myUSCIS Copydeck: Interactive Forms	
Form Number and Name	I-129, Petition for a Nonimmigrant Worker
OMB Number	1615-0009
Form Edition Date:	1/6/2025
Form Expiration Date:	12/31/2027
PRA Project:	I-129-052 H-1B Selection NPRM

Revision Key		
Description		
• All original (old) text is black. • All revised (new) text is red.		
Example	**Original**	**Revised**
• All original text is black. • Any text that is removed from original column will be removed in the revision column with the words on either side indicated with red.	1. Oranges 2. Bananas 3. Apple 4. Pineapple	1. Oranges 2. Bananas 3. Pineapple 4. Pear
	I want to eat a watermelon for lunch and go hiking today.	I want to go hiking today.

FILE A FORM: I-129

Column Header Descriptions

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

Heading	Body Text	Link	CTA	Notes
File a Form	Select the form you would like to file online. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.			
Select the client for whom you are filing:	The client you select is the client who will see the form you prepare. Provide information for the selected client in the form. If you start a form for the wrong client or need to change the client for whom you are preparing it, delete the form and start a new one after selecting the correct client. If your client is not listed, you may add them as a client.			
Select the form you want to file online:	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 - 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. **Concurrent filing available** You can file Form I-907, Request for Premium Processing Service, if you are filing Form I-129 for a nonimmigrant classification that is eligible for premium processing. If you request premium processing, we will present the Form I-907 for you to complete after you sign the Form I-129. allow allow you to pay for and submit both forms at the same same same time.	https://www.uscis.gov/sites/default/files/document/forms/i-129.pdf	Start form	

APPLICATION OVERVIEW: I-129

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

Heading	Sub-Heading	Conditional Logic	Body Text	Revisions	Alert	Link	CTA	Notes
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 - 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.			https://www.uscis.gov/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** [accordion]	**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 [accordion]	**This 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 [accordion]	**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 petition. For specific information about fees applicable to this form, see Form G-1055. There is an additional fee for Premium Processing Service. **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.			https://www.uscis.gov/g-1055		
	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.					
	Biometrics 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 into 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 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 set their fingerprints, photograph, and signature.					
	Receive your decision		The decision on Form I-129 involves a determination of whether you have established eligibility for the immigration benefit you are seeking. USCIS will notify you of the decision in writing.				Next	
Completing Your Petition Online	**Filing online**		Submitting your form online is the same as mailing in a completed paper form. They both gather the same information.					
	Complete the Getting Started section first		You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience.					
	Provide as many responses as you can		You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down processing of your case after you submit your form.					
	We will automatically save your responses		We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30 days from today, or from the last time you worked on the form.					
	How to continue filling out your form		After you start your form, you can sign into your account to continue filling out your form.					
	DHS Privacy Notice		**AUTHORITIES:** The information requested on this petition and the associated evidence, is collected under 8 U.S.C. sections 1154, 1184, and 1258. **PURPOSE:** The primary purpose for providing the requested information on this petition is to petition USCIS for a nonimmigrant worker to come temporarily to the United States to perform services or labor or to receive training. DHS will use the information you provide to grant or deny the immigration benefit you are seeking. **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your petition. **ROUTINE USES:** DHS may share the information you provide on this petition and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System and DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessments [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems,] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.			www.dhs.gov/privacy		
	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-129 to this address.** OMB No. 1615-0009 Expires: 02/28/2028	USCIS may not conduct or sponsor an information collection, and you are 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 2.55 hours; Trade Agreement Supplement at .67 hours; H Classification Supplement at 2.07 hours; H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement at 1.25 hours; including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. 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-129 to this address.** OMB No. 1615-0009 Expires: 02/28/2028				
	Security Reminder		If you do not work on your application for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.				Start	

