status expire?

☐ The beneficiary's status does not expire.

MM/DD/YYYY

What is the beneficiary's Student and Exchange Visitor Information System (SEVIS) number? (If any)

What is their Employment Authorization Document (EAD) number (If any)

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Is the beneficiary in this petition in removal proceedings?

- ☒ Yes
- ☐ No

Have you ever filed an **immigrant** petition for any beneficiary in this petition?

- ☒ Yes
- ☐ No

How many petitions?

Have you ever previously filed a **nonimmigrant** petition for this beneficiary?

- ☒ Yes
- ☐ No

Provide an explanation.

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Has the beneficiary in this petition ever been given the classification you are now requesting within the last seven years?

- ☒ Yes
- ☐ No

Provide an explanation.

0 / 500

Has the beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?

- ☒ Yes
- ☐ No

Provide an explanation.

0 / 500

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

Provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent

From

MM/DD/YYYY

To

MM/DD/YYYY

☐ Present

+ Add Date

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What is the beneficiary's country of citizenship or
nationality?

What is the beneficiary's gender?

- ☒ Female
- ☐ Male

What is the beneficiary's A-Number?

The A-Number is located on the Permanent Resident Card (formerly known as the Alien Registration Card or referred to as the Green Card), and consists of a 7, 8, or 9-digit number.

The A-Number may be located on the front or back of the card, depending on when the card was issued.

☐ I do not have or know the beneficiary's A-Number.

A-

Provide a 7, 8, or 9-digit number. If your 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

What is the beneficiary's Social Security number
(SSN)? (If any)

☐ I do not have or know the beneficiary's U.S. Social Security Number.

Provide an 11-character I-94 number.

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What is the job title of the beneficiary?

What is the Labor Condition Application (LCA) or
Employment and Training Administration (ETA)
Case Number?

Is this a full-time position?

- ☒ Yes
- ☐ No

How many hours per week will the position work?

What is the beneficiary's wage?

\$

Per



Is there any other compensation?

- ☒ Yes
- ☐ No

Provide an explanation.



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What are the dates of intended
employment?

The employment start date should be within the next 6 months.

From

MM/DD/YYYY

To

MM/DD/YYYY

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What is the job title of the beneficiary?

What is the Labor Condition Application (LCA) or
Employment and Training Administration (ETA)
Case Number?

Is this a full-time position?

- ☒ Yes
- ☐ No

How many hours per week will the position work?

What is the beneficiary's wage?

\$

Per

Select one ▲

Per hour

Per week

Bi-weekly

Per month

Per year

- ☒ Yes
- ☐ No

Provide an explanation.

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What are the dates of intended
employment?

The employment start date should be within the next 6 months.

From

MM/DD/YYYY

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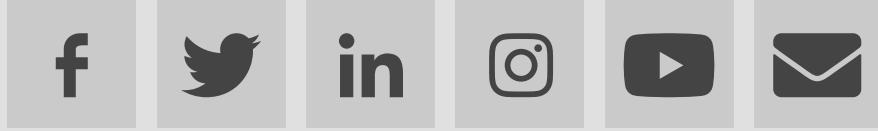
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What is the job title of the beneficiary?

Test

What is the Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number?

1234-4567

Is this a full-time position?

- ☒ Yes
- ☐ No

How many hours per week will the position work?

XX

What is the beneficiary's wage?

\$ xxxxx

Per

Is there any other compensation?

- ☒ Yes
- ☐ No

Provide an explanation.

0 / 500

What are the dates of intended employment?

The employment start date should be within the next 6 months.

From 01/01/2025 To 01/01/2025



The start date you entered is more than 6 months away

Generally, a Form I-129 petition may not be filed more than 6 months prior to the date employment is scheduled to begin. Review the appropriate regulatory provisions in 8 CFR that relate to the nonimmigrant classification sought.

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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?

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



You may qualify for a reduced fee on this form. For specific information about fees applicable to this form, [see Form G-1055](#).

What is the petitioner’s gross annual income?

\$

What is the petitioner’s net annual income?

\$

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Is the beneficiary’s work address the same as the petitioner’s mailing address you provided in the ‘About Petitioner’ section?

- ☐ Yes
- ☒ No

What is the beneficiary’s work address?

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State

ZIP code

Provide a 5 or 9-digit ZIP code.

Is this a third-party location?

- ☒ Yes
- ☐ No

What is the name of the third-party organization?

