

# Nonimmigrant Petition Based on Blanket L Petition

**USCIS** 

Form I-129S

OMB No. 1615-0010 Expires 09/30/2023

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

For Government Use Only											
Received Resubmitted Fee Rece			Fee Receip	ot		Action Block					
Relocated Sent Relocated Received											
Validity Dates From: Beneficiary Interviewed on											
To: Approved as: ☐ Manage ☐ Speciali Professi Approval Date:				Specialize Profession	ed Knowle nal						
To be completed by an attorney or BIA-accredited representative (if any).  Select this box if Form G-28 or Form G-28I is attached.  Attorney or BIA-in G-28I is attached.				Attorney (if applic	ey State Bar Number icable)			Attorney or Accredited Representative USCIS Online Account Number (if any)			
► ST	TART HERI	E - Type or print in	n black ink.								
		mation About T	he Employer		Peti	itioner's	Phy	esical Address			
	itioner)				4.a.	Street Nu		r			
1. Name of the Petitioning Organization					4.b.	and Name  4.b.					
Petitioner's Mailing Address				4.c.	City or T	own					
2.a.	In Care Of I	Name (if any)			4.d.	State		4.e. ZIP Code			
					Petitioner's Contact Information						
2.b.	Street Number and Name				5.	Daytime	Paytime Telephone Number				
2.c.	Apt.	Ste. Flr.									
2.d.	City or Tow	'n			6.	Fax Nun	ber				
2.e.	State	2.f. ZIP Code	e		7.	Email A	ddres	s (if any)			
3.		ng address the same soring company or o		ocation	8.	Website	Addr	ress (if any)			
			Yes	☐ No			•				
If you answered "No" to <b>Item Number 3.</b> , provide the sponsoring company's or organization's physical address					Peti	itioner's	Em	ployees in the United States			
in Item Numbers 4.a 4.e.			9. Does the J United St			petitioner employ 50 or more individuals in the states? Yes No					
						If you answered "Yes" to <b>Item Number 9.</b> , complete <b>Item Number 10.</b>					
					10.			n 50 percent of the petitioner's employees in or L-1B nonimmigrant status?			

Part 2. Information About the Proposed Position and Prior Employment Periods in the United States			Part 3. Information About the Beneficiary					
			Provide the following information about the beneficiary.					
	beneficiary will work as a:	1.	Alien Registration Number (A-Number) (if any)  • A-					
1.a.	Manager or Executive (L-1A)		,					
1.a. 1.b.	Specialized Knowledge Professional (L-1B)	2.	USCIS Online Account Number (if any)					
1.0.	Specialized Kilowiedge Floressional (L-1B)	•	U.S. Sacial Sacretty Number (if any)					
Dat	tes of Proposed Employment	3.	U.S. Social Security Number (if any)					
Prov	ide the beneficiary's dates of proposed employment.	Res	neficiary's Full Name					
2.a.	Start Date (mm/dd/yyyy)							
2.h.	End Date (mm/dd/yyyy)	4.a.	Family Name (Last Name)					
2.0.	End Date (min da yyyy)	4.b.	Given Name (First Name)					
Pri	or Periods of Stay in the United States	4.c.	Middle Name					
3.	Was the beneficiary of this petition in the United States							
	during the last seven years?	Oth	ner Names Used (if any)					
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 <b>Part 10. Additional Information</b> .			es, maiden name, and nicknames. If you need extra space omplete this section, use the space provided in <b>Part 10</b> . itional Information.  Family Name (Last Name)					
Peri	od of Stay 1	5.b.	Given Name (First Name)					
4.a.	From (mm/dd/yyyy)	5.c.	Middle Name					
4.b.	To (mm/dd/yyyy)	Ben	neficiary's Foreign Mailing Address					
5.	Nonimmigrant Status During Period of Stay	6.a.	In Care Of Name (if any)					
Peri	od of Stay 2	6.b.	Street Number and Name or PO Box					
6.a.	From (mm/dd/yyyy)							
6.b.	To (mm/dd/yyyy)	6.c.	Apt. Ste. Flr.					
7.	Nonimmigrant Status During Period of Stay	6.d.	City or Town					
.,	Tolling and Daving Tollow St. Swy	6.e.	Province					
		6.f.	Postal Code					
		6.g.	Country					
		-						
		7.	Is this mailing address also where the beneficiary physically resides?					