GETTING STARTED: I-129

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Tool Tip	Alert	Required?	Notes
Getting Started	**Reason for request**							You must complete all fields with an asterisk (*) to submit this form.					
				2.1	What nonimmigrant classification are you requesting?	H-1B Specialty Occupation	Radio					**YES**	
						H-1B1 Chile and Singapore	Radio						
						H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)	Radio						
						H-1B3 Fashion model of distinguished merit and ability	Radio						
					Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?	Yes/No	Radio	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."					
			[If visa cap = yes]		Select the beneficiary you are filing for:		Dropdown/text						Shows list of H-1B registered beneficiaries by name and BCN: Lastname, Firstname - XXXXXXXXXX The list will show an additional option for 'My Beneficiary is not in this list'
			[blue modal]								[blue modal] [h] You have the option to auto-populate Form I-129 [b] Some fields on this form can be auto-populated using information from your USCIS online account profile and your previously submitted and selected H-1B registration(s). We strongly recommend that you review your previous H-1B registrations and USCIS online account profile for accuracy before electing to auto-populate information on this form. However, if you choose to auto-populate data on this form, you will be able to modify the auto-populated data if it is no longer accurate. Beneficiary name: Beneficiary date of birth: Beneficiary confirmation number: [Checkbox] I certify that it is my responsibility to ensure all form information is true, correct, and relates to the listed beneficiary, regardless of whether it was auto-populated or manually entered. [CTA] Auto-populate data [CTA] Do not auto-populate data		Auto-populate modal to appear if user has a bene that has been selected for the H-1B when filing an I 129.
				2.2a-2.2f	What is the basis for classification?	New employment	Radio	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.		Select this option if the beneficiary: • Is outside the United States and holds no classification; • Will begin employment for a new U.S. employer in a different nonimmigrant classification than the beneficiary currently holds; or • Will work for the same employer but in a different nonimmigrant classification.		**YES**	
						Continuation of previously approved employment without change with the same employer	Radio			Select this option if you are applying to continue the employment of the beneficiary in the same nonimmigrant classification the beneficiary currently holds and there has been no change to the employment.			
						Change in previously approved employment	Radio			Select this option if you are notifying USCIS of a non-material change to the previously approved employment such as a change in job title without a material change in job duties.			
						New concurrent employment	Radio			Select this option if you are applying for a beneficiary to begin new employment with an additional employer in the same nonimmigrant classification the beneficiary currently holds while the beneficiary will continue working for his or her current employer in the same classification.			
						Change of employer	Radio			Select this option if you are applying for a beneficiary to begin employment working for a new employer in the same nonimmigrant classification that the beneficiary currently holds.			
						Amended petition	Radio			Select this option if you are applying to notify USCIS of a material change in the terms or conditions of employment or training or the beneficiary's eligibility as specified in the original approved petition.			
				2.3	What is the most recent petition or application receipt number for the beneficiary?		Text	If the beneficiary has no previous petitions or applications, select None.	Provide a 13-character receipt number, beginning with 3 capitalized letters followed by 10 digits.				
						None	Checkbox						
	Reason for request page 2							You must complete all fields with an asterisk (*) to submit this form.					
				2.4A	What action are you requesting?	Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted	Radio	If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.		Select this option if the beneficiary is outside of the United States, or, if the beneficiary is currently in the United States, but he or she will leave the United States to obtain a visa/admission abroad. **Note**: A petition is not required for H-1B1 Chile/Singapore beneficiaries who seek to obtain a visa/admission abroad.		**YES**	
				2.4B		Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in 'Reason for Request' on the previous page	Radio			Select this option if the beneficiary is currently in the United States in a different nonimmigrant classification and is applying to change to a new nonimmigrant status. **Note**: Do not select this option if the beneficiary seeks to change status to H-1B1 Chile/Singapore or TN classification.			Change of status
				2.4C		Extend the stay of each beneficiary because the beneficiary now holds this status	Radio			Select this option if the beneficiary is currently in the United States in a nonimmigrant classification and is requesting an extension of his or her stay in the same nonimmigrant classification. **Note**: Do not select this option if the beneficiary seeks to extend his or her stay in H1B1 Chile/Singapore or TN classification.			Extension of stay
				2.4D		Amend the stay of each beneficiary because the beneficiary now holds this status and is not seeking additional time from their current authorized period of stay	Radio			Select this option if the beneficiary is currently in the United States in the same nonimmigrant classification and you are notifying USCIS of any material changes in the terms and conditions of employment, training or the beneficiary's eligibility as specified in the original approved petition.			
				2.4E		Extend the status of a nonimmigrant classification based on a free trade agreement	Radio			Select this option if the beneficiary is currently in the United States based on a Free Trade Agreement (H-1B1 Chile/Singapore or TN classification) and is requesting an extension of his or her stay in that same classification.			Extension of stay
				2.4F		Change status to a nonimmigrant classification based on a free trade agreement	Radio			Select this option if the beneficiary is currently in the United States in a different nonimmigrant classification and is applying to change to a nonimmigrant classification based on a Free Trade Agreement (H-1B1 Chile/Singapore or TN classification).			Change of status
	Processing information							You must complete all fields with an asterisk (*) to submit this form.					
				4.2	Does the beneficiary have a valid passport?	Yes/No	Radio						
			[If 4.2 = no]			Provide an explanation.	Text area						
				4.4	Are you filing any applications for replacement/initial Forms I-94, Arrival-Departure Records with this petition?	Yes/No	Radio	If the beneficiary was issued an electronic Form I-94 by CBP when he or she was admitted to the United States at an air or sea port, he or she may be able to obtain the Form I-94 from the CBP website instead of filing an application for a replacement/initial I-94.					https://www.cbp.gov/I94
			[If Yes]			How many?	Text						
				4.5	Are you filing any applications for dependents with this petition?	Yes/No	Radio						
			[If Yes] [If 2.1 = H-1B, H-1B2, or H-1B3] ------ [If 2.1 = H-1B1 Chile and Singapore then do not show]			How many?	Text						
				PP1	Would you like to request Premium Processing Service?	Yes/No	Radio	Premium Processing Service guarantees that USCIS will take one of several possible actions (issue an approval notice, a denial notice, a notice of intent to deny, or a request for evidence or open an investigation for fraud or misrepresentation) on your Form I-129 within 15 days. 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.					

GETTING STARTED: I-129

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Tool Tip	Alert	Required?	Notes
			[blue alert] [If H-1B, H-1B2, or H-1B3] AND [If PP1 = Yes]								[blue alert] The Form I-129 and Form I-907 will be submitted together. After you sign the Form I-129, the form will be locked. You will not be able to make any changes to the form once it is locked. You will immediately be directed to the Form I-907 and will be able to pay for and submit both forms after you provide your signatures.		
	Preparer information							You must complete all fields with an asterisk (*) to submit this form.					
					Is a preparer assisting you with completing this petition?	Yes/No	Radio	A preparer is anyone who completes or helps you complete all or part of your petition using information and answers that you provide.					
			(If yes to preparer)	8.1	What is your preparer's full name?	Given name (first name)	Text						
						Family name (last name)	Text						
				8.2	What is your preparer's business or organization name? (If any)		Text	If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).					
				8.3	What is your preparer's mailing address?	Country	Dropdown/text						
						Address line 1	Text		Street number and name				
						Address line 2	Text		Apartment, suite, unit, or floor				
						City or town	Text						
			(If non-USA use Province and text field)			State / Province	Dropdown/text						
			(If non-USA use Postal code and remove help text)			ZIP code / Postal code	Text		Provide a 5 or 9-digit ZIP code.				
				8.4	What is your preparer's contact information?	Daytime telephone number	Text		Provide a 10-digit phone number.				
						Fax number	Text						
						Email address	Text		Example: user@domain.com				
						My preparer does not have an email address.	Checkbox						

