File a Form

Select the form you want to file online. For some forms you will have the option to either fill out your form online or upload a completed form. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.

Fee waiver: If the form you want to file is eligible for a fee waiver, and you would like to request one, you must file by paper. You must file a paper version of both the Form I-912, Request for Fee Waiver and the form for the specific benefit you are requesting. You can review the fee waiver guidance at www.uscis.gov/feewaiver.

Select the form you want to file online.

I-129, Petition for a Nonimmigrant Worker

This form is used by an employer or agent to petition U.S. Citizenship and Immigration Services (USCIS) for a beneficiary to come temporarily to the United States as a nonimmigrant to perform services or labor, or to receive training. Generally, a Form I-129 petition may not be filed more than 6 months prior to the date employment is scheduled to begin.

Form I-129 includes the:

- Basic petition;
- Individual supplements relating to specific classifications; and
- H-1B Data Collection and Filing Fee Exemption Supplement (required for H-1B and H-1B1 classifications only).

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

- H-1B - 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.

Start form

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.

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 an alien in any nonimmigrant classification listed in the About You section or the Reason for Request section of these instructions. A foreign employer, U.S. agent, or association of U.S. agricultural employers may file for certain classifications as indicated in the specific instructions.

Agents: A U.S. individual or company in business as an agent may file a petition for workers who are traditionally self-employed or workers who use agents to arrange short-term employment on their behalf with numerous employers, and in cases where a foreign employer authorizes the agent to act on its behalf. A petition filed by an agent must include a complete itinerary of services or engagements, including dates, names, and addresses of the actual employers, and the locations where the services will be performed. A petition filed by a U.S. agent must guarantee the wages and other terms and conditions of employment by contractual agreement with the beneficiary or beneficiaries of the petition. The agent/employer must also provide an itinerary of definite employment and information on any other services planned for the period of time requested. The itinerary requirement does not apply to any H classifications.

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

Note: You can file Form I-907, Request for Premium Processing Service, if you are filing a Form I-129 for a nonimmigrant classification that is eligible for premium processing. If you request premium processing, we will present the Form I-907 for you to complete after you sign the Form I-129. This will allow you to pay for and submit both forms at the same time.

Classification supplements

H Classification Supplement

This is used to:

- Determine which H Classification is sought by the petitioner for the beneficiary;
- Collect information related to the beneficiary's qualifications; and
- Collect information related to the beneficiary's proposed employment.

Who is required to submit this supplement?

A U.S. employer or U.S. agent seeking to sponsor a nonimmigrant worker in any H-1B classification.

Trade Agreement Supplement

This is used to:

- Collect details about the proposed employment;
- Collect details about beneficiary's eligibility; and
- Collect employer's attestation to comply with terms and conditions of the classification.

Who is required to submit this supplement?

A U.S. employer or U.S. agent seeking to sponsor a nonimmigrant worker based on a Free Trade Agreement between the United States and the beneficiary's country of citizenship.

H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

This is used to:

- Collect additional information about the H-1B employer and beneficiary;
- Determine the appropriate fees for the petition; and
- Determine whether the beneficiary is subject to the H-1B numerical limitation (also known as the H-1B cap).

Who is required to submit this supplement?

A U.S. employer or U.S. agent seeking to classify a beneficiary as an H-1B or H-1B1 Free Trade Nonimmigrant worker must file this with the Form I-129 and the appropriate fee.

Fee

We will automatically calculate the cost for you before you submit your 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.

Documents you may need

We will automatically determine which documents you should provide us as you fill out your application. 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 get their fingerprints, photograph, and signature.

Receive your decision

The decision on Form I-129 involves a determination of whether you have established eligibility for the immigration benefit you are seeking. USCIS will notify you of the decision in writing.

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 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 the process after you submit your form.

We will automatically save your responses

We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30 days from today, or from the last time you worked on the form.

How to continue filling out your form

After you start your form, you can sign in to your account to continue where you left off.

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.

Paperwork Reduction Act

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 form for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.

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You must complete all fields with an asterisk (*) to submit this form.