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If you answered "No" to **Item Number 7.**, provide the beneficiary's physical address in **Item Numbers 8.a. - 8.f.** 

Part 3. Information About the Beneficiary			Wages and Hours of Proposed Employment						
(continued)			Provide the wages per year the beneficiary will receive and the number of hours the beneficiary will work per week for the						
Beneficiary's Foreign Physical Address			proposed employment. Also describe any other compensation						
8.a.	Street Number and Name	the beneficiary will receive, including dollar value (if applicable).							
8.b.	Apt. Ste. Flr.	4.	Beneficiary's Wages Per Year \$						
8.c.	City or Town	5.	Beneficiary's Hours Per Week						
8.d.	Province	6.	Other Compensation						
8.e.	Postal Code								
8.f.	Country								
		Pro	pposed Job Title and Duties						
Oth	ner Information About the Beneficiary	Prov	ride the job title and duties the beneficiary will perform.						
9.	Date of Birth (mm/dd/yyyy)		o indicate the percentage of time the beneficiary will spend orming the duties on a daily basis. If you need extra space						
		to co	omplete this section, use the space provided in <b>Part 10</b> . itional Information.						
10.	Gender Male Female	7.	Job Title						
11.	City or Town of Birth								
12.	Province or State of Birth	8.	Duties Performed on a Daily Basis						
13.	Country of Birth								
		Pri	mary Worksite						
14.	Country of Citizenship or Nationality		ou need extra space to complete this section, use the space ided in <b>Part 10. Additional Information</b> .						
Sta	rt 4. Information About Proposed United tes Employment	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)?						
1.	Provide the receipt number for the Blanket L petition upon which this petition is based.		Yes No						
2.	Are you filing Form I-129, Petition for a Nonimmigrant Worker, with this petition? Yes No		If you answered "Yes" to <b>Item Number 9.</b> , describe how and who will control and supervise the beneficiary's work and why the placement is not labor for hire in <b>Item Numbers 10.a.</b> - <b>11.</b>						
Pro	posed Employment Address for the Beneficiary	10.a	Supervisor's Name						
3.a.	Street Number and Name	101	Nature of Commission and Control of the Description						
3.b.	Apt. Ste. Flr.	10.6	Nature of Supervision and Control of the Beneficiary's Work						
3.c.	City or Town								
3.d.	State 3.e. ZIP Code								

Part 4. Information About Proposed United States Employment (continued)	Other Information About the Beneficiary's Foreig Employment						
11. Describe the reasons why the placement of the beneficial at this worksite is not an arrangement to provide laborathire. Also include a description of how the beneficiary duties at this worksite relate to your need for the specialized knowledge he or she possesses.	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.						
	Job 1						
	4. Job Title						
Dout 5 Information About Fourier Evanlance	5.a. Start Date (mm/dd/yyyy)						
Part 5. Information About Foreign Employmen	5.h. End Date (mm/dd/yyyy)						
Provide information for <b>each</b> 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 <b>Part 10</b> . <b>Additional Information</b> .	<b>6.</b> Job Duties						
Qualifying Foreign Position	7. Wages Earned Per Year \$						
Indicate the type of qualifying position the beneficiary was employed in while working for the qualifying foreign employ							
1.a. Manager							
<b>1.b.</b> Executive	Job 2						
1.c.	9. Job Title						
Qualifying Foreign Employer Name and Address	10.a. Start Date (mm/dd/yyyy)						
Provide the name and address for the qualifying foreign employer for whom the beneficiary worked.	10.b. End Date (mm/dd/yyyy)						
2. Foreign Employer Name	11. Job Duties						
Mailing Address							

3.d. Province

3.e. Postal Code

3.f. Country

**3.a.** Street Number and Name

**3.c.** City or Town

**3.b.** Apt. Ste.

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Wages Earned Per Year

Hours Worked Per Week

## Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

Select Item Number 1. or 2., as appropriate.

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 (FAR) and the International

Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- 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
- 2. 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 the 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.

## Part 7. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

**NOTE:** Read the **Penalties** section of the Form I-129S Instructions before completing this section.

#### Petitioner's or Authorized Signatory's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.** 

- - a language in which I am fluent, and I understood all of this information as interpreted.

At my request, the preparer named in **Part 9.**,

prepared this petition for me based only upon information I provided or authorized.

2.

