TABLE OF CHANGES – FORM
Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
11/19/2025

Reason for Revision: H-1B Selection Final Rule
Project Phase: FO Review
 	
Legend for Proposed Text:
    •   Black font = Current text
    •   Red font = Changes
 	
Expires 12/31/2027
Edition Date 01/20/2025	

Current Page Number and Section	Current Text	Proposed Text
Pages 5-6, Part 5. Basic Information About the Proposed Employment and Employer	**[Page 5]** **Part 5. Basic Information About the Proposed Employment and Employer** Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting. **1.** Job Title **2.** LCA or ETA Case Number **3.** Address(es) where the beneficiary(ies) will work if different from address in **Part 1.** If you need to provide more than two additional addresses, use **Part 9. Additional Information**. …	**[Page 5]** **Part 5. Basic Information About the Proposed Employment and Employer** [no change] **2.** Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number [no change] …
Pages 13-20, H Classification Supplement to Form I-129	**[Page 13]** **H Classification Supplement to Form I-129** **1.** Name of the Petitioner … **[Page 14]** **Section 1. Complete This Section If Filing for H-1B Classification** **1.** Describe the proposed duties. **2.** Describe the beneficiary's present occupation	**H Classification Supplement to Form I-129** [no change] … **Section 1. Complete This Section If Filing for H-1B Classification** [no change]

	and summary of prior work experience. **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 H-1B1 employment. …	**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 LCA and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H-1B1 employment. …
Pages 21-23, H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement	**[Page 21]** **H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement** … **Section 1. General Information** … **2. Beneficiary's Highest Level of Education** (select **only one** box) **a.** NO DIPLOMA **b.** HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED) **c.** Some college credit, but less than 1 year **d.** One or more years of college, no degree **e.** Associate's degree (for example: AA, AS) **f.** Bachelor's degree (for example: BA, AB, BS) **g.** Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) **h.** Professional degree (for example: MD, DDS, DVM, LLB, JD) **i.** Doctorate degree (for example: PhD, EdD) **3.** Major/Primary Field of Study **4.** Rate of Pay Per Year **5.** DOT Code **6.** NAICS Code [new]	**H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement** … **Section 1. General Information** … **2. Beneficiary's Highest Level of Education** (select **only one** box) [no change] **5.** SOC Code **6.** NAICS Code **7.** What level of education is required for the position? **8.** What field(s) of study would qualify

9. How many years of experience are required in order to qualify for this position?

10. What special skills are required in order to qualify for the position?

11. How many people will the beneficiary supervise and what are their position titles?

…

…

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Section 3. Numerical Limitation Information

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[no change]

1. Specify the type of H-1B petition you are filing. (select only one box):

a. Cap H-1B Bachelor's Degree

b. Cap H-1B U.S. Master's Degree or Higher

c. Cap H-1B1 Chile/Singapore

d. Cap Exempt

[new]

2. If you selected **Item Number 1.a.** "Cap H-1B Bachelor's Degree" or **Item Number 1.b.** "Cap H-1B U.S. Master's Degree or Higher," follow the form instructions to select the appropriate wage level box. (select **ONE**).

Wage Level IV
Wage Level III
Wage Level II
Wage Level I

3. If you answered **Item Number 1.b.** "Cap H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

[no change]

2. If you answered **Item Number 1.b.** "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

a. Name of the United States Institution of Higher Education

b. Date Degree Awarded

c. Type of United States Degree

d. Address of the United States institution of higher education
Street Number and Name
Apt./Ste./Flr. Number
City or Town
State
ZIP Code

	[Page 23] **3.** If you answered **Item Number 1.d.** "**CAP Exempt**," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification: **a.** 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). **…**	**4.** If you answered **Item Number 1.d.** "**Cap Exempt**," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification: [no change] **…**