ABOUT PETITIONER: I-129

Column Header Descriptions

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

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

ABOUT BENEFICIARY: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Revisions	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
About Beneficiary	**Beneficiary's name**								You must complete all fields with an asterisk (*) to submit this form.				
				3.2	3.3	What is the beneficiary's current legal name?	Given name (first name)	Text	Their current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.				
							Middle name	Text					
							Family name (last name)	Text				YES	
				3.3		Have they ever used other names?	Yes/No	Radio	This would include nicknames, aliases, maiden names, and names from all previous marriages.				Small Table, CTA Add another name
			(If 3.3 = YES)	3.4	3.4	Provide all other names the beneficiary has used.	Given name (first name)	Text	Include nicknames, aliases, maiden name, and names from all previous marriages.				
							Middle name	Text					
							Family name (last name)	Text					
	Beneficiary's contact information								You must complete all fields with an asterisk (*) to submit this form.				
						Is the beneficiary in the United States?	Yes/No	Radio					
				3.6	3.7	What is their current U.S. mailing address?	Address line 1	Text	Do not list a P.O. Box.	Street number and name			
							Address line 2	Text		Apartment, suite, unit, or floor			
							City or town	Text					
							State	Dropdown/Text					
							ZIP code	Text		Provide a 5 or 9-digit ZIP code.			
				4.1.a		What type of office would you like your petition approval notification sent to?	Consulate	Radio	If the beneficiary is outside the United States, or a requested extension of stay or change of status cannot be granted, we will send the notification to the selected office.				
							Pre-flight inspection	Radio					
							Port of Entry	Radio					
				4.1.c		What country is the office in?		Dropdown					
				4.1.b		What city is the office in?		Text					
			[If 4.1.c = United States]	4.1.c		What state is the office in?		Dropdown					
				4.1.d		What is the beneficiary's foreign address? (If any)	Country	Dropdown/Text					
							Address line 1	Text		Street number and name			
							Address line 2	Text		Apartment, suite, unit, or floor			
							City or town	Text					
							State/Province	Dropdown/Text					
							ZIP Code/Postal code	Text		Provide a 5 or 9-digit ZIP code.			
	When and where they were born								You must complete all fields with an asterisk (*) to submit this form.				
				3.5		What is the beneficiary's date of birth?	MM/DD/YYYY	Date					
				3.5		What is the beneficiary's country of birth?		Dropdown					Ensure there is an option for 'My country is not in this list'
				3.5		What is the beneficiary's province of birth?		Text					
	Immigration information		[If beneficiary is inside the US]						You must complete all fields with an asterisk (*) to submit this form.				
				3.6		When was the beneficiary's date of last arrival?	MM/DD/YYYY	Date					
				3.6		What is the beneficiary's Form I-94 Arrival-Departure Record number?		Text	Provide an 11 character I-94 Number.				
							I do not have or know the beneficiary's Form I-94 Arrival-Departure Record number.	Checkbox					
				3.6		What is the beneficiary's passport or travel document number?		Text					
							I do not have or know the beneficiary's passport or travel document number.	Checkbox					
				3.6		When was their passport or travel document issued?	MM/DD/YYYY	Date					
				3.6		When does their passport or travel document expire?	MM/DD/YYYY	Date					
				3.6		What country issued their passport or travel document?		Dropdown					
		Immigration information page 2	[If beneficiary is inside the US]						You must complete all fields with an asterisk (*) to submit this form.				
				3.6		What is the beneficiary's current nonimmigrant status?		Dropdown					Ensure there is an option in the dropdown for 'The status is not in this list' or something similar
				3.6		When does the beneficiary's status expire?	MM/DD/YYYY	Date					
							The beneficiary's status does not expire.	Checkbox					
				3.6		What is the beneficiary's Student and Exchange Visitor Information System (SEVIS) Number? (If any)	N-	Text		Provide a 10, 11, or 12-digit SEVIS number.			
				3.6		What is their Employment Authorization Document (EAD) number? (If any)		Text		Provide a 13-character number, beginning with 3 capitalized letters followed by 10 digits.			
	Immigration history								You must complete all fields with an asterisk (*) to submit this form.				
				4.6		Is the beneficiary in this petition in removal proceedings?	Yes/No	Radio					
				4.7		Have you ever filed an **immigrant** petition for the beneficiary in this petition?	Yes/No	Radio					
			(if yes to 4.7)				How many petitions?	Text					
				4.9		Have you ever previously filed a **nonimmigrant** petition for this beneficiary?	Yes/No	Radio					
			(if yes to 4.9)				Provide an explanation.	Text					
		Immigration history page 2							You must complete all fields with an asterisk (*) to submit this form.				
			(If user selects 'New Employment' in Getting Started (2.2a))	4.8a		Has the beneficiary in this petition ever been given the classification you are now requesting within the last seven years?	Yes/No	Radio					
			(if yes to 4.8a)				Provide an explanation.	Text					
			(If user selects 'New Employment' in Getting Started (2.2a))	4.8b		Has the beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?	Yes/No	Radio					
			(if yes to 4.8b)				Provide an explanation.	Text					
				4.11.a		Has the beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?	Yes/No	Radio					
			(if yes to 4.11.a)	4.11.b		Provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent.	From MM/DD/YYYY	Date					Small table Make fields required if one field is filled out (vice versa)
							To MM/DD/YYYY	Date					
							Present	Checkbox					
	Other information								You must complete all fields with an asterisk (*) to submit this form.				
				3.4	3.5	What is the beneficiary's country of citizenship or nationality?		Dropdown					
				3.4	3.5	What is the beneficiary's sex?	Male	Radio					
							Female	Radio					
				3.4	3.5	What is the beneficiary's A-Number?		Text		Provide a 7, 8, or 9-digit number. If the A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567.			
							I do not have or know the beneficiary's A-Number.	Checkbox					
				3.4	3.5	What is the beneficiary's U.S. Social Security number (SSN)?		Text		Provide a 9-digit Social Security number.			

ABOUT BENEFICIARY: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Revisions	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
							I do not have or know the beneficiary's U.S. Social Security number.	Checkbox					