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)? *

- ○ 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 (DOD)
- ○ H-1B3 Fashion model of distinguished merit and ability

Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?

The numerical limitation is commonly known as the "regular cap" and the 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education is commonly referred to as the "master's cap" or "advanced degree exemption."

- ○ Yes
- ○ No

What is the basis for classification? *

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

- ○ New employment
- ○ Continuation of previously approved employment without change with the same employer
- ○ Change in previously approved employment
- ○ New concurrent employment
- ○ Change of employer
- ○ Amended petition

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

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

- ☐ None

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

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- ◉ Yes
- ○ No

Select the beneficiary you are filing for:

What is the basis for classification? *

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

- ○ New employment
- ○ Continuation of previously approved employment without change with the same employer
- ○ Change in previously approved employment
- ○ New concurrent employment
- ○ Change of employer
- ○ Amended petition

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

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

- ☐ None

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

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You have the option to auto-populate Form I-129

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:

- [x] 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.

Auto-populate data Do not auto-populate data

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- ◉ Yes
- ○ No

Select the beneficiary you are filing for:

[ ]

What is the basis for classification? *

If the beneficiary will work for the sa
but there is a material change in the
training, or the beneficiary's eligibili
petition, select the Amended Petition

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.

- ○ New employment
- ○ Continuation of previously approved employment without change with the same employer
- ○ Change in previously approved employment
- ○ New concurrent employment
- ○ Change of employer
- ○ Amended petition

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

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

- ☐ None

[ ]

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

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- ○ 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 (DOD)
- ○ H-1B3 Fashion model of distinguished merit and ability

Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?

The numerical limitation is commonly known as the "regular cap" and the 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education is commonly referred to as the "master's cap" or "advanced degree exemption."

- ◉ Yes
- ○ No

Select the beneficiary you are filing for:

[ ]

What is the basis for classification? *

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

- ○ New employment
- ○ Continuation of previously approved employment without change with the same employer (?)
- ○ Change in previously approved employment (?)
- ○ New concurrent employment (?)
- ○ Change of employer (?)
- ○ Amended petition (?)

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.

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

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

- ☐ None

[ ]

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

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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)? *

- ○ 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 (DOD)
- ○ H-1B3 Fashion model of distinguished merit and ability

Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?

The numerical limitation is commonly known as the "regular cap" and the 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education is commonly referred to as the "master's cap" or "advanced degree exemption."

- ◉ Yes
- ○ No

Select the beneficiary you are filing for:

What is the basis for classification? *

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

- ○ New employment
- ○ Continuation of previously approved employment without change with the same employer
- ○ Change in previously approved employment

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
- ○ Change of employer
- ○ Amended petition

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

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

☐ None

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

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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)? *

- ○ 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 (DOD)
- ○ H-1B3 Fashion model of distinguished merit and ability

Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?

The numerical limitation is commonly known as the "regular cap" and the 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education is commonly referred to as the "master's cap" or "advanced degree exemption."

- ◉ Yes
- ○ No

Select the beneficiary you are filing for:

[ ]

What is the basis for classification? *

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

- ○ New employment
- ○ Continuation of previously approved employment without change with the s
- ○ Change in previously appr
- ○ New concurrent employment
- ○ Change of employer
- ○ Amended petition

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.

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

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

- ☐ None

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

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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)? *

- 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 (DOD)
- H-1B3 Fashion model of distinguished merit and ability

Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?

The numerical limitation is commonly known as the "regular cap" and the 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education is commonly referred to as the "master's cap" or "advanced degree exemption."

- (•) Yes
- ( ) No

Select the beneficiary you are filing for:

What is the basis for classification? *

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

- New employment
- Continuation of previously approved employment without change with the same employer
- Change in previously approved employment
- New concurrent employment
- Change of employer
- Amended petition

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.

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

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

- [ ] None

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

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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)? *

- 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 (DOD)
- H-1B3 Fashion model of distinguished merit and ability

Is this petition subject to the congressionally mandated annual numerical limit (cap) or 20,000 petition exemption based on the beneficiary's attainment of a master's degree or higher from a U.S. institution of higher education (master's cap)?

