



Petition for a Nonimmigrant Worker: H-2A Classification

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

USCIS
Form I-129H2A
OMB No. 1615-0009
Expires 12/31/2027

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Company or Organization Name

3. Mailing Address of Individual, Company or Organization

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

In Care Of Name			
<input type="text"/>			
Street Number and Name	Apt. Ste. Flr.	Number	
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	
City or Town	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

5. Federal Employer Identification Number (FEIN)

►

6. Are you a nonprofit organized as tax exempt or a governmental research organization?

☐ Yes ☐ No

7. Individual IRS Tax Number

►

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

►

Part 2. Information About This Petition

1. Type of Beneficiaries Requested (select **only one** box):

- ☐ Named
☐ Unnamed

2. Basis for Classification (select **only one** box):

- ☐ a. New employment.
☐ b. Continuation of previously approved employment without change with the same employer.
☐ c. Change in previously approved employment. (provide explanation in **Part 13. Additional Information About Your Petition**).
☐ d. New concurrent employment.
☐ e. Change of employer for beneficiary(ies) already in the requested classification.
☐ f. Amended petition (provide an explanation in **Part 13. Additional Information About Your Petition**).

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

▶

4. Requested Action (select **only one** box):

- ☐ a. Notify the office in **Item Number 6**, so each beneficiary can obtain a visa or be admitted.
☐ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2**., above.
☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from the current authorized period of stay.

5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)

▶

6. If a beneficiary or beneficiaries is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select **only one** box): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

If you are filing for unnamed beneficiaries, skip **Part 3**, and **Part 4**, and go directly to **Part 5. Basic Information About the Proposed Employment and Employer**.

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below only if you are filing for named beneficiaries. Use the Attachment-1 sheet to name each additional beneficiary included in this petition.)

1. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below only if you are filing for named beneficiaries. Use the Attachment-1 sheet to name each additional beneficiary included in this petition.) (continued)

2. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name

Other Information

3. Date of birth (mm/dd/yyyy) **4.** Sex **5.** U.S. Social Security Number (if any)

<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
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6. Alien Registration Number (A-Number)

▶ A-

7. Country of Birth

Province of Birth

8. Country of Citizenship or Nationality

9. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number

<input type="text"/>	▶ <input type="text"/>	<input type="text"/>
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Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Nonimmigrant Status Date Status Expires (mm/dd/yyyy) or D/S

<input type="text"/>	<input type="text"/>
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Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)

<input type="text"/>	<input type="text"/>
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10. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number

<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
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City or Town State ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below only if you are filing for named beneficiaries. Use the Attachment-1 sheet to name each additional beneficiary included in this petition.) (continued)

11. Beneficiary's Foreign Address

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	
<input type="text"/>	<input type="text"/>	
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4. Processing Information

1. Does each person in this petition have a valid passport? ☐ Yes ☐ No. If "No," go to **Part 13.** and type or print your explanation.
2. Are you filing any other petitions with this one?
☐ Yes. If "Yes," how many? ☐ No
3. Are you filing any applications for dependents with this petition?
☐ Yes. If "Yes," how many? ☐ No
4. 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. If "Yes," how many? ☐ No
5. Is any beneficiary in this petition in removal proceedings?
☐ Yes. If "Yes," proceed to **Part 13.** and list the beneficiary's(ies) name(s). ☐ No
6. Have you ever filed an immigrant petition for any beneficiary in this petition?
☐ Yes. If "Yes," how many? ☐ No
7. Did you indicate you were filing a new petition in **Part 2.**?
☐ Yes. If "Yes," answer the questions below. ☐ No. If "No," proceed to **Item Number 8.**
 - a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
☐ Yes. If "Yes," proceed to **Part 13.** and type or print your explanation. ☐ No
 - b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
☐ Yes. If "Yes," proceed to **Part 13.** and type or print your explanation. ☐ No
8. Have you ever previously filed a nonimmigrant petition for this beneficiary?
☐ Yes. If "Yes," proceed to **Part 13.** and type or print your explanation. ☐ No
- 9.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If "Yes," proceed to **Item Number 9.b.** ☐ No
- 9.b. If you checked "Yes" in **Item Number 9.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 4. Processing Information (continued)

10. List each beneficiary's prior periods of stay in H or L classification for the last three years. Be sure to only list those periods in which each 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.