Additional Work Addresses

Here is the beneficiary’s work addresses. If anything is incorrect or missing you can delete your entries below or add a new work address.

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What is the other work address for the beneficiary?

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State

▼

ZIP code

Provide a 5 or 9-digit ZIP code.

Is this a third-party location?

- ☒ Yes
- ☐ No

What is the name of the third-party organization?

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Provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in the petition.

☐ I do not have or know the Beneficiary Confirmation Number.

Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

- ☒ Yes
- ☐ No

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

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List the beneficiary’s prior periods of stay in H or L Classification in the United States for the last 6 years.

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.

From

MM/DD/YYYY

To

MM/DD/YYYY

☐ Present

 Add Date

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- ☒ Yes
- ☐ No

Provide an explanation

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What are the beneficiary’s proposed duties?

What is the beneficiary’s present occupation and summary of prior work experience?

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What is your preparer’s full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization
name?

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.

What is your preparer’s mailing address?

Country

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State/Province

ZIP code/Postal code

Provide a 5 or 9-digit
ZIP code.

What is your preparer’s contact information?

Daytime telephone number

Provide a 10-digit phone number.

Fax number

Email address

☐ My preparer does not have an email address.

Example: user@domain.com

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What is your current legal name?

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.

Given name (first name)

Family name (last name)

Family name (last name)

What is your contact information?

Daytime telephone number

Provide a 10-digit phone number.

Mobile telephone number

Provide a 10-digit phone number.

Email address

☐ I do not have an email address.

Example: user@domain.com

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The employer is a:

- ☐ U.S. Employer
- ☒ Foreign Employer

What is the name of the foreign country?



This request for Free Trade status is based on:

This is a request for Free Trade status based on:

- ☒ Free Trade, Canada (TN1)
- ☐ Free Trade, Mexico (TN2)
- ☐ Free Trade, Chile (H-1B1)
- ☐ Free Trade, Singapore (H-1B1)
- ☐ A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)

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Is the petitioner an H-1B dependent employer?

An H-1B dependent employer has:

- 25 or fewer full-time-equivalent employees** who are employed in the United States and employs more than seven H-1B nonimmigrants;
- At least 26 but not more than 50 full-time-equivalent employees** who are employed in the United States and employs more than 12 H-1B nonimmigrants; or
- At least 51 full-time equivalent employees** who are employed in the United States and employs H-1B nonimmigrants in a number that is equal to at least 15 percent of the number of such full-time-equivalent employees.

- ☒ Yes
- ☐ No

Has the petitioner ever been found to be a willful violator?

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.

- ☒ Yes
- ☐ No

Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?

An exempt H-1B nonimmigrant:

- 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.

- ☒ Yes
- ☐ No

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.

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

- ☒ Yes
- ☐ No

Are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status?

- ☒ Yes
- ☐ No

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What is the beneficiary's highest level of education?

What is the beneficiary's major or primary field of study?

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.

☐ They do not have a major or primary field of study.

What is the beneficiary's rate of pay per year?

The “rate of pay” is the salary or wages paid to the beneficiary. Salary or wages must be expressed in an annual full-time amount and do not include non-cash compensation or benefits. For example, an H-1B worker is to be paid \$6,500 per month for a 4-month period and also provided separately a health benefits package and transportation during the 4-month period. The yearly rate of pay if he or she were working for a full year would be 12 times the monthly rate, or \$78,000. This amount does not include health benefits or transportation costs. The figure \$78,000 should be entered on this form as the rate of pay.

\$

State or territory

or foreign country

What is the NAICS Code for the business?

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.

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 Fee exemption and/or determination

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.

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

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- ☒ Yes
- ☐ No

Are you a nonprofit research organization or a governmental research **organization**?

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- ☒ Yes
- ☐ No

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- ☒ Yes
- ☐ No

Is this an amended petition that does not contain any request for extensions of stay?

- ☒ Yes
- ☐ No

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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:

Are you filing this petition to correct a USCIS error?

- ☐ Yes
- ☒ No

Is the petitioner a primary or secondary education institution?

- ☐ Yes
- ☒ No

Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

- ☐ Yes
- ☒ No

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?

If you are filing this petition for a beneficiary who is currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization. If you are filing this petition for a beneficiary who is not currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization. If you are filing this petition for a beneficiary who is not currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization.

If you are filing this petition for a beneficiary who is currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization. If you are filing this petition for a beneficiary who is not currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization. If you are filing this petition for a beneficiary who is not currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization.

