

TABLE OF CHANGES – FORM
Form I-129S, Nonimmigrant Petition Based on Blanket L Petition
OMB Number: 1615-0010
03/10/2016

Reason for Revision: Operational, USCIS standard formatting, and plain language updates.

Current Section and Page Number	Current Text	Proposed Text
<p>Page 1, To Be Completed by Attorney or Accredited Representative, if any.</p>	<p>[Page 1]</p> <p>Fill in box if G-28 is attached to represent the petition.</p> <p>ATTY State License Number</p>	<p>[Page 1]</p> <p>Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p>
<p>Page 1, Part 1. Information About the Employer</p> <p>and</p> <p>Page 1, Part 1A. Data Collection</p>	<p>[Page 1]</p> <p>Part 1. Information About the Employer</p> <p>Sponsoring Company or Organization's Name</p> <p>Addressee - ATTN: Street Number and Name Room/Suite Number City or Town State or Province Country Zip/Postal Code</p>	<p>[Page 1]</p> <p>Part 1. Information About the Employer (Petitioner)</p> <p>1. Name of the Petitioner</p> <p>Petitioner's Mailing Address</p> <p>2.a. In Care Of Name (if any) 2.b. Street Number and Name 2.c. Apt. Ste. Flr. [Number] 2.d. City or Town 2.e. State</p> <p>2.f. ZIP Code</p> <p>3. Is this mailing address the same as the physical location of the sponsoring company or organization?</p> <p>If you answered "No" to Item Number 3., provide the sponsoring company's or organization's physical address in Item Numbers 4.a. - 4.e.</p> <p>Petitioner's Physical Address</p> <p>4.a. Street Number and Name 4.b. Apt. Ste. Flr. [Number] 4.c. City or Town 4.d. State 4.e. ZIP Code</p>

	<p>Does the petitioner employ 50 or more individuals in the United States?</p> <p>If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status?</p>	<p>Petitioner's Contact Information 5. Daytime Telephone Number 6. Fax Number 7. Email Address (if any) 8. Web site Address (if any)</p> <p>Petitioner's Employees in the United States 9. Does the petitioner employ 50 or more individuals in the United States?</p> <p>If you answered "Yes" to Item Number 9., complete Item Number 10.</p> <p>10. Are more than 50 percent of the petitioner's employees in H-1B, L-1A, or L-1B nonimmigrant status?</p>
<p>Page 1, Part 2. Information About the Proposed Employment</p> <p>And</p> <p>Page 2, Part 4. Additional Information About the Proposed Employment, Item e</p>	<p>[Page 1]</p> <p>Part 2. Information About the Proposed Employment</p> <p>This alien will be a: a. Manager or Executive (L-1A) b. Specialized Knowledge Professional (L-1B)</p> <p>Blanket petition approval number:</p> <p>e. Provide the alien's dates of prior periods of stay in the United States in a work authorized capacity and the type of visa.</p>	<p>[Page 2]</p> <p>Part 2. Information About Proposed Position and Prior Employment Periods in the United States</p> <p>The beneficiary will work as a: 1.a. Manager or Executive (L-1A) 1.b. Specialized Knowledge Professional (L-1B)</p> <p>[Deleted]</p> <p>Dates of Proposed Employment Provide the beneficiary's dates of proposed employment.</p> <p>2.a. Start Date (mm/dd/yyyy) 2.b. End Date (mm/dd/yyyy)</p> <p>Prior Periods of Stay in the United States If the beneficiary was previously in the United States, provide the dates of the beneficiary's prior periods of stay for the last seven years in a work-authorized capacity and indicate the beneficiary's immigration status and visa category (for example, H-1B, O-1) during the period of stay. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>Period of Stay 1 3.a. From (mm/dd/yyyy) 3.b. To (mm/dd/yyyy) 4. Nonimmigrant Status During Period of Stay</p> <p>Period of Stay 2 5.a. From (mm/dd/yyyy) 5.b. To (mm/dd/yyyy) 6. Nonimmigrant Status During Period of Stay</p>

	<p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Country of Birth Country of Citizenship/Nationality</p>	<p>13. Country of Birth 14. Country of Citizenship or Nationality</p>
<p>Page 2-3, Part 4. Additional Information About the Proposed Employment, Items a-d and h</p>	<p>[Page 2]</p> <p>Part 4. Additional Information About the Proposed Employment</p> <p>a. Employment Address:</p> <p>Street Number and Name Room/Suite Number City or Town</p> <p>b. State or Province Country Zip/Postal Code</p> <p>c. Dates of intended employment and wage</p> <p>From (<i>mm/dd/yyyy</i>) To (<i>mm/dd/yyyy</i>) Weekly Wage Hours Per Week</p> <p>d. Job title and detailed description of duties to be performed.</p>	<p>[Page 3]</p> <p>Part 4. Information About Proposed United States Employment</p> <p>1. Provide the receipt number for the Blanket L petition upon which this petition is based.</p> <p>2. Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition?</p> <p>Proposed Employment Address for the Beneficiary</p> <p>3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town</p> <p>3.d. State</p> <p>3.e. ZIP Code</p> <p>Wages and Hours of Proposed Employment Provide the wages per year the beneficiary will receive and the number of hours the beneficiary will work per week for the proposed employment. Also describe any other compensation the beneficiary will receive, including dollar value (if applicable). [Deleted] [Deleted]</p> <p>4. Beneficiary's Wages Per Year 5. Beneficiary's Hours Per Week 6. Other Compensation</p> <p>Proposed Job Title and Duties Provide the job title and duties the beneficiary will perform. Also indicate the percentage of time the beneficiary will spend performing the duties on a daily basis. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>7. Job Title 8. Duties Performed on a Daily Basis</p>

