Petition for a Nonimmigrant Worker: H-2A Classification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129H2A
OMB No. 1615-0150
Expires xx/xx/xxxx

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	☐ **Classification Approved** ☐ Consulate/POE/PFI Notified At: _____ ☐ Extension Granted ☐ COS/Extension Granted		

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual or sole proprietor filing this petition, complete **Item Numbers 1. - 2. If you are a company or an organization filing this petition,** complete **Item Number 3.**

1. Legal Name of Petitioning Individual

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Date of Birth (mm/dd/yyyy)

3. Petitioning Company or Organization Name

4. Petitioner Mailing Address *(USPS ZIP Code Lookup)*

In Care Of Name

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

5. Petitioner's Contact Information

Daytime Telephone Number | Mobile Telephone Number | Email Address (if any)

Other Information

6. Federal Employer Identification Number (FEIN)

►

7. Are you a nonprofit organized as tax exempt or a governmental research organization? ☐ Yes ☐ No

Part 1. Petitioner Information (continued)

8. Individual IRS Tax Number
▶

9. U.S. Social Security Number (if any)
▶

10. The petitioner is filing as:

- ☐ **A.** An employer listed on the temporary labor certification.
- ☐ **B.** The employer's agent (the employer must complete **Part 10.**).
- ☐ **C.** An association of United States agricultural producers named as a joint employer on the temporary labor certification (each joint employer must complete a separate **Part 11.**)

Part 2. Information About This Petition

1. Type of Beneficiaries Requested (select **only one** box)**:**

☐ Named ☐ Unnamed

2. Basis for Classification (select **only one** box)**:**

- ☐ **A.** New employment.
- ☐ **B.** Continuation of previously approved employment without change with the same employer.
- ☐ **C.** Change in previously approved employment (provide an explanation in **Part 13. Additional Information About Your Petition**).
- ☐ **D.** New concurrent employment.
- ☐ **E.** Change of employer for beneficiary(ies) already in the requested classification.
- ☐ **F.** Amended petition (provide an explanation in **Part 13. Additional Information About Your Petition**).

3. If you selected **Item F. Amended Petition** in **Item Number 2.**, provide the receipt number of the petition you seek to amend. ▶

4. Requested Action (select **only one** box)**:**

- ☐ **A.** Notify the office in **Item Number 7.** so each beneficiary can obtain a visa or be admitted.
- ☐ **B.** Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you select "New Employment" in **Item Number 2.**, above.
- ☐ **C.** Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ **D.** Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from the current authorized period of stay.

5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ▶

6.a. Requesting Substitution. Are you requesting substitution of beneficiaries who were approved and/or admitted based on a prior H-2A petition? (See instructions relating to requesting substitution.) ☐ Yes ☐ No

6.b. If you answered "Yes" in **Item Number 6.a.**, provide the following information for each worker for which replacements are sought. If you need extra space to complete this section, use the space provided in **Part 13. Additional Information About Your Petition.**

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

Date of Birth (mm/dd/yyyy)

Part 2. Information About This Petition (continued)

Country of Birth

Termination Date (if applicable)

Reason for Termination (if applicable)

Date of Notification to USCIS

NOTE: Submit a copy of the original petition approval notice, even if the worker to be replaced was an unnamed beneficiary.

7. If a beneficiary or beneficiaries is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

A. Type of Office (select **only one** box): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

B. Office Address (City)

C. U.S. State or Foreign Country

If you are filing for unnamed beneficiaries, skip **Part 3.** and **Part 4.** and go directly to **Part 5. Basic Information About the Proposed Employment and Employer.**

Part 3. Beneficiary Information (Information about the named beneficiary/beneficiaries you are filing for. Complete the blocks below only if you are filing for named beneficiaries. Use the H-2A Named Beneficiary Attachment sheet to name each additional beneficiary included in this petition.)

1. Provide Name of Beneficiary

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

Other Information

3. Date of birth (mm/dd/yyyy)

4. Sex ☐ Male ☐ Female

5. U.S. Social Security Number (if any) ►

6. Alien Registration Number (A-Number) ► **A-**

7. Country of Birth

8. Province of Birth

9. Country of Citizenship or Nationality

Part 3. Beneficiary Information (Information about the named beneficiary/beneficiaries you are filing for. Complete the blocks below only if you are filing for named beneficiaries. Use the H-2A Named Beneficiary Attachment sheet to name each additional beneficiary included in this petition.) (continued)