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

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To

11. Have any beneficiaries individuals ever been admitted to the United States previously in H-2A/H-2B status?

☐ Yes. If "Yes," go to **Part 13.** of Form I-129 and write your explanation. ☐ No

12. Are you requesting a restarting of the 3-year maximum period of stay limit in H-2A status for any of your named beneficiaries because they were absent from the United States for an uninterrupted period of at least 60 days? (See form Instructions for more information on "Period of Absence.") ☐ Yes ☐ No

If you answered "Yes" to **Item Number 12.**, you must document the beneficiaries' periods of stay for the last 3 years in **Item Number 10.** You must also submit evidence of each entry and each exit to establish each period of absence.

Part 5. Basic Information About the Proposed Employment and Employer

1. Job Title

2. ETA Case Number

3. Address(es) where the beneficiary(ies) will work if different from address in **Part 1.** If you need to provide more than two additional addresses, use **Part 13. Additional Information About Your Petition.**

Address 1

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

Part 5. Basic Information About the Proposed Employment and Employer (continued)

Address 2

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

4. Will the beneficiary(ies) work for you off-site at another company or organization's location?

☐ Yes ☐ No

5. Is this a full-time position?

☐ Yes ☐ No

6. If the answer to **Item Number 5** is "No," how many hours per week for the position?

►

7. Wages: \$ per (Specify hour, week, month, or year)

►

8. Other Compensation (Explain)

9. Dates of intended employment From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

10. Type of Business

11. Year Established

12. Current Number of Employees in the United States

13. 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

14. Gross Annual Income

15. Net Annual Income

16. Nature of employment is: ☐ a. Seasonal ☐ b. Temporary

Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed).

Part 5. Basic Information About the Proposed Employment and Employer (continued)

17. Did you or do you plan to use an agent, facilitator, staff, recruiter, or similar employment service (any person or entity that recruits or solicits prospective beneficiaries of the H-2 petition) to locate and/or recruit the H-2A workers that you intend to hire by filing this petition? ☐ Yes ☐ No
18. If you answered "Yes," to **Item Number 17.**, list the name and address(es) of all such persons and entities regardless of whether you have a direct or indirect contractual relationship, and whether such person or entity is located inside or outside the United States or is a governmental or quasi-governmental entity. If you need to include the name and address of more than one person or entity, use the space provided in **Part 13. Additional Information About Your Petition.**

Name of Recruiter, Agent, or Facilitator

Family Name (Last Name)

Given Name (First Name)

Middle Name

Name of Recruiting Organization or Similar Employment Service (if applicable)

Address of Agent, Facilitator, Recruiter, or Similar Employment Service

Street Number and Name

Apt. Ste. Flr.

Number

☐ ☐ ☐

City or Town

State

ZIP Code

Part 6. Prohibited Fees

For **Item Numbers 1. - 6.**, the fees in question include any job placement fee, fee or penalty for breach of contract, or other fee, penalty, or compensation (either direct or indirect), related to the H-2A employment. Such prohibited fees may include, but are not limited to withholdings or deductions from a worker's wages. Your responses to these items pertain to anyone associated with the employment or recruitment, including any joint employers. Your responses to these items also pertain to any person or entity to whom you can be considered a successor in interest.

NOTE: It is not prohibited for petitioners (including their employees), employers or any joint employers, agents, attorneys, facilitators, recruiters, or similar employment services from receiving reimbursement from the beneficiary for costs that are the responsibility and primarily for the benefit of the worker, such as government-required passport fees. Furthermore, it is not prohibited for an employer to provide reimbursement for fees or expenses incurred by the worker, where such reimbursement is specifically permitted by, and made in compliance with, statute or regulations.

1. Did any of the H-2A workers that you are requesting pay you or your employee(s), or any employer or joint employer, agent, attorney, facilitator, recruiter, or similar employment service, a prohibited fee related to the employment, or do they have an agreement to pay you such fee at a later date? ☐ Yes ☐ No
2. If you answered "Yes" to **Item Number 1.**, list the types and amounts of fees that the worker(s) paid or will pay.

3. If you answered "Yes" to **Item Number 1.**, were the workers, or their designee (as appropriate), reimbursed for any fee paid and was any agreement to pay a fee terminated? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, submit evidence of full reimbursement of each affected beneficiary, or the beneficiary's designee (as appropriate), and evidence that any agreement has been terminated.