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- (•) Yes
- ( ) No

Select the beneficiary you are filing for:

What is the basis for classification? *

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

- New employment
- Continuation of previously approved employment without change with the same employer
- Change in previously approved employment
- New concurrent employment
- Change of employer
- Amended petition

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.

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

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

- [ ] None

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

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You must complete all fields with an asterisk (*) to submit this form.

What action are you requesting? *

If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.

- ○ Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted
- ○ Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in 'Reason for Request' on the previous page
- ○ Extend the stay of each beneficiary because the beneficiary now holds this status
- ○ Amend the stay of each beneficiary because the beneficiary now holds this status and is not seeking additional time from their current authorized period of stay
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You must complete all fields with an asterisk (*) to submit this form.

What action are you requesting? *

If the beneficiary seeks to change sta... H-1B1 Chile/Singapore or TN classifi... 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.

- ○ Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted
- ○ Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in 'Reason for Request' on the previous page
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What action are you requesting? *

If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.

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.

- ○ Notify a U.S. Consulate or … beneficiary can obtain a v…
- ○ 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
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You must complete all fields with an asterisk (*) to submit this form.

What action are you requesting? *

If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.

- ( ) Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted
- ( ) Change the status and extend the stay of each beneficiary because the b… United States in another s… available only when you c… 'Reason for Request' on th…

  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.
- ( ) Extend the stay of each beneficiary because the beneficiary now holds this status
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What action are you requesting? *

If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.

- ○ Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted
- ○ Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in 'Reason for Request' on the previous page
- ○ Extend the stay of each be… beneficiary now holds this…

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.

- ○ 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
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What action are you requesting? *

If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.

- ○ Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted
- ○ Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in 'Reason for Request' on the previous page
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- ○ Extend the status of a nonimmigrant classification based on a free trade agreement
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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.

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What action are you requesting? *

If the beneficiary seeks to change status to, or extend his or her stay in H-1B1 Chile/Singapore or TN classification, select the option that is based on a Free Trade Agreement.

- ○ Notify a U.S. Consulate or inspection facility so the beneficiary can obtain a visa or be admitted
- ○ Change the status and extend the stay of each beneficiary because the beneficiary is now in the United States in another status. This option is available only when you check "New Employment" in 'Reason for Request' on the previous page
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- ○ Change status to a nonimmigrant classification based on a free trade agreement

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Does the beneficiary have a valid passport?

- (•) Yes
- ( ) No

Provide an explanation.

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

If the beneficiary was issued an electronic Form I-94 by CBP when he or she was admitted to the United States at an air or sea port, he or she may be able to obtain the Form I-94 from the CBP website instead of filing an application for a replacement/initial I-94.

- (•) Yes
- ( ) No

How many?

Are you filing any applications for dependents with this petition?

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.

- (•) Yes
- ( ) No

How many?

Would you like to request Premium Processing Service?

Premium Processing Service guarantees that USCIS will take one of several possible actions (issue an approval notice, a denial notice, a notice of intent to deny, or a request for evidence or open an investigation for fraud or misrepresentation) on your Form I-129 within 15 days.

If you request premium processing, you will be asked to complete the Form I-907 after you sign your Form I-129. You will then be able to pay for and submit both forms at the same time.

- (•) Yes
- ( ) No

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.

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What is your preparer's full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization name?

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

What is your preparer's mailing address?

Country

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town **State** **ZIP Code**

Provide a 5 or 9-digit ZIP code.

What is your preparer's contact information?

Daytime telephone number

Provide a 10-digit phone number.

Fax number

Email address

My preparer does not have an email address.

Example: user@domain.com

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You must complete all fields with an asterisk (*) to submit this form.

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

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

- (●) I am an individual filing this petition
- ( ) I am filing this petition on behalf of a company or organization

What is your current legal name?

Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.

Given name (first name) **Middle name**

Family name (last name)*

What is the title of the authorized signatory?

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

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You must complete all fields with an asterisk (*) to submit this form.