If the beneficiary is in the United States, complete **Item Numbers 10. - 17.**

10. Date of Last Arrival (mm/dd/yyyy)

11. Form I-94 Arrival-Departure Record Number ▶

12.a. Passport or Travel Document Number

12.b. Date Passport or Travel Document Issued (mm/dd/yyyy)

12.c. Date Passport or Travel Document Expires (mm/dd/yyyy)

12.d. Passport or Travel Document Country of Issuance

13.a. Current Nonimmigrant Status

13.b. Date Status Expires (mm/dd/yyyy) or D/S

14. Student and Exchange Visitor Information System (SEVIS) Number (if any)

15. Employment Authorization Document (EAD) Number (if any)

16. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

17. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

Province

Postal Code

Country

18. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

19. List the beneficiary's prior periods of stay in H or L classification in the United States for the last three years. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. Be sure to only list those periods in which the beneficiary was actually in the United States in an H or L classification. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information About Your Petition**).

NOTE: Submit copies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification.

Employer Name (if known)	Classification	Period of Stay (mm/dd/yyyy) From	To

Part 3. Beneficiary Information (Information about the named beneficiary/beneficiaries you are filing for. Complete the blocks below only if you are filing for named beneficiaries. Use the H-2A Named Beneficiary Attachment sheet to name each additional beneficiary included in this petition.) (continued)

20. Are you requesting a restarting of the 3-year maximum period of stay limit in H-2A or H-2B status for the beneficiary because he or she was absent from the United States for an uninterrupted period of at least 60 days? (See instructions for more information on periods of absence.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, proceed to **Part 13. Additional Information About Your Petition** and provide information about the beneficiary's employment and place of residence during the period that the beneficiary resided abroad. You must also provide the dates and purposes of any trips to the United States during such period. Submit evidence of each entry and each exit to establish each period of absence.

Part 4. Processing Information (Complete the blocks below only if you are filing for named beneficiaries.)

1. Does each named beneficiary of this petition have a valid passport? ☐ Yes ☐ No. If "No," go to **Part 13.** and type or print your explanation.

2. Are you filing any other H-2A petitions concurrently with this one?
☐ Yes. If "Yes," how many? ▶ ☐ No

3. Are you filing any applications for dependents of your named H-2A beneficiaries concurrently with this petition?
☐ Yes. If "Yes," how many? ▶ ☐ No

4. Is any named beneficiary of this petition in removal proceedings?
☐ Yes. If "Yes," proceed to **Part 13.** and list the beneficiary's(ies) name(s). ☐ No

5. Have you ever filed an immigrant petition for any named beneficiary of this petition?
☐ Yes. If "Yes," proceed to **Part 13.** and list the beneficiary's(ies) name(s). ☐ No

6. Has any named beneficiary of this petition ever been denied the classification you are now requesting within the last seven years?
☐ Yes. If "Yes," proceed to **Part 13.** and type or print your explanation. ☐ No

7. Have you ever previously filed a nonimmigrant petition for any named beneficiary requesting a different classification?
☐ Yes. If "Yes," proceed to **Part 13.** and type or print your explanation. ☐ No

8.a. Has any named beneficiary of this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If "Yes," proceed to **Item Number 8.b.** ☐ No

8.b. If you answered "Yes" in **Item Number 8.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a 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.

Part 5. Basic Information About the Proposed Employment and Employer

1. ETA Case Number

2.a. Are you filing this petition prior to approval of the temporary labor certification for the ETA Case Number provided in **Item Number 1.**? (See instructions relating to which petitions are eligible for concurrent processing.) ☐ Yes ☐ No

2.b. If you answered "Yes" in **Item Number 2.a.**, have you received a notice of acceptance from the Department of Labor for the ETA Case Number identified in **Item Number 1.**? ☐ Yes ☐ No

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3.a. Are you requesting extension of a previously approved H-2A petition for a period not to exceed two weeks without an additional approved labor certification based on emergent circumstances? ☐ Yes ☐ No

3.b. If you answered "Yes" in **Item Number 3.a.**, provide an explanation of the emergent circumstances. You may also provide any supporting documentation. If you need extra space to complete this section, use the space provided in **Part 13. Additional Information About Your Petition**.

4. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)

5. Year Established **6.** Current Number of Employees in the United States

7. 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

8. Gross Annual Income $

9. Net Annual Income $

10.a. Is the employment of a seasonal nature? ☐ Yes ☐ No

10.b. Is the employment of a temporary nature? ☐ Yes ☐ No

11. Explain your seasonal or temporary need for the workers' services. If the need is of a seasonal nature, you must establish that it is tied to a certain time of year by an event or pattern and requires labor levels far above those necessary for ongoing operations. If the need is of a temporary nature, you must establish that it will last no longer than one year, except in extraordinary circumstances. If you need extra space to complete this section, use the space provided in **Part 13. Additional Information About Your Petition**.