If you are filing this petition for a beneficiary who is currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization. If you are filing this petition for a beneficiary who is not currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization. If you are filing this petition for a beneficiary who is not currently employed by you or your organization, please indicate the number of full-time equivalent employees you or your organization currently employ in the United States, including all affiliates or subsidiaries of your organization.

For more information, please see the [see Form G-1055](#).

- ☐ Yes
- ☒ No

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i Fee exemption or determination

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:

Are you filing this petition to correct a USCIS error?

- ☒ Yes
- ☐ No

Is the petitioner a primary or secondary education institution?

- ☒ Yes
- ☐ No

Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

- ☒ Yes
- ☐ No

i You are not required to submit the ACWIA fee for your H-1B Form I-129 petition.

w You are required to pay an additional ACWIA **fee** for this petition.

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Specify the type of H-1B petition you are filing.

(Select only one box):

- ☐ CAP H-1B Bachelor’s Degree
- ☐ CAP H-1B U.S. Master’s Degree or Higher
- ☐ CAP H-1B1 Chile/Singapore
- ☐ CAP Exempt

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Specify the type of H-1B petition you are filing.

(Select only one box):

- ☐ CAP H-1B Bachelor’s Degree
- ☒ CAP H-1B U.S. Master’s Degree or Higher
- ☐ CAP H-1B1 Chile/Singapore
- ☐ CAP Exempt

What is the name of the United States institution of higher education?

When was the degree awarded?

MM/DD/YYYY

What is the address of the United States institution of higher education?

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State/Province

▼

ZIP code/Postal code

Provide a 5 or 9-digit ZIP code.

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Specify the type of H-1B petition you are filing.

- ☐ CAP H-1B Bachelor’s Degree
- ☐ CAP H-1B U.S. Master’s Degree or Higher
- ☐ CAP H-1B1 Chile/Singapore
- ☒ CAP Exempt

Why is this petition exempt from the numerical limitation for H-1B classification?

- ☐ 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 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).
- ☐ The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(**iii**)(F)(3).
- ☐ 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).
- ☐ The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1) of the Act.
- ☐ The beneficiary of this petition has been counted against the cap and is:
 - applying for the remaining portion of the 6 year period of admission, or
 - seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).

(1) applying for the remaining portion of the 6 year period of admission, or

(2) seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21) **or**

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r o e e e r s - e r e r o o
m s s o or e e s o e o e - e r
m o se o se o s 10 or 10 o 1.
- ☐ The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

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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

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

Will the beneficiary be paid the higher of the prevailing or actual wage in any and all off-site locations?

☒ Yes

☐ No

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You may provide additional information
for your petition.

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.

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Question

Add additional information

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- Written contract or terms of agreement
- H-1B Registration Selection Notice
- Description of proposed employment
- DOD service and project compliance
- Current and past workers
- Evidence of degree
- DOD verification letter
- Evidence of distinguished merit and ability
- Maintenance of Status
- Evidence of J-1 or J-2 status
- Additional evidence

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Evidence of Certified Labor Condition Application

Upload evidence that the U.S. Department of Labor has certified a Labor Condition Application (LCA).

If you are requesting an extension of H-1B status (including H1B1 Chile/Singapore), 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.

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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

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Evidence

Certified labor condition application

Evidence of specialty occupation

Degree or evidence of specialized training

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License and certificates

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H-1B Registration Selection Notice

Description of proposed employment

DOD service and project compliance

Current and past workers

Evidence of degree

DOD verification letter

Evidence of distinguished merit and ability

Maintenance of Status

Evidence of J-1 or J-2 status

Additional evidence

Review & Submit ▼

Evidence of Qualified Specialty Occupation

Upload evidence showing that the proposed employment qualifies as a specialty occupation.

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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

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Degree Or Evidence Of Specialized Training

Upload evidence showing that the beneficiary has the required degree by submitting either:

- 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; or
- Evidence of education, specialized training, and/or progressively responsible experience that is equivalent to the required U.S. degree

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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.
- Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
- Maximum size: 6MB per file
- Upload no more than five documents at a time

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File requirements

• Clear and readable

• Accepted file formats: JPG, JPEG, PDF, TIF or TIFF

• 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

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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

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Evidence Of License And Certificates

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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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,
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Written Contract Or Terms Of Agreement

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

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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

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H-1B Registration Selection Notice

Upload a copy of the H-1B Registration Selection Notice.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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,
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- Maximum size: 12MB per file

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Written Description Of Proposed Employment

Upload a description of the proposed or continuing employment.

