TABLE OF CHANGES – FORM
Form I-129H2A, Petition for a Nonimmigrant Worker: H-2A Classification
OMB Number: 1615-0150
09/09/2026

Reason for Revision: Reinstatement with Change
Project Phase: 30 Day FRN

Legend for Proposed Text:
- Black font = Current text
- Red font = Changes

Expires XX/XX/XXXX
Edition Date 09/17/25

Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1. Petitioner Information	**[Page 1]** **Part 1. Petitioner Information** If you are an individual filing this petition, complete **Item Number 1. If you are a company or an organization filing this petition**, complete **Item Number 2.** **1. Legal Name of Individual Petitioner** Family Name (Last Name) Given Name (First Name) Middle Name **2. Company or Organization Name** **[Move]** **3. Mailing Address of Individual, Company or Organization** In Care Of Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code (USPS ZIP Code Lookup) Province Postal Code Country **4. Contact Information** Daytime Telephone Number Mobile Telephone Number Email Address (if any)	**[Page 1]** **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 In Care Of Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code (USPS ZIP Code Lookup) Province Postal Code Country **5.** Petitioner's Contact Information Daytime Telephone Number Mobile Telephone Number Email Address (if any)

	Other Information **5.** Federal Employer Identification Number (FEIN) **6.** Are you a nonprofit organized as tax exempt or a governmental research organization? [Y/N] **7.** Individual IRS Tax Number **8.** U.S. Social Security Number (if any) **[New]**	**Other Information** **6.** Federal Employer Identification Number (FEIN) **7.** Are you a nonprofit organized as tax exempt or a governmental research organization? [Y/N] **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.**)
Page 2, Part 2. Information About This Petition	**[Page 2]** **Part 2. Information About This Petition** **…** **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. Provide the most recent petition/application receipt number for the beneficiary.** If none exists, indicate "None." **4. Requested Action** (select **only one** box): **a.** Notify the office in **Item Number 6.** 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	**[Page 2]** **Part 2. Information About This Petition** … **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 check "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.) [New] **6.** 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)**	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) 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.**	**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.**
Pages 2-3, Part 3. Beneficiary Information	**[Page 3]** **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 Attachment-1 sheet to name each additional beneficiary included in this petition.) **…** 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) **7.** Country of Birth Province of Birth **8.** Country of Citizenship or Nationality **9. If the beneficiary is in the United States, complete the following:** Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance Current Nonimmigrant Status Date Status Expires (mm/dd/yyyy) or D/S Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any) **10. 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 **11. Beneficiary's Foreign Address** Street Number and Name Apt./Ste./Flr. Number City or Town	**[Page 3]** **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.) … 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) **7.** Country of Birth **8.** Province of Birth **9.** Country of Citizenship or Nationality 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 [New]	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. [Table, 4 columns, 3 rows] **Employer Name (if known)** **Classification** **Period of Stay** **From (mm/dd/yyyy)** **To (mm/dd/yyyy)** **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.
Pages 4-5, Part 4. Processing Information	**[Page 4]** **Part 4. Processing Information (**Complete the blocks below only if you are filing for named beneficiaries.) **1.** Does each person in this petition have a valid passport?	**[Page 4]** **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 petitions with this one? Yes. If "Yes," how many? No **3.** Are you filing any applications for dependents with this petition? Yes. If "Yes," how many? No **4.** Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at **www.cbp.gov/i94** instead of filing an application for a replacement/initial I-94. Yes. If "Yes," how many? No **5.** Is any beneficiary in this petition in removal proceedings? Yes. If "Yes," proceed to **Part 13.** and list the beneficiary's(ies) name(s). No **6.** Have you ever filed an immigrant petition for any beneficiary in this petition? Yes. If "Yes," how many? No **7.** Did you indicate you were filing a new petition in **Part 2.**? Yes. If "Yes," answer the questions below. No. If "No," proceed to **Item Number 8.** **a.** Has any beneficiary in this petition ever been given 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 **b.** Has any beneficiary in 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 **8.** Have you ever previously filed a nonimmigrant petition for this beneficiary?	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 **[Deleted]** **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 **[Deleted]** **6.** Has any named beneficiary of this petition 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 **9.a.** Has any beneficiary in 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 9.b.** No **9.b.** If you checked "Yes" in **Item Number 9.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. **10.** List each beneficiary's prior periods of stay in H or L classification for the last three years. Be sure to only list those periods in which each 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. **NOTE:** Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.) **Subject's Name** **Period of Stay (mm/dd/yyyy)** **From To** **11.** Have any of the beneficiaries individuals ever been admitted to the United States previously in H-2A/H-2B status? Yes. If "Yes," go to **Part 13.** of Form I-129 and write your explanation. No **12.** Are you requesting a restarting of the 3-year maximum period of stay limit in H-2A status for any of your named beneficiaries because they were absent from the United States for an uninterrupted period of at least 60 days? (See form Instructions for more information on "Period of Absence.") Yes No If you answered "Yes" to **Item Number 12.**, you must document the beneficiaries' periods of stay for the last 3 years in **Item Number 10.** You must also submit evidence of each entry and each exit to establish each period of absence.	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. **[Deleted]**