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

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

- ( ) I am an individual filing this petition
- (•) I am filing this petition on behalf of a company or organization

What is the company or organization name? *

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

What is the title of the authorized signatory?

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

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You must complete all fields with an asterisk (*) to submit this form.

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

Daytime telephone number

Provide a 10-digit phone number.

Mobile telephone number

Provide a 10-digit phone number.

Email address

☐ My preparer does not have an email address.

Example: user@domain.com

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

In care of name (if any)

Country*

Address line 1*

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State*

ZIP Code*

Provide a 5 or 9-digit ZIP code.

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You must complete all fields with an asterisk (*) to submit this form.

You must provide your Federal Identification Number, individual IRS Tax Number, or your U.S. Social Security Number.

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

Provide a 9-digit Federal Employer Identification number.

What is the petitioner's Individual IRS Tax Number?

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

Provide a 9-digit Individual IRS Tax number.

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

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

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

Provide a 9-digit Social Security number.

Are you a nonprofit organized as tax exempt or a government research organization?

- (•) Yes
- ( ) No

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

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You must complete all fields with an asterisk (*) to submit this form.

What is the beneficiary's current legal name?

Their current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.

Given name (first name) **Middle name**

Family name (last name)*

Have they ever used other names?

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

- (•) Yes
- ( ) No

Provide all other names the beneficiary has used.

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

Given name (first name) **Middle name**

Family name (last name)

+ Add another name

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You must complete all fields with an asterisk (*) to submit this form.

Is the beneficiary in the United States?

- Yes
- No

What is their current U.S. mailing address?

Country*

Address line 1*

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town*

State*

ZIP Code*

Provide a 5 or 9-digit ZIP code.

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

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.

- Consulate
- Pre-flight inspection
- Port of Entry

What country is the office in?

United States

What state is the office in?

What city is the office in?

What is the beneficiary's foreign address?

Country*

Address line 1*

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town*

State*

ZIP Code*

Provide a 5 or 9-digit ZIP code.

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You must complete all fields with an asterisk (*) to submit this form.

What is the beneficiary's date of birth?

MM/DD/YYYY

What is the beneficiary's country of birth?

What is the beneficiary's province of birth?

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When was the beneficiary's date of last arrival?

MM/DD/YYYY

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

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

Provide an 11-character I-94 Number.

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

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

Provide an 11-character I-94 Number.

When was their passport or travel document issued?

MM/DD/YYYY

When does their passport or travel document expire?

MM/DD/YYYY

What country issued their passport or travel document?

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You must complete all fields with an asterisk (*) to submit this form.

What is the beneficiary's current nonimmigrant status?

When does the beneficiary's status expire?

☐ Duration of status (D/S)

MM/DD/YYYY

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

Provide a 10, 11, or 12-digit SEVIS number.

What is their Employment Authorization Document (EAD) number?

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

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Is the beneficiary in this petition in removal proceedings?

- ○ Yes
- ○ No

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

- ◉ Yes
- ○ No

How many petitions?

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

- ◉ Yes
- ○ No

Provide an explanation.

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

- (•) Yes
- ( ) No

Provide an explanation.

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

- (•) Yes
- ( ) No

Provide an explanation.

Has the beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

- (•) Yes
- ( ) No

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

☐ Present

From MM/DD/YYYY **To** MM/DD/YYYY

+ Add another date

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You must complete all fields with an asterisk (*) to submit this form.

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

What is the beneficiary's sex?

- Male
- Female

What is the beneficiary's A-Number?

The A-Number is an immigration file number provided by U.S. immigration officials. We use your A-Number to identify your immigration records. It is a 7 to 9-digit number that begins with an “A” and can be found on correspondence or cards you have received from DHS, USCIS, or on immigration court records (for example, Form I-797, Receipt Notice; an Employment Authorization Document; a Permanent Resident Card). If you do not have an A-Number, USCIS may assign one to you.

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

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.

What is the beneficiary's U.S. Social Security number (SSN)?

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

Provide a 9-digit Social Security number.

