

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

- 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.

Original

1. Oranges
2. Bananas
3. Apple
4. Pineapple

Revised

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.			
Select the form you want to file online:	If your client is not listed, you may add them as a client. 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

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

Application Overview

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	Page From Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Tool Tip	Alert	Required?	Notes	
Getting Started	Reason for request			2.1	What nonimmigrant classification are you requesting?	H-1B Specialty Occupation H-1B1 Chile and Singapore H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DDO) H-1B3 Fashion model of distinguished merit and ability Yes/No	Radio Radio Radio Radio	You must complete all fields with an asterisk (*) to submit this form.				YES		
					Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?	Yes/No	Radio	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."						
					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"	
					[If visa cap = yes]									
					[blue modal]						[blue modal] [N] 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] 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. Auto-populate data	
				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?	None	Text	If the beneficiary has no previous petitions or applications, select None.	Provide a 13-character receipt number, beginning with 3 capitalized letters followed by 10 digits.					
						None	Checkbox							
	Reason for request date 2			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	You must complete all fields with an asterisk (*) to submit this form. If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.		Select this option if the beneficiary is outside of the United States, or, if the beneficiary is currently in the United States, but he or she will leave the United States to obtain a visa/admission abroad.		YES		
				2.4b	Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in "Reason for Request" on the previous page.		Radio	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: A petition is not required for H-1B1 Chile/Singapore beneficiaries who seek to obtain a visa/admission abroad.				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 seeks to change status to H-1B1 Chile/Singapore or TN classification.	Note: Do not select this option if the beneficiary seeks to change status to H-1B1 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.	Note: Do not select this option if the beneficiary seeks to extend his or her stay in H-1B1 Chile/Singapore or TN classification.					
				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.	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).				Extension of stay	
				2.4f	Change status to a nonimmigrant classification based on a free trade agreement		Radio	Select this option if the beneficiary is currently in the United States in a different nonimmigrant classification and is applying to change to a nonimmigrant classification based on a Free Trade Agreement (H-1B1 Chile/Singapore or TN classification).					Change of status	
	Processing Information			4.2	Does the beneficiary have a valid passport?	Yes/No	Radio	You must complete all fields with an asterisk (*) to submit this form.						
				4.4	Are you filing any applications for replacements/initial Forms I-94, Arrival/Departure Records with this petition?	Yes/No	Text area 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/84	
				4.5	Are you filing any applications for dependents with this petition?	How many? Yes/No	Text Radio							
				PP1	Would you like to request Premium Processing Service?	How many? Yes/No	Text 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

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Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Field Form	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 Is a preparer assisting you with completing this petition? Yes/No Radio You must complete all fields with an asterisk (*) to submit this form. 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 orearer) 8.1 What is your orearer's full name? Given name (first name) Family name (last name) Text Text (If yes to orearer) 8.2 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). (If yes to orearer) 8.3 What is your orearer's mailing address? Country Address line 1 Address line 2 City or town State / Province ZIP code / Postal code Dropdown/text Text Text Text Dropdown/text Text Street number and name Apartment, suite, unit, or floor Provide a 5 or 9-digit ZIP code. (If non-USA use Province and text field) (If non-USA use Postal code and remove help text) 8.4 What is your orearer's contact information? Daytime telephone number Fax number Email address My preparer does not have an email address Text Text Text Checkbox Provide a 10-digit phone number. Example: user@domain.com													

ABOUT PETITIONER: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
About Petitioner	Petitioner's name				Are you filing this petition as an individual or a company?	I am an individual filing this petition	Radio	You must complete all fields with an asterisk (*) to submit this form.				
						I am filing this petition on behalf of a company or organization	Radio	You may only file online on behalf of a company or organization at this time				
		(If individual)	1.1		What is your current legal name?	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.				
		(If company or organization)	1.2		What is the company or organization name?	Middle name (if applicable)	Text				YES	
						Family name (last name)	Text					
			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 (FEN)?		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												
				3.2	3.3	What is the beneficiary's current legal name?	Given name (first name)	Text	You must complete all fields with an asterisk (*) to submit this form.				
				3.3		Have they ever used other names?	Middle name Family name (last name) Yes/No	Text Text Radio	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.			YES	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) Middle name Family name (last name)	Text Text Text	This would include nicknames, aliases, maiden names, and names from all previous marriages. Include nicknames, aliases, maiden name, and names from all previous marriages.				
	Beneficiary's contact information								You must complete all fields with an asterisk (*) to submit this form.				
				3.6	3.7	Is the beneficiary in the United States? What is their current U.S. mailing address?	Yes/No Address line 1 Address line 2 City or town State ZIP code Consulate	Radio Text Text Text Text Text Radio	Do not list a P.O. Box.	Street number and name Apartment, suite, unit, or floor			
				4.1.a		What type of office would you like your petition approval notification sent to?	Pre-flight inspection Port of Entry	Radio Radio	If the beneficiary is outside the United States, or a requested extension of stay or change of status cannot be granted, we will send the notification to the selected office.	Provide a 5 or 9-digit ZIP code.			
		(If 4.1.c = United States)		4.1.c		What country is the office in?		Radio					
				4.1.b		What city is the office in?		Dropdown					
				4.1.c		What state is the office in?		Text					
				4.1.d		What is the beneficiary's foreign address? (If any)	Country Address line 1 Address line 2 City or town State/Province ZIP Code/Postal code	Dropdown/Text Text Text Text Dropdown/Text Text		Street number and name Apartment, suite, unit, or floor			
									You must complete all fields with an asterisk (*) to submit this form.	Provide a 5 or 9-digit ZIP code.			
	When and where they were born			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)		3.6		When was the beneficiary's date of last arrival?	MM/DD/YYYY	Date	You must complete all fields with an asterisk (*) to submit this form.				
				3.6		What is the beneficiary's Form I-94 Arrival-Departure Record number?		Text	Provide an 11 character I-94 Number.				
				3.6		What is the beneficiary's passport or travel document number?	I do not have or know the beneficiary's Form I-94 Arrival-Departure Record number.	Checkbox					
				3.6		When was their passport or travel document issued?	I do not have or know the beneficiary's passport or travel document number.	Checkbox					
				3.6		When does their passport or travel document expire?	MM/DD/YYYY	Date					
				3.6		What country issued their passport or travel document?	MM/DD/YYYY	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					
				3.6		What is the beneficiary's Student and Exchange Visitor Information System (SEVIS) Number? (If any)	The beneficiary's status does not expire. N	Checkbox 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					
		(If yes to 4.7)		4.7		Have you ever filed an immigrant petition for the beneficiary in this petition?	Yes/No	Radio					
				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)		4.8b		Has the beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?	Provide an explanation. Yes/No	Text Radio					
		(If user selects 'New Employment' in Getting Started (2.2a))		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?	Provide an explanation. Yes/No	Text 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 Present		Date 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 Female	Radio 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.			
				3.4	3.5	What is the beneficiary's U.S. Social Security number (SSN)?	I do not have or know the beneficiary's A-Number.	Checkbox Text		Provide a 9-digit Social Security number.			

