Forms

I-129-058, 83C CBP Fraud Fee Rule

Date

May 2026

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Last Updated

May 8, 2026

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File a Form

Select the form you would like 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.

Select the form you want to file online:

I-129, Petition for 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.

What nonimmigrant classification are you requesting?

If your nonimmigrant classification is not listed in the dropdown menu, you can submit a paper form by mail.

Concurrent filing available

You may file Form I-907, Request for Premium Processing Service, for the nonimmigrant classification that you selected.

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

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

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

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

Classification supplements

H Classification Supplement

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 petition. At the time of filing, you must submit all evidence and supporting documentation listed.

Biometrics services appointment

Biometrics services appointment for certain beneficiaries who will be working in the Commonwealth of the Northern Mariana Islands (CNMI)

After receiving your petition and ensuring completeness, USCIS will inform you in writing when the beneficiary needs to go to their local USCIS Application Support Center (ASC) for their biometrics services appointment. Failure to attend the biometrics services appointment may result in denial of your petition.

After You Submit Your Petition

Track your case online

After you submit your form, you can track its status through your USCIS account. Sign into your account often to check your case status and read any important messages from USCIS.

Respond to requests for information

If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account.

Provide your biometrics

We will contact the beneficiary to schedule an appointment at an Application Support Center near them, if applicable. At the appointment, we will 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.

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Completing Your Petition Online

Filing online

Submitting your form online is the same as mailing in a completed paper form. They both gather the same information.

Complete the Getting Started section first

You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience.

Provide as many responses as you can

You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down processing of your case after you submit your form.

We will automatically save your responses

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

How to continue filling out your form

After you start your form, you can sign in to your account to continue filling out your form.

DHS Privacy Notice

AUTHORITIES: The information requested on this petition and the associated evidence, is collected under 8 U.S.C. sections 1154, 1184, and 1258.

PURPOSE: The primary purpose for providing the requested information on this petition is to petition USCIS for a nonimmigrant worker to come temporarily to the United States to perform services or labor or to receive training. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your petition.

ROUTINE USES: DHS may share the information you provide on this petition and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System and DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessments [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems,] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

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: 02/28/2029

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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Getting Started

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

What nonimmigrant classification are you requesting? *

- ○ H-1B Specialty Occupation
- ○ H-1B1 Chile and Singapore
- ○ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (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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What nonimmigrant classification are you requesting? *

- ○ H-1B Specialty Occupation
- ○ H-1B1 Chile and Singapore
- ○ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (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

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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What nonimmigrant classification are you requesting? *

- ( ) H-1B Specialty Occupation
- ( ) H-1B1 Chile and Singapore
- ( ) H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (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 sa
but there is a material change in the
training, or the beneficiary's eligibilit
petition, select the Amended Petitio

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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What nonimmigrant classification are you requesting? *

- ○ H-1B Specialty Occupation
- ○ H-1B1 Chile and Singapore
- ○ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (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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What nonimmigrant classification are you requesting? *

- ( ) H-1B Specialty Occupation
- ( ) H-1B1 Chile and Singapore
- ( ) H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (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 without change with the s
- ( ) Change in previously approved employment
- ( ) New concurrent employment
- ( ) Change of employer
- ( ) Amended petition

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.

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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What nonimmigrant classification are you requesting? *

- ○ H-1B Specialty Occupation
- ○ H-1B1 Chile and Singapore
- ○ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (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 employm
- ○ 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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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 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
- ( ) Extend the status of a nonimmigrant classification based on a free trade agreement
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What action are you requesting? *

If the beneficiary seeks to change sta
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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
- ○ 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 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 … beneficiary can obtain a vi…
- 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
- Extend the status of a nonimmigrant classification based on a free trade agreement
- Change status to a nonimmigrant classification 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.

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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
- ( ) 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
- ( ) Extend the status of a nonimmigrant classification based on a free trade agreement
- ( ) Change status to a nonimmigrant classification based on a free trade agreement

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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…
- ( ) Amend the stay of each be… beneficiary now holds this status and is not seeking additional time from their current authorized period of stay
- ( ) Extend the status of a nonimmigrant classification based on a free trade agreement
- ( ) Change status to a nonimmigrant classification based on a free trade agreement

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.

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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 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
- ( ) Extend the status of a non
  based on a free trade agreement
- ( ) Change status to a nonimmigrant classification based on a free trade agreement

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
- ( ) 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
- ( ) Extend the status of a nonimmigrant classification based on a free trade agre
- ( ) Change status to a nonim 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 nonimmigrant classification based on a Free Trade Agreement (H-1B1 Chile/Singapore or TN classification).

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Does the beneficiary have a valid passport?

- (•) Yes
- ( ) No

Provide an explanation.

0/500

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?

- (•) 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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Is a preparer assisting you with completing this petition?

A preparer is anyone who completes or helps you complete all or part of your petition using information and answers that you provide.

- (•) Yes
- ( ) No

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 any)

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

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?

The beneficiary's status does not expire.

MM/DD/YYYY

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

N-

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

What is their Employment Authorization Document (EAD) number? (If any)

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

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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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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+ 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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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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H Classification Supplement

Last Updated

May 8, 2026

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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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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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