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What is the job title of the beneficiary?

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

Provide a number between 0-100 hours.

Is this a full-time position?

- (•) Yes
- ( ) No

How many hours per week will the position work?

What is the beneficiary's wage?

$

per hour

- per hour
- per week
- bi-weekly
- per month
- per year

Is there any other compensation?

- (•) Yes
- ( ) No

Provide an explanation.

What are the dates of intended employment?

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

From* 01/01/2049

To* 01/01/2050

The start date you entered is more than 6 months away

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.

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What is the petitioner's type of business?

What year was the petitioning business established?

What is the petitioner's current number of employees in the United States?

Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? *

- (●) Yes
- ( ) No

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

What is the petitioner's gross annual income?

$

What is the petitioner's net annual income?

$

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You must complete all fields with an asterisk (*) to submit this form.

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

- ○ Yes
- ◉ No

ⓘ 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.

+ Add address

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You must complete all fields with an asterisk (*) to submit this form.

What is the work address for the beneficiary?

Address line 1*

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town

State*

ZIP Code*

Provide a 5 or 9-digit ZIP code.

Is this a third-party location?

- (•) Yes
- ( ) No

What is the name of the third-party organization?

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You must complete all fields with an asterisk (*) to submit this form.

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- ○ Yes
- ◉ No

ⓘ 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.

+ Add address

Addresses	Action
123 Sesame Street Seattle, WA 12345 MM/DD/YYYY - MM/DD/YYYY	Edit Delete
245 Beehive Drive Seattle, WA 12345 MM/DD/YYYY - MM/DD/YYYY	Edit Delete
456 Tiger Trail Seattle, WA 12345 MM/DD/YYYY - MM/DD/YYYY	Edit Delete

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You must complete all fields with an asterisk (*) to submit this form.

Did you include an itinerary with the petition?

- Yes
- No

Will the beneficiary work for you off-site at another company or organization's location?

- Yes
- No

Will the beneficiary work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?

- Yes
- No

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With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that they have reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- ( ) A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person.
- ( ) A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

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You must complete all fields with an asterisk (*) to submit this form.

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

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

What is the beneficiary's passport or travel document number used at the time of registration?

What country issued the beneficiary's passport or travel document used at the time of registration?

When does the beneficiary's passport or travel document used at the time of registration expire?

MM/DD/YYYY

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

○ Yes

○ No

Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

○ Yes

○ No

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You must complete all fields with an asterisk (*) to submit this form.

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

Only list the periods in which the beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

Present

From: MM/DD/YYYY

To: MM/DD/YYYY

+ Add date

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?

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.

- (●) Yes
- ( ) No

Provide an explanation.

What are the beneficiary's proposed duties?

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

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What is your preparer's full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization name?

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

☐ My preparer is not part of a business or organization.

What is your preparer's mailing address?

Country

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town **State** **ZIP Code**

Provide a 5 or 9-digit ZIP code.

What is your preparer's contact information?

Daytime telephone number

Provide a 10-digit phone number.

Fax number

Email address

☐ My preparer does not have an email address.

Example: user@domain.com

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What is your current legal name?

Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.

Given name (first name)

Middle name

Family name (last name)*

What is your contact information?

Daytime telephone number

Provide a 10-digit phone number.

Mobile telephone number

Provide a 10-digit phone number.

Email address

I do not have an email address.

Example: user@domain.com

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The employer is a:

- ○ U.S. Employer
- ◉ Foreign Employer

What is the name of the foreign country?

This is a request for Free Trade status based on:

- ○ Free Trade, Chile (H-1B1)
- ○ Free Trade, Singapore (H-1B1)
- ○ A sixth consecutive request for Free Trade, Chile or Singapore (H-1B1)

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You must complete all fields with an asterisk (*) to submit this form.

Is the petitioner an H-1B dependent employer? *

An H-1B dependent employer has:

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

- ( ) Yes
- ( ) No

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

A willful violator is an employer whom the U.S. Secretary of Labor has found, after notice and opportunity for a hearing, to have willfully failed to meet a condition of the labor condition application described in section 212(n) of the Immigration and Nationality Act.