#### Authorized Signatory's Contact Information

3.a.	Authorized Signatory's Family Name (Last Name)						
3.b.	Authorized Signatory's Given Name (First Name)						
4.	Authorized Signatory's Title						
5.	Authorized Signatory's Daytime Telephone Number						
6.	Authorized Signatory's Mobile Telephone Number (if any)						
7.	Authorized Signatory's Email Address (if any)						

# Petitioner's or Authorized Signatory's Declaration and Certification

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 USCIS at a later date.

I authorize the release of any information contained in this petition, in supporting documents, in my USCIS records, and in the petitioning organization's USCIS records, to USCIS or other entities and persons where necessary 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.

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, I understand all of the information contained in, and submitted with, this petition, and all of this information is complete, true, and correct.

## Petitioner's or Authorized Signatory's Signature

8.a.	Petitioner's or Authorized Signatory's Signature
$\Rightarrow$	
8.b.	Date of Signature (mm/dd/yyyy)

#### 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 deny your petition.

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## Part 8. Interpreter's Contact Information, Certification, and Signature

CCI	tification, and Signature	I certify, under penalty of perjury, that:							
Provi	ide the following information about the interpreter.	I am fluent in English and							
Inte	erpreter's Full Name	which is the same language specified in <b>Part 7.</b> , <b>Item Number</b>							
1.a.	Interpreter's Family Name (Last Name)	<b>1.b.</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							
1.b.	Interpreter's Given Name (First Name)	question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the <b>Petitioner's or</b>							
2.	Interpreter's Business or Organization Name (if any)	<b>Authorized Signatory's Declaration and Certification</b> , and has verified the accuracy of every answer.							
<b>T</b> ,		Interpreter's Signature							
	erpreter's Mailing Address	<b>7.a.</b> Interpreter's Signature							
3.a.	Street Number and Name								
3.b.	Apt. Ste. Flr.	<b>7.b.</b> Date of Signature (mm/dd/yyyy)							
3.c.	City or Town								
3.d.	State 3.e. ZIP Code	Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition,							
3.f.	Province	if Other Than the Petitioner or Authorized Signatory							
3.g.	Postal Code	Provide the following information about the preparer.							
3.h.	Country	Preparer's Full Name							
		1.a. Preparer's Family Name (Last Name)							
Inte	erpreter's Contact Information								
4.	Interpreter's Daytime Telephone Number	<b>1.b.</b> Preparer's Given Name (First Name)							
5.	Interpreter's Mobile Telephone Number (if any)	2. Preparer's Business or Organization Name (if any)							
_									
6.	Interpreter's Email Address (if any)	Preparer's Mailing Address							
		3.a. Street Number and Name							
		<b>3.b.</b> Apt. Ste. Flr.							
		<b>3.c.</b> City or Town							
		3.d. State 3.e. ZIP Code							
		<b>3.f.</b> Province							
		3.g. Postal Code							

Interpreter's Certification

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**3.h.** Country

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory (continued)

_	Signatory (continued)							
Pre	parer's Contact Information							
4. Preparer's Daytime Telephone Number								
5.	Preparer's Mobile Telephone Number (if any)							
6.	Preparer's Email Address (if any)							
Pre	parer's Statement							
7.a.	☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's or authorized signatory's consent.							
7.b.	☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.							
	<b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.							
Pre	parer's Certification							
prepa authorievie Authorievie	by signature, I certify, under penalty of perjury, that I used this petition at the request of the petitioner or orized signatory. The petitioner or authorized signatory has wed this completed petition, including the <b>Petitioner's or orized Signatory's Declaration and Certification</b> , and med me that all of the information in the petition and in the orting documents is complete, true, and correct.							
Pre	parer's Signature							
8.a.	Preparer's Signature							
	-							
8.b.	Date of Signature (mm/dd/yyyy)							

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Par	t 10. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withing space to coof part (if and spart and spart)	u need extra space to provide any additional information in this petition, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this petition or attach a separate sheet per. Type or print the beneficiary's name and A-Number by) at the top of each sheet; indicate the <b>Page Number</b> , <b>Number</b> , and <b>Item Number</b> to which your answer refers; ign and date each sheet.	5.d.					
1.a.	Beneficiary's Family Name (Last Name)						
1.b.	Beneficiary's Given Name (First Name)						
1.c.	Beneficiary's Middle Name	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2.	Beneficiary's A-Number (if any)  ► A-	6.d.					
3.a.	Page Number 3.b. Part Number 3.c. Item Number						
3.d.							
		7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
		7.d.					
4.a.	Page Number 4.b. Part Number 4.c. Item Number						
4.d.							

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