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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.
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Evidence of Compliance to Department of Defence Service and Project Conditions

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).

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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.
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Current And Past Workers

Upload a statement listing the names of **nonimmigrants** who are currently or have been employed over the last year, along with their dates of employment.

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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
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Evidence of Degree

Upload evidence that the beneficiary holds a bachelor’s or higher degree or its equivalent in the field of employment.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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.
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Department of Defense Verification Letter

Upload a verification letter from the U.S. Department of Defense (DOD) project manager. Details about the specific project are not required.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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
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Evidence of Distinguished Merit and Ability

Upload evidence like certifications, affidavits, or reviews to establish the beneficiary is 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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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,
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Maintenance Of Status

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-94, 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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- 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.
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- Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
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Evidence of J-1 or J-2 Status

Upload evidence showing status as a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor. A copy of either a Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, Form IAP-66, or a copy of the passport that includes the J visa stamp.

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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.
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Additional Evidence You Want To Provide

Upload evidence showing status as a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor. A copy of either a Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, Form IAP-66, or a copy of the passport that includes the J visa stamp.

File requirements

- Clear and readable
 - Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
 - 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.
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What is the beneficiary’s highest level of education?

Select one

No diploma

High school graduate diploma or the equivalent (for example: GED)

Some college credit, 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, MEng, MEd, MSW, MBA)

Professional degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

What is the beneficiary’s rate of pay per year?

The “rate of pay” is the salary or wages paid to the beneficiary. Salary or wages must be expressed in an annual full-time amount and do not include non-cash compensation or benefits. For example, an H-1B worker is to be paid \$6,500 per month for a 4-month period and also provided separately a health benefits package and transportation during the 4-month period. The yearly rate of pay if he or she were working for a full year would be 12 times the monthly rate, or \$78,000. This amount does not include health benefits or transportation costs. The figure \$78,000 should be entered on this form as the rate of pay.

\$

What is the DOT Code for the position?

What is the NAICS Code for the business?

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.

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H Classification Supplement declaration



I, the undersigned, do hereby certify that the information provided in this statement is true and correct to the best of my knowledge and belief.

I am the authorized official of the employer and I am signing this statement on behalf of the employer.

I am the authorized official of the employer and I am signing this statement on behalf of the employer.

☒ I have read and agree to the statement

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Statement of Petitioner or Authorized Signatory



I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

As the applicant's preparer, you must sign on paper and provide your signature page to the applicant. Follow these steps:

-  1. [Download the Preparer Signature page.](#)
-  2. Print the Preparer Signature page.
-  3. Read and sign the Preparer Signature page.
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The applicant will need to scan and upload your completed signature page on the next screen.

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Signature of Petitioner or Authorized Signatory

Scan and upload the completed authorized official of employer Signature page.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, or PDF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and a translator's certification with each original document
- Upload no more than five documents at a time
- Accepted characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
- Maximum size: 12 MB per file

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You have successfully submitted your Form I-129 H-1B

You may use your receipt number to track your case and see all USCIS notices in your myUSCIS account. We will notify you by email and/or text message with any updates.

Track your case online

You can track your case status through your USCIS online account. Sign in to your account often to check your case status and read any important messages from USCIS.

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 online account.

Submit evidence after applying

We encourage you to submit all your supporting evidence when you submit your application.

If you are providing evidence after you have submitted your application but before your interview, use the unsolicited evidence option on the Documents tab related to the Form I-589 you submitted.

You may amend or supplement your application before or at the time of your asylum interview with an asylum officer and at your hearing in immigration court by providing additional information and explanations about your asylum claim. For asylum applications filed with USCIS, submit any documentary evidence at least 14 calendar days before your interview with an asylum officer. We may grant extensions to submit additional evidence on a discretionary basis. We will treat these extensions as an applicant-caused delay when adjudicating your asylum application. Any applicant-caused delay will result in us denying your application for employment authorization if the delay is unresolved when you file for employment authorization.

If you are presenting evidence during your interview, you must provide two copies of each document. If a document is in a foreign language, you must provide a full English translation of it and a translator’s certification. You may also present other document types, including audio and video tapes, during your interview.

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Here is a summary of all the information you provided in your petition.