EMPLOYMENT: I-129

Column Header Descriptions

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Revisions	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
Employment	Basic information								You must complete all fields with an asterisk (*) to submit this form.				
				5.1	What is the job title of the beneficiary?			Text					
				5.2	What is the labor condition application (LCA) or Employment and Training Administration (ETA) Case Number?	What is the Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number?		Text					
				5.7	Is this a full-time position?		Yes/No	Radio					
			(If no to 5.7)	5.8	How many hours per week will the position work?			Text		Provide a number between 0-100 hours.			Number of hours must be between 0-100
				5.9	What is the beneficiary's wage?		$ per hour per week bi-weekly per month per year	Text Dropdown					
				5.10	Is there any other compensation?		Yes/No	Radio					
			(if yes)				Provide an explanation.	Text					
				5.11	What are the dates of intended employment?		From (MM/DD/YYYY) To (MM/DD/YYYY)	Date Date	The employment start date should be within the next 6 months.			YES	
			[yellow alert] (if date > 6 months away)								[yellow alert] [h] The start date you entered is more than 6 months away [b] Generally, a Form I-129 petition may not be filed more than six months prior to the date employment is scheduled to begin. Review the appropriate regulatory provisions in Title 8 of the Code of Federal Regulations that relate to the nonimmigrant classification sought.		
	Petitioner information								You must complete all fields with an asterisk (*) to submit this form.				
				5.12	What is the petitioner's type of business?			Text					
				5.13	What year was the petitioning business established?			Text					
				5.14	What is the petitioner's current number of employees in the United States?			Text					
				5.15	Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?		Yes/No	Radio				YES	
			(if 5.15 = yes) [blue alert]								[blue alert] [b] You may qualify for a reduced fee on this form. For specific information about fees applicable to this form. see Form G-1055.		https://www.uscis.gov/g-1055
				5.16	What is the petitioner's gross annual income?		$	Currency					
				5.17	What is the petitioner's net annual income?		$	Currency					
	Work location								You must complete all fields with an asterisk (*) to submit this form.				
				5.3	Is the beneficiary's work address the same as the petitioner's mailing address you provided in the 'About Petitioner' section?		Yes/No	Radio					
			(if no to 5.3) [blue alert]								[yellow alert] [b] You must provide at least one work address		
					Beneficiary 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.			YES	Large table CTA = "+ Add address"
				5.3	What is the work address for the beneficiary?		Address line 1 Address line 2 City or town State	Text Text Text Dropdown		Street number and name Apartment, suite, unit, or floor			
			(If non-USA use Province and text field)										
			(If non-USA use Province and text field)				ZIP code	Text		Provide a 5 or 9-digit ZIP code.			
				5.3	Is this a third-party location?		Yes/No	Radio					
			(if 5.3 = yes)	5.3	What is the name of the third-party organization?			Text					
		Work location page 2		5.4	Did you include an itinerary with the petition?		Yes/No	Radio					
				5.5	Will the beneficiary work for you off-site at another company or organization's location?		Yes/No	Radio					
				5.6	Will the beneficiary work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?		Yes/No	Radio					
	Release of technology or technical data		(if 2.1 = H-1B, H-1B1 Chile/Singapore, or H-1B3)						You must complete all fields with an asterisk (*) to submit this form.				
				6.1	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.	Radio					
				6.2			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 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.	Radio					

H CLASSIFICATION SUPPLEMENT: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
H Classification Supplement	**General information**		(If 2.1 = H-1B Specialty Occupation or H-1B3 Fashion Model)					You must complete all fields with an asterisk (*) to submit this form.				
				5a	Provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in the petition.		Text					Prepopulate BCN from Getting Started > Select the beneficiary you are filing for (if bene is in the list)
						I do not have or know the Beneficiary Confirmation Number.	Checkbox					
				5b	What is the beneficiary's passport or travel document number at the time of registration?		Text					
				5b	What country issued the beneficiary's passport or travel document at the time of registration?		Dropdown/Text					
				5b	When does the beneficiary's passport or travel document expire at the time of registration?	MM/DD/YYYY	Date					
				6	Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?	Yes/No	Radio					
				7	Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?	Yes/No	Radio					
	Beneficiary information							You must complete all fields with an asterisk (*) to submit this form.				
				3	List the beneficiary's prior periods of stay in H or L Classification in the United States for the last 6 years.	From (MM/DD/YYYY)	Date	Only list the periods in which the beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.				**Small table** **CTA = "+ Add date"** Make fields required if one field is filled out (vice versa)
						To (MM/DD/YYYY)	Date					
						Present	Checkbox					
				8a	Does the beneficiary in this petition have a controlling interest in the petitioning organization, meaning the beneficiary owns more than 50 percent of the petitioner or has majority voting rights in the petitioner?	Yes/No	Radio	If the H-1B beneficiary possesses a controlling interest in the petitioning organization or entity, the petition, if approved, will be limited to a validity period of up to 18 months. The first extension (including an amended petition with a request for an extension of stay) of such a petition will also be limited to a validity period of up to 18 months.				
			(If yes to 8a)	8b	Provide an explanation.		Text					
				1.1	What are the beneficiary's proposed duties?		Text					
				1.2	What is the beneficiary's present occupation and summary of prior work experience?		Text					

TRADE AGREEMENT SUPPLEMENT: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
Trade Agreement Supplement	**Preparer information**		(If 2.1 = H-1B1) AND (If yes to preparer)					You must complete all fields with an asterisk (*) to submit this form.				
				3.1	What is your preparer's full name?	Given name (first name)	Text					Prepop from 8.1 from Getting Started, allow user to edit the fields if necessary to add another preparer
						Family name (last name)	Text					
				3.2	What is your preparer's business or organization name?		Text	If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).				Prepop from 8.2 from Getting Started
						My preparer is not part of a business or organization.	Checkbox					
				3.3	What is your preparer's mailing address?	Country	Dropdown/Text					Prepop from 8.3 from Getting Started
						Address line 1	Text		Street number and name			
						Address line 2	Text		Apartment, suite, unit, or floor			
						City or town	Text					
			(If non-USA use Province and text field)			State/Province	Dropdown					
			(If non-USA use Postal code and remove help text)			ZIP code/Postal code	Text		Provide a 5 or 9-digit ZIP code.			
				4.4	What is your preparer's contact information?	Daytime telephone number	Text		Provide a 10-digit phone number.			Prepop from 8.4 from Getting Started
						Fax number	Text		Provide a 10-digit phone number.			
						Email address	Text		Example: user@domain.com			
						My preparer does not have an email address.	Checkbox					
	Petitioner information		(If 2.1=H-1B1)					You must complete all fields with an asterisk (*) to submit this form.				
				1 and 2.1	What is your current legal name?	Given name (first name)	Text	Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.				
						Middle name	Text					
						Family name (last name)	Text					
				1.4	What is your contact information?	Daytime telephone number	Text		Provide a 10-digit phone number.			
						Mobile telephone number	Text		Provide a 10-digit phone number.			
						Email address	Text		Example: user@domain.com			
						I do not have an email address.	Checkbox					
	Other information							You must complete all fields with an asterisk (*) to submit this form.				
				3	The employer is a:	U.S. Employer	Radio					
						Foreign Employer	Radio					
			(if foreign employer)	4	What is the name of the foreign country?		Dropdown/Text					
				1.1	This is a request for Free Trade status based on:	Free Trade, Chile (H-1B1)	Radio					
						Free Trade, Singapore (H-1B1)	Radio					
						A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)	Radio					