- ( ) Yes
- ( ) No

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

An exempt H-1B nonimmigrant:

- **Receives wages** (including cash bonuses and similar compensation) at an annual rate **equal to at least $60,000**; or
- **Has attained a master's degree or higher** (or its equivalent) in a specialty related to the intended employment.

- ( ) Yes
- ( ) No

Why is the beneficiary exempt?

Select all that apply

- [ ] The beneficiary's annual rate of pay is equal to at least $60,000.
- [ ] The beneficiary has a master's degree or higher degree in a specialty related to the employment.

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

- ( ) Yes
- ( ) No

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

- ( ) Yes
- ( ) No

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You must complete all fields with an asterisk (*) to submit this form.

What is the beneficiary's highest level of education?

No diploma

- No diploma
- High school graduate diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- One or more years of college, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

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

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

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

$

What is the SOC Code for the position?

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 6-digit SOC code.

What is the NAICS Code for the business?

This is the North American Industry Classification System (NAICS) Code. You can use this link to obtain the code number from the U.S. Department of Commerce, Census Bureau.

Provide a 6-digit code. If your code has fewer than 6 digits, enter the code left to right and then add zeros in the remaining unoccupied boxes. For example, if your code sequence is 33466, you should enter it as 334660.

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You must complete all fields with an asterisk (*) to submit this form.

What level of education is required for the position?

What fields(s) of study would qualify someone for this position?

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

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

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

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You must complete all fields with an asterisk (*) to submit this form.

In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.

Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? *

- (•) Yes
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

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)? *

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
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? *

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
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

Is this the second or subsequent request for an extension of stay that this petitioner has filed for this beneficiary? *

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
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

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

- (•) Yes
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

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You must complete all fields with an asterisk (*) to submit this form.

In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.

Are you filing this petition to correct a USCIS error?

- (•) Yes
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

Is the petitioner a primary or secondary education institution?

- (•) Yes
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

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

- (•) Yes
- ( ) No

You are not required to submit the ACWIA fee for this Form I-129 petition.

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In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.

Are you filing this petition to correct a USCIS error?

- ○ Yes
- ◉ No

Is the petitioner a primary or secondary education institution?

- ○ Yes
- ◉ No

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

- ○ Yes
- ◉ No

Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company or organization?

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
- ○ No

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

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You must complete all fields with an asterisk (*) to submit this form.

In order for USCIS to determine if you must pay the additional American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions.

Are you filing this petition to correct a USCIS error?

- ○ Yes
- ◉ No

Is the petitioner a primary or secondary education institution?

- ○ Yes
- ◉ No

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

- ○ Yes
- ◉ No

Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company or organization?

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
- ◉ No

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

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You must complete all fields with an asterisk (*) to submit this form.

What type of H-1B petition you are filing?

- (●) Cap H-1B Bachelor's Degree
- ( ) Cap H-1B U.S. Master's Degree or Higher
- ( ) Cap H-1B1 Chile/Singapore
- ( ) Cap Exempt

What is the appropriate Occupational Employment and Wage Survey (OEWS) wage level?

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.

- ( ) Wage Level IV
- ( ) Wage Level III
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You must complete all fields with an asterisk (*) to submit this form.

What type of H-1B petition you are filing?

- ○ Cap H-1B Bachelor's Degree
- ◉ Cap H-1B U.S. Master's Degree or Higher
- ○ Cap H-1B1 Chile/Singapore
- ○ Cap Exempt

What is the appropriate Occupational Employment and Wage Survey (OEWS) wage level?

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.

- ○ Wage Level IV
- ○ Wage Level III
- ○ Wage Level II
- ○ Wage Level I

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

When was the degree awarded?

MM/DD/YYYY

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

Address line 1

Street number and name

Address line 2

Apartment, suite, unit, or floor

City or town | **State** | **ZIP Code**

Provide a 5 or 9-digit ZIP code.

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You must complete all fields with an asterisk (*) to submit this form.