ABOUT BENEFICIARY: I-129

Column Header Descriptions

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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		(If no to 5.7)	5.1	What is the job title of the beneficiary?	What is the Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number?	Yes/No	Text	You must complete all fields with an asterisk (*) to submit this form.	Provide a number between 0-100.			Number of hours must be between 0-100
				5.2	What is the labor condition application (LCA) or Employment and Training Administration (ETA) Case Number?			Text					
				5.7	Is this a full-time position?			Radio					
				5.8	How many hours per week will the position work?			Text					
				5.9	What is the beneficiary's wage?			Text \$ per hour per week bi-weekly per month per year					
			(If yes)	5.10	Is there any other compensation?			Radio					
				5.11	What are the dates of intended employment?			Text Date From (MM/DD/YYYY) To (MM/DD/YYYY)					
			[yellow alert] (If date > 6 months away)										
	Petitioner Information		(If 5.15 = yes) [blue alert]	5.12	What is the petitioner's type of business?	Yes/No		Text	You must complete all fields with an asterisk (*) to submit this form.			YES	
				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 the company/organization?			Radio					
				5.16	What is the petitioner's gross annual income?			Currency					
				5.17	What is the petitioner's net annual income?			Currency					
	Work location		(If no to 5.3) [blue alert]	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	You must complete all fields with an asterisk (*) to submit this form.		[yellow alert] [B] You must provide at least one work address	YES	Large table CPL = "v- Add address"
					Beneficiary work address								
				5.3	What is the work address for the beneficiary?			Address line 1 Text Address line 2 Text City or town Text State Text ZIP code Text					
	Release of technology or technical data	(If 7.2 = "YES, WE DO") Chile/Singapore, or H 183)		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:	Yes/No		Radio	You must complete all fields with an asterisk (*) to submit this form.				

H CLASSIFICATION SUPPLEMENT: I-129

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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)		5a	Provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in the petition.		Text	You must complete all fields with an asterisk (*) to submit this form.				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	(If yes to 8a)		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	You must complete all fields with an asterisk (*) to submit this form. 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					
				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?	Present Yes/No	Checkbox Radio					
				8b	Provide an explanation.		Text		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.			
				1.1	What are the beneficiary's proposed duties?		Text					
				1.2	What is the beneficiary's present occupation and summary of prior work experience?		Text					

TRADE AGREEMENT SUPPLEMENT: I-129

Column Header Descriptions

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

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
Trade Agreement Supplement	Preparer information		(If 2.1 = H-1B1) AND (If yes to preparer)	3.1	What is your preparer's full name?	Given name (first name)	Text	You must complete all fields with an asterisk (*) to submit this form.				Prepop from 8.1 from Getting Started, allow user to edit the fields if necessary to add another preparer
				3.2	What is your preparer's business or organization name?	Family name (last name)	Text					Prepop from 8.2 from Getting Started
				3.3	What is your preparer's mailing address?	My preparer is not part of a business or organization.	Checkbox					Prepop from 8.3 from Getting Started
						Country	Dropdown/Text					
						Address line 1	Text		Street number and name			
			(If non-USA use Province and text field) (If non-USA use Postal code and remove help text)			Address line 2	Text	If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).				
						City or town	Text		Apartment, suite, unit, or floor			
						State/Province	Dropdown					
						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
	Petitioner information		(If 2.1=H-1B1)			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					
								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.			
	Other information					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					
								You must complete all fields with an asterisk (*) to submit this form.				
				3	The employer is a:	U.S. Employer	Radio					
						Foreign Employer	Radio					
				4	What is the name of the foreign country?		Dropdown/Text					
							Radio					
				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					

Column Header Descriptions

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

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

Review & Submit

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-1B]	Trade Agreement Supplement	Petitioner's Trade Agreement Supplement declaration	Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews. I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained on the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct. I am filing this petition on behalf of an organization and I certify that I am authorized to do so by the organization. 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 declarations and signature page]	7.2.a	Authorized Signatory's Signature			Checkbox Text	You must provide your digital signature below by typing your full legal name. We may deny your petition if you do not completely fill out this petition or fail to submit required documents. We will record the date of your signature with your petition.			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	