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

Column Header Descriptions

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

Primary Nav	Secondary Nav	Revisions	Tertiary Nav	Conditional Logic	Revisions	Paper Form Question	Revisions	Question	Revisions	Sub-Question	Revisions	Field Type	Revisions	Instructional Text	Revisions	Help Text	Revisions	Alert	Required?	Notes
H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement	General information			[If 2.1 = H-1B; H-1B1; H-1B2; or H-1B3]										You must complete all fields with an asterisk (*) to submit this form.						
						1.1a		Is the petitioner an H-1B dependent employer?		Yes/No		Radio		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					YES for H-1B; H-1B1; and H-1B3	
						1.1b		Has the petitioner ever been found to be a willful violator?		Yes/No		Radio		A willful violator is an employer whom the U.S. Secretary of Labor has found, after notice and opportunity for a hearing, to have willfully failed to meet a condition of the labor						
						1.1c		Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?		Yes/No		Radio		An exempt H-1B nonimmigrant: • **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						
				(If yes to 1.1c)				Why is the beneficiary exempt? (Select all that apply)		The beneficiary's annual rate of pay is equal to at least $60,000		Checkbox								
										The beneficiary has a master's degree or higher degree in a specialty related to the employment		Checkbox								
						1.1d		Does the petitioner employ 50 or more individuals in the United States?		Yes/No		Radio							YES for H-1B; H-1B1; and H-1B3	
				(If yes to 1.1d)		1.1d.1		Are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status?		Yes/No		Radio							YES for H-1B; H-1B1; and H-1B3	
	Beneficiary's information													You must complete all fields with an asterisk (*) to submit this form.						
						1.2a-i		What is the beneficiary's highest level of education?		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)		Dropdown								
						1.3		What is the beneficiary's major or primary field of study?				Text		Use the beneficiary's degree transcripts to determine the primary field of study. **DO NOT** consider work experience to determine the beneficiary's major field of study.						
										They do not have a major or primary field of study		Checkbox								
						1.4		What is the beneficiary's rate of pay per year?		$		Currency		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.						
						1.5		What is the SOC Code for the position?				Text			This is the Standard Occupational Classification (SOC) Code. You can obtain the SOC codes from the Department of Labor (DOL), Bureau of Labor Statistics page	Provide a 3-digit SOC code.	Provide a 6-digit SOC code.			www.bls.gov/soc
						1.6		What is the NAICS Code for the business?				Text		This is the North American Industry Classification System (NAICS) Code. You can use this link to obtain the code number from the U.S. Department of Commerce, Census Bureau.		Provide a 6-digit code. If your code has fewer than 6 digits, enter the code left to right and then add zeros in the remaining unoccupied boxes. For example, if your code sequence is 33466, you should enter it as 334660.				https://www.census.gov/naics/
		Beneficiary's information page					1.7		What level of education is required for the position?				Text							
							1.8		What field(s) of study would qualify someone for this position?				Text							
							1.9		How many years of experience are required in order to qualify for this position?				Text							
							1.10		What special skills are required in order to qualify for the position?				Text							
							1.11		How many people will the beneficiary supervise and what are their position titles?				Text							
	Fee exemption and/or determination													You must complete all fields with an asterisk (*) to submit this form.						
				[blue alert] [always display]														[blue alert] [b] In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.		
						2.1		Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?		Yes/No									YES for H-1B; H-1B1; and H-1B3	
						2.2		Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)?		Yes/No				The employer is a nonprofit research organization or government research organization. Such nonprofit organizations or entities include, but are not limited to, hospitals and medical research institutions. "Nonprofit organization or entity" means the organization or entity is determined by the Internal Revenue Service to be a tax-exempt organization under the Internal Revenue Code of 1986, section 501(c)(3), (c)(4), or (c)(6) (codified at 26 U.S.C. 501(c)(3), (c)(4), or (c)(6)). See 8 CFR 214.2(h)(19)(iv). **Note**: A nonprofit entity may engage in more than one fundamental activity.					YES for H-1B; H-1B1; and H-1B3	
						2.3		Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?		Yes/No				When a fundamental activity of a nonprofit organization is engaging in basic research and/or applied research, that organization is a nonprofit research organization. When a fundamental activity of a governmental organization is the performance or promotion of basic research and/or applied research, that organization is a government research organization. A governmental research organization may be a Federal, state, or local entity. See 8 CFR 214.2(h)(19)(iii)(C). The regulation at 8 CFR 214.2(h)(19)(iii)(C) further provides definitions for basic research and applied research. **Note**: A nonprofit research organization or governmental research organization may perform or promote more than one fundamental activity.					YES for H-1B; H-1B1; and H-1B3	
						2.4		Is this the second or subsequent request for an extension of stay that this petitioner has filed for this beneficiary?		Yes/No				This petition is the second or subsequent request for an extension of stay filed by the employer regardless of when the first extension of stay was filed or whether the ACWIA filing fee was paid on the initial petition or the first extension of stay.					YES for H-1B; H-1B1; and H-1B3	
						2.5		Is this an amended petition that does not contain any request for extensions of stay?		Yes/No									YES for H-1B; H-1B1; and H-1B3	
			Fee exemption and/or determination page 2											You must complete all fields with an asterisk (*) to submit this form.						
				[blue alert] [always display]														[blue alert] [b] In order for us to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.		
						2.6		Are you filing this petition to correct a USCIS error?		Yes/No									YES for H-1B; H-1B1; and H-1B3	
						2.7		Is the petitioner a primary or secondary education institution?		Yes/No									YES for H-1B; H-1B1; and H-1B3	
						2.8		Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?		Yes/No									YES for H-1B; H-1B1; and H-1B3	
				[if yes to any questions 2.1-2.8] [blue alert]														[blue alert] [b] You are not required to submit the ACWIA fee for this Form I-129 petition.		
				(If no to all questions 2.1-2.8)		2.9		Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company or organization?		Yes/No				A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional Fraud Prevention and Detection fee. An additional fee must be submitted if the petitioner employs 50 or more individuals in the United States and if there are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status. The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. For specific information about fees applicable to this form, see Form G-1055.					YES for H-1B; H-1B1; and H-1B3	https://www.uscis.gov/g-1055