What type of H-1B petition you are filing?

- ○ Cap H-1B Bachelor's Degree
- ○ Cap H-1B U.S. Master's Degree or Higher
- ○ Cap H-1B1 Chile/Singapore
- ◉ Cap Exempt

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

You must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification.

- ☐ The petitioner is an institution of higher education as defined in section 101(a) 1965, 20 U.S.C. 1001(a).
- ☐ The petitioner is a nonp affiliated with an institu defined in 8 CFR 214.2(h
- ☐ The petitioner is a nonp or a governmental research organization as defined in 8 CFR 214.2(h)(8)(iii)(F)(3). ?
- ☐ The beneficiary will be employed at a qualifying cap exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(iii)(F)(4). ?
- ☐ The beneficiary is currently employed at a cap-exempt institution, organization, or entity, and the petitioner seeks to concurrently employ the H-1B beneficiary.
- ☐ The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1) of the Act.
- ☐ The beneficiary of this petition has been counted against the cap and (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.
- ☐ The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229. ?

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)).

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You must complete all fields with an asterisk (*) to submit this form.

What type of H-1B petition you are filing?

- ○ Cap H-1B Bachelor's Degree
- ○ Cap H-1B U.S. Master's Degree or Higher
- ○ Cap H-1B1 Chile/Singapore
- ◉ Cap Exempt

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

You must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification.

- ☐ The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- ☐ The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(iii)(F)(2).
- ☐ The petitioner is a nonp… or a governmental resea… in 8 CFR 214.2(h)(8)(iii)(…
- ☐ The beneficiary will be e… exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(iii)(F)(4). (?)

  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.
- ☐ The beneficiary is currently employed at a cap-exempt institution, organization, or entity, and the petitioner seeks to concurrently employ the H-1B beneficiary.
- ☐ The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1) of the Act.
- ☐ The beneficiary of this petition has been counted against the cap and (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.
- ☐ The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229. (?)

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What type of H-1B petition you are filing?

- ○ Cap H-1B Bachelor's Degree
- ○ Cap H-1B U.S. Master's Degree or Higher
- ○ Cap H-1B1 Chile/Singapore
- ◉ Cap Exempt

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

You must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification.

- ☐ The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- ☐ The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(iii)(F)(2).
- ☐ The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(iii)(F)(3). ?
- ☐ The beneficiary will be employed at a qualifying cap exempt institution, organization, or entity pursuant to 8 CFR 214.2(h)(8)(iii)(F)(4). ?
- ☐ The beneficiary is currently employed at a cap-exempt institution, organization, or entity, and the petitioner seeks to concurrently employ the H-1B beneficiary.
- ☐ The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1) of the Act.
- ☐ The beneficiary of this petition has been counted against the cap and (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
- ☐ The petitioner is an employer subject to the Guam CNMI cap exemption pursuant to Public Law 110-229. ?

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.

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Will the beneficiary of this petition be assigned to work at an off-site location for all or part of the period for which H-1B classification is sought?

- (●) Yes
- ( ) No

Will the placement of the beneficiary off-site during the period of employment comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification?

- ( ) Yes
- ( ) No

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

- ( ) Yes
- ( ) No

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Evidence of distinguished merit and ability
Maintenance of status
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Evidence of available position
Additional evidence
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Evidence Of Certified Labor Condition Application

Upload evidence that the U.S. Department of Labor has certified a labor condition application (LCA).

If you are requesting an extension of H-1B status (including 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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
- Upload no more than five documents at a time
- Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
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Evidence Of Qualified Specialty Occupation

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

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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Degree Or Evidence Of Specialized Training

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

- A copy of the beneficiary's U.S. bachelor's or higher degree as required by the specialty occupation;
- A copy of a foreign degree and evidence that it is equivalent to the U.S. degree; or
- Evidence of education, specialized training, and/or progressively responsible experience that is equivalent to the required U.S. degree.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
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- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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Evidence Of License And Certificates

Upload evidence the beneficiary meets or continues to meet any required license or other official permission to practice the profession or occupation in the state of intended employment.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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You must complete all fields with an asterisk (*) to submit this form.