12.a. Did you or do you plan to use an agent, facilitator, staff, recruiter, or similar employment service (any person or entity that recruits or solicits prospective beneficiaries of the H-2A petition) to locate and/or recruit the H-2A workers that you intend to hire by filing this petition? ☐ Yes ☐ No

12.b. If you answered "Yes," to **Item Number 12.a.**, list the name and address(es) of all such persons and entities regardless of whether you have a direct or indirect contractual relationship, and whether such person or entity is located inside or outside the United States or is a governmental or quasi-governmental entity. If you need to include the name and address of more than one person or entity, use the space provided in **Part 13. Additional Information About Your Petition**.

Name of Recruiter, Agent, or Facilitator

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

Name of Recruiting Organization or Similar Employment Service (if applicable)

Address of Agent, Facilitator, Recruiter, or Similar Employment Service

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Part 6. Prohibited Fees

For **Item Numbers 1. - 6.**, the fees in question include any job placement fee, fee or penalty for breach of contract, or other fee, penalty, or compensation (either direct or indirect), related to the H-2A employment. Such prohibited fees may include, but are not limited to withholdings or deductions from a worker's wages. Your responses to these items pertain to anyone associated with the employment or recruitment, including any joint employers. Your responses to these items also pertain to any person or entity to whom you can be considered a successor in interest.

NOTE: It is not prohibited for petitioners (including their employees), employers or any joint employers, agents, attorneys, facilitators, recruiters, or similar employment services from receiving reimbursement from the beneficiary for costs that are the responsibility and primarily for the benefit of the worker, such as government-required passport fees. Furthermore, it is not prohibited for an employer to provide reimbursement for fees or expenses incurred by the worker, where such reimbursement is specifically permitted by, and made in compliance with, statute or regulations.

1. Did any of the H-2A workers that you are requesting pay you or your employee(s), or any employer or joint employer, agent, attorney, facilitator, recruiter, or similar employment service, a prohibited fee related to the employment, or do they have an agreement to pay you such fee at a later date? ☐ Yes ☐ No

2. If you answered "Yes" to **Item Number 1.**, list the types and amounts of fees that the worker(s) paid or will pay.

3. If you answered "Yes" to **Item Number 1.**, were the workers, or their designee (as appropriate), reimbursed for any fee paid and was any agreement to pay a fee terminated? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, submit evidence of full reimbursement of each affected beneficiary, or the beneficiary's designee (as appropriate), and evidence that any agreement has been terminated.

4. If you answered "Yes" to **Item Number 1.**, are you requesting an exception to the mandatory denial or revocation for prohibited fees (see form Instructions for information about exceptions)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 4.**, submit evidence supporting your request for an exception, as described in the form Instructions.

5. Within the last four years, have you ever had an H-2A or H-2B petition denied or revoked because an employee paid or agreed to pay a fee related to the employment or have you withdrawn an H-2A or H-2B petition after USCIS issued a notice of intent to deny or revoke on such basis? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, submit a copy of the USCIS notice(s) of denial, revocation, or acknowledgment of your withdrawal.

6. If you answered "Yes" to **Item Number 5.**, were the workers, or their designees (as appropriate), reimbursed for any fees paid and was any agreement to pay a fee terminated? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 6.**, submit evidence of full reimbursement of each affected beneficiary, or the beneficiary's designee (as appropriate), and evidence that any agreement has been terminated.

Part 7. Other Violations

For **Item Numbers 1. - 6.**, determinations of violations include those against you (the petitioner), any person or entity to which you are a successor in interest, or any individual who was acting on your behalf. For **Item Number 2.**, **Item Number 4.**, and **Item Number 6.**, determinations of violations also include those against any employee who an H-2A or H-2B worker would reasonably believe is acting on your behalf. **See the form Instructions for information about how USCIS will use your responses in adjudicating your H-2A petition.**

1. Are you currently subject to any debarment order by the U.S. Department of Labor (or, if applicable, the Governor of Guam)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 1.**, you must submit a complete copy of the final notice of debarment or administrative determination(s).