Part 6. Prohibited Fees (continued)

4. If you answered “Yes” to **Item Number 1.**, are you requesting an exception to the mandatory denial or revocation for prohibited fees (see form Instructions for information about exceptions)? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 4.**, submit evidence supporting your request for an exception, as described in the form Instructions.

5. Within the last four years, have you ever had an H-2A or H-2B petition denied or revoked because an employee paid or agreed to pay a fee related to the employment or have you withdrawn an H-2A or H-2B petition after USCIS issued a notice of intent to deny or revoke on such basis? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 5.**, submit a copy of the USCIS notice(s) of denial, revocation, or acknowledgment of your withdrawal.

6. If you answered “Yes” to **Item Number 5.**, were the workers, or their designees (as appropriate), reimbursed for any fees paid and was any agreement to pay a fee terminated? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 6.**, submit evidence of full reimbursement of each affected beneficiary, or the beneficiary's designee (as appropriate), and evidence that any agreement has been terminated.

Part 7. Other Violations

For **Item Numbers 1. - 6.**, determinations of violations include those against you (the petitioner), any person or entity to which you are a successor in interest, or any individual who was acting on your behalf. For **Item Number 2.**, **Item Number 4.**, and **Item Number 6.**, determinations of violations also include those against any employee who an H-2A or H-2B worker would reasonably believe is acting on your behalf. **See the form Instructions for information about how USCIS will use your responses in adjudicating your H-2A petition.**

1. Are you currently subject to any debarment order by the U.S. Department of Labor (or, if applicable, the Governor of Guam)? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 1.**, you must submit a complete copy of the final notice of debarment or administrative determination(s).

2. Within the last 3 years, have you had an approved temporary labor certification revoked by the U.S. Department of Labor (or, if applicable, the Guam Department of Labor) or have you been the subject of any administrative sanction or remedy, including a debarment that has concluded or an assessment of civil money penalties? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 2.**, you must submit a complete copy of the final administrative determination(s).

3. Within the last 3 years, have you been the subject of a final USCIS denial or revocation decision with respect to a prior H-2A or H-2B petition that included a finding of fraud or willful misrepresentation of a material fact? (A final USCIS denial or revocation decision means that there is no pending administrative appeal or that the time for filing a timely administrative appeal has elapsed.) ☐ Yes ☐ No

If you answered “Yes” to **Item Number 3.**, you must submit a complete copy of the final USCIS decision(s).

4. Within the last 3 years, have you been the subject of a final USCIS decision revoking the approval of a prior petition that includes one or more of the following findings: the beneficiary was not employed by the petitioner in the capacity specified in the petition; the statement of facts contained in the petition or on the application for a temporary labor certification was not true and correct, or was inaccurate; the petitioner violated terms and conditions of the approved petition; or the petitioner violated requirements of the Immigration and Nationality Act (INA) section 101(a)(15)(H) or paragraph (h) of this section? (A final USCIS denial or revocation decision means that there is no pending administrative appeal or that the time for filing a timely administrative appeal has elapsed.) ☐ Yes ☐ No

If you answered “Yes” to **Item Number 4.**, you must submit a complete copy of the final USCIS decision(s).

5. Within the last 3 years, have you been the subject of a final determination of violation(s) under INA section 274(a), 8 U.S.C. 1324(a)? (“Bringing in and Harboring Certain Aliens,” “Criminal Penalties.”) ☐ Yes ☐ No

If you answered “Yes” to **Item Number 5.**, you must submit a complete copy of the final determination of violation(s).

Part 7. Other Violations (continued)

6. Within the last 3 years, have you been the subject of any final administrative or judicial determination, other than ones described in **Item Numbers 1. - 5.** above, finding a violation of any applicable employment-related laws or regulations, including health and safety laws or regulations? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 6.**, you must submit a complete copy of the final administrative or judicial determination(s).