Pages 5-6, Part 5. Basic Information About the Proposed Employment and Employer	**[Page 5]** **Part 5. Basic Information About the Proposed Employment and Employer** **1.** Job Title **2.** ETA Case Number **3.** Address(es) where the beneficiary(ies) will work if different from address in **Part 1.** If you need to provide more than two additional addresses, use **Part 13. Additional Information About Your Petition**. Address 1 Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Is this a third-party location? Yes No If you answered "Yes," provide the name of the third-party organization. Address 2 Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Is this a third-party location? Yes No If you answered "Yes," provide the name of the third-party organization. **4.** Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No **5.** Is this a full-time position? Yes No **6.** If the answer to **Item Number 5.** is "No," how many hours per week for the position? **7.** Wages: $ per (Specify hour, week, month, or year)	**[Page 5]** **Part 5. Basic Information About the Proposed Employment and Employer** [Deleted] **1.** ETA Case Number [Deleted]

	8. Other Compensation (Explain) [New]	**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 **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**. [multiple lines fillable field]
	9. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)	**4.** Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)
	10. Type of Business	[Deleted]
	11. Year Established	**5.** Year Established
	12. Current Number of Employees in the United States	**6.** Current Number of Employees in the United States
	13. 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	**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
	14. Gross Annual Income	**8.** Gross Annual Income
	15. Net Annual Income	**9.** Net Annual Income
	16. Nature of employment is: a. Seasonal	**10.a.** Is the employment of a seasonal nature? Yes

	b. Temporary Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed). **17.** 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-2 petition) to locate and/or recruit the H-2A workers that you intend to hire by filing this petition? Yes No **18.** If you answered "Yes," to **Item Number 17.**, 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.** **…**	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.** **…**
Pages 8-9, Part 8. Petition and Employer Obligations	**[Page 8]** **Part 8. Petitioner and Employer Obligations** … **2.** 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	**[Page 8]** **Part 8. Petitioner and Employer Obligations** **…** **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 **www.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. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities. **3.** 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 **4.** 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	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
Page 9, Part 9. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory	**[Page 9]** **Part 9. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory** (Read the information on penalties in the instructions before completing this section.) … 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 prior to approval of the temporary labor certification, I recognize that USCIS will make any necessary modifications to this petition after submission to	**[Page 9]** **Part 9. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory** (Read the information on penalties in the instructions before completing this section.) **…** 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

	reflect any modifications made by the Department of Labor to the temporary labor certification. [ ] If I have selected this box, I am certifying that I have received a notice of acceptance from the Department of Labor for the ETA Case Number identified in **Part 5.**, **Item Number 2.** and am not required to submit the temporary labor certification at the time of filing. If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization. …	petition after submission to reflect any modifications made by the Department of Labor to the temporary labor certification. **[Deleted]** If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization. …
Page 9, Part 10. Certification and Signature of Employer who is not the Petitioner	**[Page 9]** **Part 10. Certification and Signature of Employer who is not the Petitioner** [New]	**[Page 9]** **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 **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)
Page 10, Part 11. Certification and Signature of Joint Employer	**[Page 10]** **Part 11. Certification and Signature of Joint Employer** A separate **Part 11.** must be submitted for each Joint Employer. **2.** Legal Name of Individual Joint Employer Family Name (Last Name) Given Name (First Name) Middle Name …	**[Page 10]** **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) **…**
Pages 13-14, H-2A Named Beneficiary Attachment	**[Page 13]** **H-2A Named Beneficiary Attachment** … **3. Other Information** Date of birth (mm/dd/yyyy) Sex [Male/Female] U.S. Social Security Number (if any) Alien Registration Number (A-Number) Country of Birth Province of Birth Country of Citizenship or Nationality **4. If in the United States:** Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number	**[Page 13]** **H-2A Named Beneficiary Attachment** **…** 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) **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

	Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance Current Nonimmigrant Status Date Status Expires (mm/dd/yyyy) or D/S Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any) **5. Address in the United States Where You Intend the Beneficiary to Live** (Complete Address) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code **6. Foreign Address** (Complete Address) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country [New]	**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.** 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. [Table, 4 columns, 3 rows] **Employer Name (if known)** **Classification** **Period of Stay** **From (mm/dd/yyyy)** **To (mm/dd/yyyy)** **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.