2. Within the last 3 years, have you had an approved temporary labor certification revoked by the U.S. Department of Labor (or, if applicable, the Guam Department of Labor) or have you been the subject of any administrative sanction or remedy, including a debarment that has concluded or an assessment of civil money penalties? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, you must submit a complete copy of the final administrative determination(s).

Part 7. Other Violations (continued)

3. Within the last 3 years, have you been the subject of a final USCIS denial or revocation decision with respect to a prior H-2A or H-2B petition that included a finding of fraud or willful misrepresentation of a material fact? (A final USCIS denial or revocation decision means that there is no pending administrative appeal or that the time for filing a timely administrative appeal has elapsed.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, you must submit a complete copy of the final USCIS decision(s).

4. Within the last 3 years, have you been the subject of a final USCIS decision revoking the approval of a prior petition that includes one or more of the following findings: the beneficiary was not employed by the petitioner in the capacity specified in the petition; the statement of facts contained in the petition or on the application for a temporary labor certification was not true and correct, or was inaccurate; the petitioner violated terms and conditions of the approved petition; or the petitioner violated requirements of the Immigration and Nationality Act (INA) section 101(a)(15)(H) or paragraph (h) of this section? (A final USCIS denial or revocation decision means that there is no pending administrative appeal or that the time for filing a timely administrative appeal has elapsed.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 4.**, you must submit a complete copy of the final USCIS decision(s).

5. Within the last 3 years, have you been the subject of a final determination of violation(s) under INA section 274(a), 8 U.S.C. 1324(a)? ("Bringing in and Harboring Certain Aliens," "Criminal Penalties.") ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, you must submit a complete copy of the final determination of violation(s).

6. Within the last 3 years, have you been the subject of any final administrative or judicial determination, other than ones described in **Item Numbers 1. - 5.** above, finding a violation of any applicable employment-related laws or regulations, including health and safety laws or regulations? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 6.**, you must submit a complete copy of the final administrative or judicial determination(s).

Part 8. Petitioner and Employer Obligations

1. The H-2A petitioner and each employer consent to allow Government access to all sites where the labor is being or will be performed, as well as housing sites for the purpose of determining compliance with H-2A requirements. The petitioner and each employer agree to allow USCIS to conduct interviews of employees and any other individuals possessing pertinent information, which may be conducted in the absence of the employer or the employer's representatives and, if feasible, at a neutral location agreed to by the employee and USCIS. The petitioner and each employer understand that USCIS's inability to verify facts, including due to the failure or refusal of the petitioner or employer to cooperate in an inspection or other compliance review, may result in denial or revocation of the H-2A petition. ☐ Yes ☐ No

2.a. The petitioner agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A worker does not report for work within 5 workdays after the employment start date stated on the petition or within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A workers were hired is completed more than 30 days early; or the H-2A worker does not report for work for a period of 5 consecutive workdays without the consent of the employer or is terminated prior to the completion of agricultural labor or services for which he or she was hired. ☐ Yes ☐ No

See uscis.gov/h-2a for the appropriate manner of notifying DHS as specified in a notice published in the Federal Register.

NOTE: The above notification is a petitioner obligation and does not represent an indication of wrongdoing on the part of the worker. Further, USCIS **does not** consider the information provided in a petitioner notification, alone, to be conclusive evidence regarding the worker's current status.

2.b. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period. ☐ Yes ☐ No

2.c. The petitioner agrees to pay $10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement. ☐ Yes ☐ No

Part 9. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

By filing this petition, I agree to the conditions of H-2A employment, agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS, and agree to the notification requirements. I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

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.

As only applicable for petitions filed electronically prior to approval of the temporary labor certification, I recognize that USCIS will make any necessary modifications to this petition after submission to reflect any modifications made by the Department of Labor to the temporary labor certification.

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.

1. Name and Title of Authorized Signatory

Family Name (Last Name) | Given Name (First Name)

Title

2. Signature and Date

Signature of Authorized Signatory | Date of Signature (mm/dd/yyyy)

3. Signatory's Contact Information

Daytime Telephone Number | Email Address (if any)

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 10. Certification and Signature of Employer who is not the Petitioner (Complete the blocks below only if the Petitioner is filing as the Employer's agent.)

1. Legal Name of Individual Employer who is not the Petitioner

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Company or Organization Name of Employer who is not the Petitioner

Part 10. Certification and Signature of Employer who is not the Petitioner (Complete the blocks below only if the Petitioner is filing as the Employer's agent.) (continued)

3. Mailing Address of Employer who is not the Petitioner

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Contact Information

Daytime Telephone Number | Mobile Telephone Number | Email Address (if any)

5. Taxpayer Identification Numbers

Provide the following information, as applicable.