	<p>[Page 3]</p> <p>h. If you are seeking L-1B specialized knowledge professional status for the alien, will the beneficiary be stationed primarily offsite (at the worksite of an employer other than the petitioner or its affiliate, subsidiary, or parent)?</p> <p>If you answered “Yes” to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. Use an attachment if needed.</p> <p>If you answered “Yes” to the preceding question, also describe the reasons why placement at another worksite outside the petitioner, subsidiary, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. Use an attachment if needed.</p>	<p>Primary Worksite If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>9. If you are seeking L-1B specialized knowledge professional status for the beneficiary, will the beneficiary work primarily offsite (at a worksite of a company or organization other than the petitioner or its affiliate, branch, subsidiary, or parent company)?</p> <p>If you answered "Yes" to Item Number 9., describe how and who will control and supervise the beneficiary's work and why the placement is not labor for hire in Item Numbers 10.a. – 11.</p> <p>10.a. Supervisor’s Name 10.b. Nature of Supervision and Control of the Beneficiary’s Work</p> <p>[Page 4]</p> <p>11. Describe the reasons why the placement of the beneficiary at this worksite is not an arrangement to provide labor for hire. Also include a description of how the beneficiary’s duties at this worksite relate to your need for the specialized knowledge he or she possesses.</p>
<p>Page 2, Part 4. Additional Information About the Proposed Employment, Item f-g</p>	<p>[Page 2]</p> <p>Part 2. Information About the Proposed Employment</p> <p>f. Provide the name and address of the alien's foreign employers, dates of employment, and job duties for the last 3 years.</p>	<p>[Page 4]</p> <p>Part 5. Information About Foreign Employment</p> <p>Provide information for each qualifying foreign employer for whom the beneficiary worked during the required one continuous year out of three years. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>Qualifying Foreign Position Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employer.</p> <p>1.a. Manager 1.b. Executive 1.c. Specialized Knowledge Professional</p> <p>Qualifying Foreign Employer Name and Address Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.</p>

	<p>g. Summarize the alien's education and other work experience.</p>	<p>2. Foreign Employer Name</p> <p><i>Mailing Address</i> 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. Province 3.e. Postal Code 3.f. Country</p> <p><i>Other Information About the Beneficiary's Foreign Employment</i> Provide the beneficiary's job titles, dates of foreign employment, and the duties of the jobs the beneficiary performed during the required one continuous year out of three years. Also provide the yearly wage the beneficiary received and the number of hours the beneficiary worked per week.</p> <p>Job 1 4. Job Title 5.a. Start Date (mm/dd/yyyy) 5.b. End Date (mm/dd/yyyy) 6. Job Duties 7. Wages Earned Per Year 8. Hours Worked Per Week</p> <p>Job 2 9. Job Title 10.a. Start Date (mm/dd/yyyy) 10.b. End Date (mm/dd/yyyy) 11. Job Duties 12. Wages Earned Per Year 13. Hours Worked Per Week</p> <p>[Deleted]</p>
<p>Page 3, Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</p>	<p>[Page 3]</p> <p>Part 5. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States Check Box 1 or Box 2 as appropriate:</p> <p>With respect to the technology or technical data the petitioner will release or otherwise provide access to the alien beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:</p> <p>1. 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; or</p>	<p>[Page 5]</p> <p>Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</p> <p>Select Item Number 1. or 2., as appropriate.</p> <p>With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:</p> <p>1. 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; or</p>

	<p>I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I am filing this on behalf of an organization, and I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organizations records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.</p> <p>Signature of Petitioner</p> <p>Printed Name of Petitioner</p> <p>Date (mm/dd/yyyy)</p> <p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, the employee for whom you are petitioning may not be found eligible for the requested benefit and this petition may be denied.</p>	<p>I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date. Photocopied, faxed, or scanned copies of Form I-129S that I will submit to any other Federal agency, including U.S. Department of State and U.S. Customs and Border Protection (CBP), are exact copies of this unaltered, original Form I-129S.</p> <p>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 or where authorized by law. 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.</p> <p>If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p>Petitioner’s or Authorized Signatory’s Signature</p> <p>8. Petitioner’s Signature Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.</p>
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<p>New</p>		<p>[Page 6]</p> <p>Part 8. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> 3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Number] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> I certify that:</p> <p>I am fluent in English and [Fillable Field], which is the same language provided in Part 7., Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 4, Part 7. Signature and Contact Information of Person Preparing This Form, If Other than Above</p>	<p>[Page 4]</p> <p>Part 7. Signature and Contact Information of Person Preparing This Form, If Other than Above</p>	<p>[Page 6]</p> <p>Part 9. Contact Information, Declaration and Signature of the Person Preparing this Petition, If Other Than the Petitioner</p> <p>Provide the following information about the preparer.</p>

	<p>information or provided responses for the petitioner.</p> <p>Signature of Preparer Date (mm/dd/yyyy)</p>	<p>informed me that all of this information in the petition and in the supporting documents is complete, true, and correct.</p> <p>Preparer's Signature 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>
<p>New</p>		<p>[Page 8] Part 10. Additional Information</p> <p>If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include the beneficiary's name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1.a. Beneficiary's Family Name (Last Name) 1.b. Beneficiary's Given Name (First Name) 1.c. Beneficiary's Middle Name</p> <p>2. Beneficiary's A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable Field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable Field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable Field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable Field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable Field]</p>