Part 8. Petition and Employer Obligations

1. The H-2A petitioner and each employer consent to allow Government access to all sites where the labor is being or will be performed, as well as housing sites for the purpose of determining compliance with H-2A requirements. The petitioner and each employer agree to allow USCIS to conduct interviews of employees and any other individuals possessing pertinent information, which may be conducted in the absence of the employer or the employer's representatives and, if feasible, at a neutral location agreed to by the employee and USCIS. The petitioner and each employer understand that USCIS's inability to verify facts, including due to the failure or refusal of the petitioner or employer to cooperate in an inspection or other compliance review, may result in denial or revocation of the H-2A petition. ☐ Yes ☐ No
2. The petitioner agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A worker does not report for work within 5 workdays after the employment start date stated on the petition or within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A workers were hired is completed more than 30 days early; or the H-2A worker does not report for work for a period of 5 consecutive workdays without the consent of the employer or is terminated prior to the completion of agricultural labor or services for which he or she was hired. ☐ Yes ☐ No

See www.uscis.gov/h-2a for the appropriate manner of notifying DHS as specified in a notice published in the Federal Register.

NOTE: The above notification is a petitioner obligation and does not represent an indication of wrongdoing on the part of the worker. Further, USCIS **does not** consider the information provided in a petitioner notification, alone, to be conclusive evidence regarding the worker's current status. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

3. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period. ☐ Yes ☐ No
4. The petitioner agrees to pay \$10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement. ☐ Yes ☐ No

Part 9. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

By filing this petition, I agree to the conditions of H-2A employment, agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS, and agree to the notification requirements. I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

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.

Part 9. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.) (continued)

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Given Name (First Name)

Title

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

3. Signatory's Contact Information

Daytime Telephone Number

Email Address (if any)

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 10. Certification and Signature of Employer who is not the Petitioner

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A eligibility. I agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

1. Name of Employer

2. Signature of Employer



Date of Signature (mm/dd/yyyy)

Part 11. Certification and Signature of Joint Employer

A separate **Part 11.** must be submitted for each Joint Employer.

1. Legal Name of Individual Joint Employer

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Joint Employer Company or Organization Name

Part 11. Certification and Signature of Joint Employer (continued)

3. Mailing Address of Joint Employer

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Contact Information

Daytime Telephone Number

Mobile Telephone Number

Email Address (if any)

Taxpayer Identification Numbers

5. Provide the following information, as applicable.

Employer Identification Number (EIN)

Individual Taxpayer Identification Number (ITIN)

U.S. Social Security Number (SSN)

Other Information

6. Type of Business Activity(ies)

Year Established

Current Number of Employees in the United States

Gross Annual Income

Net Annual Income

Joint Employer's Certification

I agree to the conditions of H-2A eligibility employment, and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

7. Family Name (Last Name) of Authorized Signatory

Given Name (First Name) of Authorized Signatory

Title of Authorized Signatory

8. Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)

Part 12. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

2. 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)).

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr.

☐ ☐ ☐

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

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.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)

Part 13. Additional Information About Your Petition

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 13.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. Individual Petitioner or Company Name (same as **Part 1.**)

2. **Page Number** **Part Number** **Item Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. **Page Number** **Part Number** **Item Number**

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4. **Page Number** **Part Number** **Item Number**

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H-2A Named Beneficiary Attachment

Attach to Form I-129H2A when more than one person is included in the petition.

Complete a separate copy of this attachment for each additional named beneficiary included in this petition.

Do not include the person named in **Part 3.** of Form I-129H2A

1. Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

3. Other Information

Date of birth (mm/dd/yyyy)

Sex

☐

Male

☐

Female

U.S. Social Security Number (if any)

Alien Registration Number (A-Number)

Country of Birth

Province of Birth

Country of Citizenship or Nationality

4. IF IN THE UNITED STATES:

Date of Last Arrival
(mm/dd/yyyy)

I-94 Arrival-Departure Record
Number

Passport or Travel Document
Number

Date Passport or Travel Document
Issued (mm/dd/yyyy)

Date Passport or Travel Document
Expires (mm/dd/yyyy)

Country of Issuance for Passport
or Travel Document

Current Nonimmigrant Status

Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number
(if any)

Employment Authorization Document (EAD)
Number (if any)

5. Address in the United States Where You Intend the Beneficiary to Live (Complete Address)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

H-2A Named Beneficiary Attachment

Attach to Form I-129H2A when more than one person is included in the petition.

Complete a separate copy of this attachment for each additional named beneficiary included in this petition.

Do not include the person named in **Part 3.** of Form I-129H2A (continued)

6. Foreign Address (Complete Address)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

DRAFT

NOT FOR
PRODUCTION

08/06/2025