				[if yes to 2.9 - yellow alert]														[yellow alert] [b] You are required to pay an additional ACWIA fee for this petition.		
				[if no to 2.9 - yellow alert]														[yellow alert] [b] You are required to pay an additional ACWIA fee for this petition.		
	Numerical limitation information													You must complete all fields with an asterisk (*) to submit this form.						
						3.1a-3.1d		What type of H-1B petition you are filing?		Cap H-1B Bachelor's Degree		Radio							YES for H-1B; H-1B1; and H-1B3	
										Cap H-1B U.S. Master's Degree or Higher		Radio								
										Cap H-1B1 Chile/Singapore		Radio								
										Cap Exempt		Radio								
					[If 3.1 = Cap H-1B Bachelor's Degree] OR [If 3.1 = Cap H-1B U.S. Master's Degree or Higher]		3.2		What is the appropriate Occupational Employment and Wage Survey (OEWS) wage level for this position?		Wage Level IV Wage Level III Wage Level II Wage Level I		Radio		When applicable, registrations (or petitions) will be weighted and selected generally based on the Occupational Employment and Wage Survey (OEWS) wage level that the beneficiary's proffered wage equals or exceeds for the relevant Standard Occupational Classification (SOC) code in their area(s) of intended employment. You must select the appropriate wage level based on the highest OEWS wage level that the beneficiary's proffered wage equals or exceeds for the relevant SOC code in the area(s) of intended employment when OEWS wage level is available. If the beneficiary's proffered wage is lower than OEWS wage level I, because it is based on a prevailing wage from another legitimate source (other than OEWS) or an independent authoritative source, you must select "wage level I." If the beneficiary will work in multiple locations, or in multiple positions if you are filing the petition as an agent, you must select the lowest corresponding OEWS wage level that the proffered wage will equal or exceed. If the proffered wage is expressed as a range, you must select the OEWS wage level that the lowest wage in the range will equal or exceed. If the relevant SOC code does not have current OEWS prevailing wage information available, you must follow U.S. Department of Labor guidance on prevailing wage determinations to determine which OEWS wage level to select. The OEWS wage level selected must reflect the corresponding OEWS wage level as of the date that the registration underlying the petition was submitted. However, if the registration process is suspended, the OEWS wage level selected must reflect the corresponding OEWS wage level as of the date that the petition is submitted. **Note:** The proffered wage is the wage that you intend to pay the beneficiary as indicated on the petition. The SOC code and area(s) of intended employment should be indicated on the LCA filed with the petition. The petition must contain and be supported by the same position information, including SOC code, provided in the selected registration and must include a proffered wage that equals or exceeds the prevailing wage for the corresponding OEWS wage level reflected in the registration. In circumstances where the prevailing wage is based on a private wage survey and is lower than level I, the proffered wage on the H-1B petition must equal or exceed the prevailing wage reflected in the private survey used to register the beneficiary at OEWS level I. In its discretion, USCIS may find that a change in the area(s) of intended employment would be permissible, provided such change is consistent with the requirement of a bona fide job offer at the time of registration.					
				(if 3.1 = CAP H-1B U.S. Master's Degree or Higher)		3.2a	3.3a	What is the name of the United States institution of higher education?				Text								
				(if 3.1 = CAP H-1B U.S. Master's Degree or Higher)		3.2b	3.3b	When was the degree awarded?		MM/DD/YYYY		Date								
				(if 3.1 = CAP H-1B U.S. Master's Degree or Higher)		3.2c	3.3c	What is the type of United States degree?				Text								
				(if 3.1 = CAP H-1B U.S. Master's Degree or Higher)		3.2d	3.3d	What is the address of the United States institution of higher education?		Address line 1		Text				Street number and name				
										Address line 2		Text				Apartment, suite, unit, or floor				
										City or town		Text								
										State		Dropdown								
										ZIP code		Text				Provide a 5 or 9-digit ZIP code				
				(if 3.1 = CAP Exempt)		3.3a-3.3h	3.4a-3.4h	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)		Checkbox			You must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification.					
				(if 3.1 = CAP Exempt)						The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(iii)(F)(2).		Checkbox								
				(if 3.1 = CAP Exempt)						The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(iii)(F)(3).		Checkbox				The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(iii)(F)(3). When a fundamental activity of a nonprofit organization is engaging in basic research and/or applied research, that organization is a nonprofit research organization. When a fundamental activity of a governmental organization is the performance or promotion of basic research and/or applied research, that organization is a government research organization. A governmental research organization may be a Federal, state, or local entity. See 8 CFR 214.2(h)(8)(iii)(F)(3); (these terms have the same definitions as described at 8 CFR 214.2(h)(19)(iii)(C)).				Tooltip
				(if 3.1 = CAP Exempt)						The beneficiary will be employed at a qualifying cap exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(iii)(F)(4).		Checkbox				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 will spend at least half of their work time performing job duties at a qualifying institution, organization, or entity and those job duties further an activity that supports or advances one of the fundamental purposes, missions, objectives, or functions of the qualifying institution, organization, or entity, namely, either higher education, nonprofit research, or governmental research.				Tooltip
				(if 3.1 = CAP Exempt)						The beneficiary is currently employed at a cap-exempt institution, organization, or entity, and the petitioner seeks to concurrently employ the H-1B beneficiary.		Checkbox								
				(if 3.1 = CAP Exempt)						The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.		Checkbox								
				(if 3.1 = CAP Exempt)						The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21), or (3) is seeking an amendment to a petition that was part of the beneficiary's 6-year period of admission or an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of AC21.		Checkbox								
				(if 3.1 = CAP Exempt)						The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.		Checkbox					Public Law 110-229 provides that nonimmigrant workers admitted to Guam or CNMI are exempt from the statutory caps for the H visa programs through December 31, 2029.			
	Off-site assignment													You must complete all fields with an asterisk (*) to submit this form.						
						4.1		Will the beneficiary of this petition be assigned to work at an off-site location for all or part of the period for which H-1B classification is sought?		Yes/No		Radio								
				(If yes to 4.1)		4.2		Will the placement of the beneficiary off-site during the period of employment comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification?		Yes/No		Radio								
				(If yes to 4.1)		4.3		Will the beneficiary be paid the higher of the prevailing or actual wage at any and all off-site locations?		Yes/No		Radio								