Make sure you have provided responses for everything that applies to you before you submit your petition. You can edit your responses by going to each petition section using the site navigation.

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Reason for request

What is the requested nonimmigrant classification?	Yes/No
--	--------

What is the basis for classification?	Yes/No
---------------------------------------	--------

What is the most recent petition/ application receipt number for the beneficiary? If none exists, indicate “None.”	Yes/No
---	--------

What is the requested action?	Yes/No
-------------------------------	--------

What is the total number of workers included in this petition?	Yes/No
---	--------

Processing information

Does each person in this petition have a valid passport?	Yes
---	-----

Provide an explanation.	Yes
-------------------------	-----

Are you filing any other petitions with this one?	Yes
--	-----

How many?	Yes
-----------	-----

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Check your petition before you submit

Please review your \${formType} and check it for accuracy and completeness before you submit it.

We encourage you to provide as many responses as you can throughout the \${formType}. Missing or incomplete information may slow down the review process after you submit your \${formType}.

You can return to this page to review your \${formType} as many times as you want before you submit it.

Your fee

 Your form filing fee is: [\$\$\$]

Refund policy: USCIS does not refund fees, regardless of any action we take on your 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.

Alerts and warning

A green alert means you have completed all required fields and responses.

 We found no alerts or warnings in your application.

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Review the I-129 form information

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Here is a summary of all the information you provided in your petition.

Make sure you have provided responses for everything that applies to you before you submit your petition. You can edit your responses by going to each petition section using the site navigation.

We also prepared a draft case snapshot with your responses, which you can download below

View draft snapshot

Getting Started

Reason for request

What is the requested nonimmigrant classification?

Yes/No

What is the basis for classification?

Yes/No

What is the most recent petition/ application receipt number for the beneficiary? If none exists, indicate "None."

Yes/No

What is the requested action?

Yes/No

What is the total number of workers included in this petition?

Yes/No

Processing information

Does each person in this petition have a valid passport?

Yes

Provide an explanation.

Yes

Are you filing any other petitions with this one?

Yes

How many?

Yes

Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/ 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.

Yes

How many?

Yes

Are you filing any applications for dependents with this petition?

Yes

How many?

Yes

Preparer information

Is someone assisting you with completing this application?

Is a preparer assisting you with completing

Yes/No

What is your preparer's full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization name?

What is your preparer's mailing address?

Country

Address line 1

Address line 2

City or town

State/Province

Zip code/Postal code

What is your preparer's contact information?

Daytime Telephone number

Email address

Title

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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 DOD Project Manager Signature page
-  4. Give the DOD Project Manager the Signature page to read and sign
-  5. Collect the signed DOD Project Manager

The petitioner will need to scan and upload the completed signature page on the next screen.

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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.

Your preparer must read and agree to the certification below.

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 applicant.

The applicant will need to scan and upload your completed signature page on the next screen.

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Preparer's Signature Upload

Scan and upload your preparer's completed signature page below.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, or PDF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and a translator's certification with each original document
- Upload no more than five documents at a time
- Accepted characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
- Maximum size: 12 MB per file

[Choose](#) or drop files here to upload

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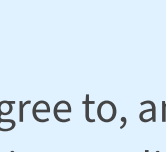
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With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that they have reviewed the Export Administration Regulations (EAR) and the International Traffic 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 until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

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 the declaration below. 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.

☒ I have read and agree to the statement

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects



As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien 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

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.

You must read and agree to the declaration below. 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.

☒ I have read and agree to the statement

Your declaration and signature

You must read and agree to the declaration below. 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.



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, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

☒ I have read and agree to the statement

Petitioner's signature

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.

Petitioner's signature

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Pay and submit

Pay for and submit your application

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: **\$[XXX]**

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 [petition, application, request] 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 [petition, application, request] 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 [petition, application, request] through your USCIS online account.

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Pay for and submit your petition

The final step to submit your Form I-129, Petition for Nonimmigrant Worker and Form I-907, Request for Premium Processing Service is to pay the required fee.

Category	Amount
Form I-129	[\$XXXX]
Form I-907	[\$XXXX]
Biometrics	[\$XXXX]
Your total application fee is:	[\$XXXX]

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 application, petition or request, or how long USCIS takes to reach a decision. You must submit all fees in the exact amounts.

Note: We will only refund the Form I-907 filing fee if we do not take action on the related case within the applicable processing timeframe. Otherwise, the filing fee is not refundable, regardless of any action USCIS takes on this request.