Employer Identification Number (EIN) ▶

Individual Taxpayer Identification Number (ITIN) ▶

U.S. Social Security Number (SSN) ▶

6. Other Information

Year Established | Current Number of Employees in the United States

Gross Annual Income $ | Net Annual Income $

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A eligibility. I agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

7. Family Name (Last Name) of Authorized Signatory | Given Name (First Name) of Authorized Signatory

Title of Authorized Signatory

8. Signature of Authorized Signatory | Date of Signature (mm/dd/yyyy)

Part 11. Certification and Signature of Joint Employer (Complete the blocks below only if there are any Joint Employers.)

A separate **Part 11.** must be submitted for each Joint Employer.

1. Legal Name of Individual Joint Employer

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Joint Employer Company or Organization Name

3. Mailing Address of Joint Employer

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

4. Contact Information

Daytime Telephone Number | Mobile Telephone Number | Email Address (if any)

Taxpayer Identification Numbers

5. Provide the following information, as applicable.

Employer Identification Number (EIN) ▶

Individual Taxpayer Identification Number (ITIN) ▶

U.S. Social Security Number (SSN) ▶

Other Information

6. Type of Business Activity(ies) | Year Established

Current Number of Employees in the United States | Gross Annual Income $ | Net Annual Income $

Part 11. Certification and Signature of Joint Employer (Complete the blocks below only if there are any Joint Employers.) (continued)

Joint Employer's Certification

I agree to the conditions of H-2A eligibility employment, and agree to fully cooperate with any compliance review, evaluation, verification, or inspection conducted by USCIS.

7. Family Name (Last Name) of Authorized Signatory

Given Name (First Name) of Authorized Signatory

Title of Authorized Signatory

8. Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)

Part 12. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

Provide the following information concerning the preparer:

2. 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)).

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)

Part 13. Additional Information About Your Petition

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 13.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. Individual Petitioner or Company Name (same as **Part 1.**)

2. Page Number | Part Number | Item Number

3. Page Number | Part Number | Item Number

4. Page Number | Part Number | Item Number

H-2A Named Beneficiary Attachment

Attach to Form I-129H2A when more than one person is included in the petition.

Complete a separate copy of this attachment for each additional named beneficiary included in this petition.

Do not include the person named in **Part 3.** of Form I-129H2A

1. Name of Beneficiary

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

Other Information

3. Date of birth (mm/dd/yyyy)

4. Sex ☐ Male ☐ Female

5. U.S. Social Security Number (if any) ►

6. Alien Registration Number (A-Number) ► A-

7. Country of Birth

8. Province of Birth

9. Country of Citizenship or Nationality

IF IN THE UNITED STATES:

10. Date of Last Arrival (mm/dd/yyyy)

11. Form I-94 Arrival-Departure Record Number

12.a. Passport or Travel Document Number

12.b. Date Passport or Travel Document Issued (mm/dd/yyyy)

12.c. Date Passport or Travel Document Expires (mm/dd/yyyy)

12.d. Passport or Travel Document Country of Issuance

13.a. Current Nonimmigrant Status

13.b. Date Status Expires (mm/dd/yyyy) or D/S

14. Student and Exchange Visitor Information System (SEVIS) Number (if any)

15. Employment Authorization Document (EAD) Number (if any)

16. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

H-2A Named Beneficiary Attachment

Attach to Form I-129H2A when more than one person is included in the petition.

Complete a separate copy of this attachment for each additional named beneficiary included in this petition.

Do not include the person named in **Part 3.** of Form I-129H2A (continued)

17. Foreign Address (Complete Address)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

18. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

19. List the beneficiary's prior periods of stay in H or L classification in the United States for the last three years. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. Be sure to only list those periods in which the beneficiary was actually in the United States in an H or L classification. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information About Your Petition**).

NOTE: Submit copies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification.

Employer Name (if known)	Classification	Period of Stay (mm/dd/yyyy) From	To

20. Are you requesting a restarting of the 3-year maximum period of stay limit in H-2A or H-2B status for the beneficiary because he or she was absent from the United States for an uninterrupted period of at least 60 days? (See instructions for more information on periods of absence.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, proceed to **Part 13. Additional Information About Your Petition** and provide information about the beneficiary's employment and place of residence during the period that the beneficiary resided abroad. You must also provide the dates and purposes of any trips to the United States during such period. Submit evidence of each entry and each exit to establish each period of absence.