EVIDENCE: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Revisions	Conditional Logic	Revisions	Paper Form	Evidence Title	Revisions	Field Type	Instructional Text	Revisions	Document type	Revisions	File Requirements	Revisions	Alerts	Required?	Links	Notes
Evidence	Certified labor condition application	Certified Labor Condition Application	(IF H-1B or H-1B1)			Evidence Of Certified Labor Condition Application		Upload	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 H-1B1 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.		Other		• 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					
	Evidence of qualified specialty occupation		(IF H-1B or H-1B1)			Evidence Of Qualified Specialty Occupation		Upload	Upload evidence showing that the proposed employment qualifies as a specialty occupation.		Other		• 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					
	Degree or evidence of specialized training		(IF H-1B or H-1B1)			Degree Or Evidence Of Specialized Training		Upload	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.		Foreign Equivalent Degree U.S. Degree Other		• 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					
	License and certificates		(IF H-1B or H-1B1)			Evidence Of License And Certificates		Upload	Upload evidence the beneficiary meets or continues to meet any required license or other official permission to practice the profession or occupation in the state of intended employment.		License Certificate Other		• 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					
	Written contract or terms of agreement		(IF H-1B, H-1B1, or H-1B3)			Written Contract Or Terms Of Agreement		Upload	Upload a copy of any written contracts between the petitioner and the beneficiary or, if there is no written agreement, a summary of the terms of the original oral agreement under which the beneficiary will be employed.		Written contract Statement of terms Other		• 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					
	Passport or travel document		[If H-1B AND if selected 3.1a, 3.1b, or 3.1c in Data Collection and Filing Fee Supplement)		Classification - Initial Evidence, Part 1. Petition Always Required, H-1B Beneficiaries (Three Types)	Evidence Of Passport Or Travel Document		Upload	Upload evidence of the beneficiary's passport or travel document used at the time of registration to identify the beneficiary.	Upload evidence of the beneficiary's passport or travel document used at the time of registration to identify the beneficiary. The petition must contain and be supported by the same identifying information provided in the selected registration.	Passport Travel document		• 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					
	H-1B Registration Selection Notice	Beneficiary Confirmation Number and H-1B Registration Selection Notice	[If H-1B AND if selected 3.1a, 3.1b, or 3.1c in Data Collection and Filing Fee Supplement)			H-1B Registration Selection Notice	Beneficiary Confirmation Number And H-1B Registration Selection Notice	Upload	Upload a copy of the H-1B Registration Selection Notice.	Upload a valid Beneficiary Confirmation Number for the beneficiary included in this petition, along with a copy of the H-1B Registration Selection Notice. If any information does not match between the selection notice and the petition, you must provide an explanation and supporting documentation as to why there was a change or why the information does not match. If information on the registration and petition does not match, USCIS may reject or deny the petition.	H-1B Registration Selection Notice	Beneficiary Confirmation Number H-1B Registration Selection Notice	• 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					
		Basis of the wage level		[If H-1B AND if selected 3.1a, 3.1b, or 3.1c in Data Collection and Filing Fee Supplement)			Evidence Of The Basis Of Wage Level			Upload evidence of the basis of the wage level selected on the registration. Such evidence could include, but is not limited to, a printout from the Department of Labor (DOL) Office of Foreign Labor Certification (OFLC) Wage Search website for the beneficiary's SOC code and area(s) of intended employment as of the date of registration. View the DOL OFLC wage search page for more information.		DOL OFLC printout Other documents		• 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			dol.gov/wage-data/wage-search	
	Description of proposed employment		(If H-1B1 or H-1B2)			Written Description Of Proposed Employment		Upload	Upload a description of the proposed or continuing employment.		Description of proposed employment Offer letter Other		• 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					
	DOD service and project compliance		(if H-1B2)			Evidence Of Compliance To Department Of Defense Service And Project Conditions		Upload	Upload evidence showing that the services and project meet the conditions of performing services of an exceptional nature relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD).		Other documents		• 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					
	Current and past workers		(if H-1B2)			Current And Past Workers		Upload	Upload a statement listing the names of nonimmigrant workers who are currently or have been employed over the last year, along with their dates of employment.		Other		• 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					
	Evidence of degree		(if H-1B2)			Evidence Of Degree		Upload	Upload evidence that the beneficiary holds a bachelor's or higher degree or its equivalent in the field of employment.		Foreign equivalent degree Other		• 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					
	DOD verification letter		(if H-1B2)			Department Of Defense Verification Letter		Upload	Upload a verification letter from the U.S. Department of Defense (DOD) project manager. Details about the specific project are not required.		Verification letter Other documents		• 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					
	Evidence of distinguished merit and ability		(if H-1B3)			Evidence Of Distinguished Merit And Ability		Upload	Upload evidence such as 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.		Evidence of distinguished merit and ability Other		• 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					
	Maintenance of status		[If 2.4 = 2.4B, 2.4C, 2.4D, 2.4E, 2.4F)			Maintenance Of Status		Upload	Upload evidence of maintenance of status. You may submit copies of the beneficiary's last two pay stubs, Form W-2, and other relevant evidence as well as a copy of the beneficiary's Form I-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.		Form I-94 Valid passport Travel documents Form I-797 Pay stubs W-2 Other		• 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					
	Evidence of J-1 or J-2 status		[if yes to question 4.11.a]			Evidence Of J-1 Or J-2 Status		Upload	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 Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.		Evidence of J-1 or J-2 status Other		• 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					
	Evidence of available position		(IF H-1B or H-1B1)			Evidence Of Available Position		Upload	Upload evidence that you have a bona fide position in a specialty occupation available for the beneficiary as of the start date of the validity period requested on the petition. A petitioner is not required to establish specific day-to-day assignments for the entire time period requested in the petition.				• 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					
	Additional evidence					Additional Evidence You Want To Provide		Upload	You can upload additional documents that support your petition or help explain any of your responses.		Other		• 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					