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.



We will send you to Pay.gov — our safe, secure payment website — to pay your fees and submit your request 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 request 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 request through your USCIS online account.

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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.

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You have successfully submitted your Petition for a Nonimmigrant Worker (I-129)

We will contact you if we have any questions or need additional information. You can track the status of your request through your USCIS online account.

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Your payment failed because your credit or debit card was declined.

You can try again now to sign and submit your requests or save and exit.

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Check your petition before you submit

Please review your \${formType} and check it for accuracy and completeness before you submit it.

We encourage you to provide as many responses as you can throughout the \${formType}. Missing or incomplete information may slow down the review process after you submit your \${formType}.

You can return to this page to review your \${formType} as many times as you want before you submit it.

Your fee

 Your form filing fee is: \$50

Refund policy: USCIS does not refund fees, regardless of any action we take on your 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.

Alerts and warning

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 alerts.

 Error in Secondary Body Text.

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.

 Warning in Secondary Body Text.

A green alert means you have completed all required fields and responses.

 We found no alerts or warnings in your application.

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Applicant's H Classification statement



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 the declaration below. 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.

☒ I have read and agree to the statement

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Applicant's 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.

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

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.

I agree to use my signature for these additional forms:

- ☒ H Classification Supplement
- ☒ Trade Agreement Supplement
- ☒ H-1B and H-1B1 Data Collection and Filing
Fee Exemption Supplement

Applicant's signature

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Authorized official of employer statement and signature



As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

-  1. [Download the Signature page.](#)
-  2. Print the Signature page.
-  3. Read and sign the Signature page.
-  4. Give the signed Signature page to the applicant.

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You did not submit your Petition for a Nonimmigrant Worker (I-129)

Your payment failed or was canceled before it could be processed on Pay.gov.

You can try again now to sign and submit your request or save your request and exit. We will save your request for 30 days from when you started it.

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Review the I-129 form information

Print

Here is a summary of all the information you provided in your petition.

Make sure you have provided responses for everything that applies to you before you submit your petition. You can edit your responses by going to each petition section using the site navigation.

View draft snapshot

Getting Started

Reason for request

What is the requested nonimmigrant classification?

Yes/No

What is the basis for classification?

Yes/No

What is the most recent petition/ application receipt number for the beneficiary? If none exists, indicate "None."

Yes/No

What is the requested action?

Yes/No

What is the total number of workers included in this petition?

Yes/No

Processing information

Does each person in this petition have a valid passport?

Yes

Provide an explanation.

Yes

Are you filing any other petitions with this one?

Yes

How many?

Yes

Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/ 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.

Yes

How many?

Yes

Are you filing any applications for dependents with this petition?

Yes

How many?

Yes

Preparer information

Is someone assisting you with completing this application?

Is a preparer assisting you with completing

Yes/No

What is your preparer's full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization name?

What is your preparer's mailing address?

Country

Address line 1

Address line 2

City or town

State/Province

Zip code/Postal code

What is your preparer's contact information?

Daytime Telephone number

Email address

Title

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Yes/No

What is the basis for classification?

Yes/No

What is the most recent petition/ application receipt number for the beneficiary? If none exists, indicate “None.”

Yes/No

What is the requested action?

Yes/No

What is the total number of workers included in this petition?

Yes/No

Processing information

Does each person in this petition have a valid passport?

Yes

Provide an explanation.

Yes

Are you filing any other petitions with this one?

Yes

How many?

Yes

Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/ 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.

Yes

How many?

Yes

Are you filing any applications for dependents with this petition?

Yes

How many?

Yes

Preparer information

Is someone assisting you with completing this application?

Is a preparer assisting you with completing

Yes/No

What is your preparer's full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization name?

What is your preparer's mailing address?

Country

Address line 1

Address line 2

City or town

State/Province

Zip code/Postal code

What is your preparer's contact information?

Daytime Telephone number

Email address

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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 until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

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Petitioner’s trade agreement supplement



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.

You must read and agree to the declaration below. 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.

☒ I have read and agree to the statement

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official of employer
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- Signature of DOD Project
Manager
- Preparer declaration
- Preparer signature
- Applicant's H
Classification statement
- Applicant's Trade
Agreement Supplement
statement

Applicant's declaration
and signature

Pay and submit

Petitioner's declaration

You must read and agree to the declaration below. 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.



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

Petitioner's signature

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.

Petitioner's signature

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