Written Contract Or Terms Of Agreement

Upload a copy of any written contracts between the petitioner and the beneficiary or, if there is no written agreement, a summary of the terms of the original oral agreement under which the beneficiary will be employed.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
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You must complete all fields with an asterisk (*) to submit this form.

Evidence Of Passport Or Travel Document

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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
- Upload no more than five documents at a time
- Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
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  - Evidence of degree
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- Review And Submit

You must complete all fields with an asterisk (*) to submit this form.

Beneficiary Confirmation Number And 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.

File requirements

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

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Evidence Of 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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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You must complete all fields with an asterisk (*) to submit this form.

Written Description Of Proposed Employment

Upload a description of the proposed or continuing employment.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
- Upload no more than five documents at a time
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Evidence Of Compliance To Department Of Defense Service And Project Conditions

Upload evidence showing that the services and project meet the conditions of performing services of an exceptional nature relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD).

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
- Upload no more than five documents at a time
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Evidence Of Compliance To Department Of Defense Service And Project Conditions

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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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Evidence Of Degree

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

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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Department Of Defense Verification Letter

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

File requirements

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

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.

File requirements

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

Upload evidence of maintenance of status. You may submit copies of the beneficiary's last two pay stubs, Form W-2, and other relevant evidence as well as a copy of the beneficiary's Form I-94, Nonimmigrant Arrival/ Departure Record, a valid passport, travel document, or a copy of Form I-797, Notice of Action.

A beneficiary who must have a passport to be admitted generally must maintain a valid passport during their entire stay.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
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Evidence Of J-1 Or J-2 Status

Upload evidence showing status as a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor. A copy of either 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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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Evidence Of Available Position

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.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
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You must complete all fields with an asterisk (*) to submit this form.

Additional Evidence You Want To Provide

You can upload additional documents that support your petition or help explain any of your responses.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
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You may provide additional information for your petition.

If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing.

If you do not need to provide any additional information, you may leave this section blank.

+ Add a response

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You must complete all fields with an asterisk (*) to submit this form.

Check your petition before you submit

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

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

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

Your fee

Your form filing fee is: [$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.

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You must complete all fields with an asterisk (*) to submit this form.

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.

Download draft snapshot

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DOD Project Manager Statement and Signature

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense (DOD).

As the petitioner or preparer, you must collect the signature of the DOD Project Manager and upload the signed signature page. Follow these steps:

1. Download the Petition Summary
2. Download the DOD Project Manager Signature page
3. Print the 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.

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You must complete all fields with an asterisk (*) to submit this form.

DOD Project Manager's Signature

Scan and upload the completed DOD Project Manager Signature page.

File requirements

- Clear and readable
- Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
- Upload no more than five documents at a time
- Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
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Pay and submit
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You must complete all fields with an asterisk (*) to submit this form.

Preparer's Declaration and Signature

Your preparer must read and agree to the certification below.

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

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 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.

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Preparer's Signature

Scan and upload the completed Preparer Signature page.

File requirements

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- No encrypted or password-protected files
- If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
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Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

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.

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.

☑ I have read and agree to the statement.

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

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

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.

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.

Authorized Signatory's Signature

You must provide your digital signature below by typing your full legal name. We may deny your petition if you do not completely fill out this petition or fail to submit required documents. We will record the date of your signature with your petition.

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I-129, Petition for a Nonimmigrant Worker

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You must complete all fields with an asterisk (*) to submit this form.

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 supplement 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 supplement through your USCIS online account.

Pay and submit

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You must complete all fields with an asterisk (*) to submit this form.

Finish the I-129 and continue to the I-907

By finishing this form, your Form I-129 will be locked and no further changes can be made. Please make sure that the information on your Form I-129 is complete and accurate before continuing. If you need to make any edits after finishing, you will need to create a new Form I-129.

Next, you will continue to Form I-907. Once you complete Form I-907, you can pay for and submit both forms at the same time.

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