ADDITIONAL INFORMATION: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Question	Sub-Question	Field Type	Instructional Text	Required?	Notes
Additional Information	**Additional information**				You must complete all fields with an asterisk (*) to submit this form.		
		You may provide additional information for your petition.	Add a response	Large table	If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing. If you do not need to provide any additional information, you may leave this section blank.	No	Large Table Pattern Ghost Sub Nav

REVIEW AND SUBMIT: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Conditional Logic	Paper form question	Question	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Alert	Required?	CTA	Notes
Review and Submit	**Review your petition**			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 ${formType} as many times as you want before you submit it.				Review my petition	
				Your fee				Your form filing fee is: [$XXX] **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.					
				Alerts and warnings				You have one or more alerts and warnings based on the information you provided in your petition. A red alert means you have incomplete responses or inconsistent data. You cannot submit your petition with any red alerts. A yellow warning means you may be missing information or may need to follow-up with us about your responses. You can still submit your petition, but some warnings may slow down the review process after you submit your petition. A green alert means you have completed all required fields and responses.					
	Your petition summary			Review the I-129 form information				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.				Next	
	DOD project manager statement	(If H-1B2 U.S. DOD Projects Only)	H Classification Supplement	DOD Project Manager Statement and Signature	I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense (DOD). As the petitioner or preparer, you must collect the signature of the DOD Project Manager and upload the signed signature page. Follow these steps: 1. Download the Petition Summary 2. Download the DOD Project Manager Signature page 3. Print the Petition Summary and DOD Project Manager Signature page 4. Give the Petition Summary and DOD Project Manager Signature page to the DOD Project Manager to read and sign 5. Collect the signed DOD Project Manager Signature page The petitioner will need to scan and upload the completed signature page on the next screen.			You must complete all fields with an asterisk (*) to submit this form.				Next	
	DOD project manager signature	(If H-1B2 U.S. DOD Projects Only)		DOD Project Manager's Signature			Upload	You must complete all fields with an asterisk (*) to submit this form. Scan and upload the completed DOD Project Manager Signature page.				Next	
	Preparer declaration	(IF PREPARER)	8.5	Preparer's Declaration and Signature	By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents. is complete. true. and correct. As the petitioner's preparer, you must sign on paper and provide your signature page to the petitioner. Follow these steps: 1. Download the Preparer Signature page 2. Print the Preparer Signature page 3. Read and sign the Preparer Signature page 4. Give the signed Preparer Signature page to the petitioner The petitioner will need to scan and upload the completed signature page on the next screen.			You must complete all fields with an asterisk (*) to submit this form. Your preparer must read and agree to the certification below.				Next	
	Preparer signature	(IF PREPARER)	8.5	Preparer's Signature			Upload	You must complete all fields with an asterisk (*) to submit this form. Scan and upload the completed Preparer Signature page.				Next	
	Petitioner's or authorized signatory's declarations and signature	[If H-1B, H-1B1, H-1B2, H-1B3 classification]	H Classification Supplement	Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore	By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H1-B1 employment. 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. By filing this petition, I agree to the conditions of H-1B or H-1B1 employment and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS. I understand that USCIS access to the petitioning organization's headquarters, satellite locations, or the location where the beneficiary works or will work, including third-party worksites, is vital for the purpose of determining compliance with H-1B or H-1B1 requirements. I understand that USCIS' inability to verify facts, including due to the failure or refusal of the petitioner or third party to cooperate in an inspection or other compliance review, may result in denial or revocation of the approval of this petition or any H-1B petition for H-1B workers performing services at the location or locations that are a subject of inspection or compliance review, including any third-party worksites.	By filing this petition, I agree to, and will abide by, the terms of the LCA and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H1-B1 employment. 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. By filing this petition, I agree to the conditions of H-1B or H-1B1 employment and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS. I understand that USCIS access to the petitioning organization's headquarters, satellite locations, or the location where the beneficiary works or will work, including third-party worksites, is vital for the purpose of determining compliance with H-1B or H-1B1 requirements. I understand that USCIS' inability to verify facts, including due to the failure or refusal of the petitioner or third party to cooperate in an inspection or other compliance review, may result in denial or revocation of the approval of this petition or any H-1B petition for H-1B workers performing services at the location or locations that are a subject of inspection or compliance review, including any third-party worksites		You must complete all fields with an asterisk (*) to submit this form. You must read and agree to all of the declarations on this page. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your petition, we can deny your petition and may deny any other immigration benefit. You may also face criminal prosecution and penalties provided by the law.					
					I have read and agree to the statement		Checkbox						
		(If H-1B Specialty Occupation OR H-1B2 U.S. DOD Projects)	H Classification Supplement	Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects	As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay. I have read and agree to the statement		Checkbox						

REVIEW AND SUBMIT: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Conditional Logic	Paper form question	Question	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Alert	Required?	CTA	Notes
		[If H-1B1]	Trade Agreement Supplement	Petitioner's Trade Agreement Supplement declaration	Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews. I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct. I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the oranization I have read and agree to the statement.		Checkbox					
			7	Authorized Signatory's Declaration and Signature	Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews. If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization. I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct. I have read and agree to the statement.		Checkbox					
		(If user has checked all checkboxes on Your delcarations and signature page)	7.2.a	Authorized Signatory's Signature			Text	You must provide your digital signature below by typing your full legal name. We may deny your petition if you do not completely fill out this petition or fail to submit required documents. We will record the date of your signature with your petition.				Next	Required field
	Pay and submit	(If Your declarations and signature page is complete)		Pay for and submit your petition				The final step to submit your Form I-129, Petition for a Nonimmigrant Worker, is to pay the required fee. **Note:** Your petition fee includes the Form I-129 filing fee and may also include the ACWIA fee, Fraud and Detection fee, and Public Law 113-114 fee, based on the answers you provided on your Form I-129 or supplements. Your petition fee is: ${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 form online. Here are the steps in the payment and submission process: 1. Provide your billing information on Pay.gov 2. Provide your credit card or U.S. bank account information 3. Submit your payment When you have paid your fee, your application will be submitted. Pay.gov will redirect you to a uscis.gov confirmation screen, which will include your receipt number. Please keep a copy of your receipt number for your records. You can track the status of your application through your USCIS online account.				Next	
	Finish and continue to I-907	(If Your declaration and signature page is complete) AND (if user concurrently filed)		Finish the I-129 and continue to the I-907	**By finishing this form, your Form I-129 will be locked and no further changes can be made.** Please make sure that the information on your Form I-129 is complete and accurate before continuing. If you need to make any edits after finishing, you will need to create a new Form I-129. Next, you will continue to Form I-907. Once you complete Form I-907, you can pay for and submit both forms at the same time.							Finish and continue	
	(Successful submission) (No nav)			You have successfully submitted your ${formTitle}				We will contact you if we have any questions or need additional information. You can track the status of your application through your USCIS online account.				Go to my cases	
	(Unsuccessful card declined) (No nav)			You did not submit your ${formTitle}				Your payment failed because your credit or debit card was declined. You can try again now to sign and submit your petition or save and exit.				Sign and submit	
	(Unsuccessful submission) (No nav)			You did not submit your ${formTitle}				Your payment failed or was canceled before it could be processed on Pay.gov. You can try again now to sign and submit your petition or save your petition and exit. We will save your petition for 30 days from when you started it.				Sign and submit	