

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

**Form I-129S, Nonimmigrant Petition
Based on Blanket L Petition**

START HERE - Please type or print in black ink.

Part 1. Information About the Employer

Sponsoring Company or Organization's Name

Addressee - ATTN:

Street Number and Name Room/Suite Number

City or Town State or Province

Country Zip/Postal Code

Part 1A. Data Collection

Does the petitioner employ 50 or more individuals in the United States? Yes No

If yes, are more than 50% of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes No

Part 2. Information About the Proposed Employment

This alien will be a:

a. Manager or Executive (L-1A)

b. Specialized Knowledge Professional (L-1B)

Blanket petition approval number:

Part 3. Information About the Employee

Family Name Given Name Middle Name

Address Outside the United States: Street Number and Name Room/Suite Number

City or Town State or Province

Country Zip/Postal Code Date of Birth (mm/dd/yyyy)

Country of Birth Country of Citizenship/Nationality

For USCIS Use Only	
Returned	Receipt
Date <input type="text"/>	
Date <input type="text"/>	
Resubmitted	
Date <input type="text"/>	
Date <input type="text"/>	
Relocated Sent	
Date <input type="text"/>	
Date <input type="text"/>	
Relocated Received	
Date <input type="text"/>	
Date <input type="text"/>	
<input type="checkbox"/> Petitioner Interviewed _____ on _____	
<input type="checkbox"/> Beneficiary Interviewed _____ on _____	
Approved as: <input type="checkbox"/> Manager/Executive <input type="checkbox"/> Specialized Knowledge on _____	
Validity Dates: From: _____ To: _____	
Action Block	
Denial Reason	
To Be Completed by Attorney or Accredited Representative, if any. <input type="checkbox"/> Fill in box if G-28 is attached to represent the petition.	
ATTY State License Number	

Part 4. Additional Information About the Proposed Employment

a. Employment Address: Street Number and Name Room/Suite Number City or Town

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b. State or Province **Country** **Zip/Postal Code**

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c. Dates of intended employment and wage

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Weekly Wage	Hours Per Week

d. Job title and detailed description of duties to be performed.

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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.

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f. Provide the name and address of the alien's foreign employers, dates of employment, and job duties for the last 3 years.

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g. Summarize the alien's education and other work experience.

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Part 4. Additional Information About the Proposed Employment *Continued*

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)?

Yes No

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.

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.

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:

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:

- 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 alien beneficiary and the petitioner will prevent access to the controlled technology or technical data by the alien beneficiary until and unless the petitioner has received the required license or other authorization to release it to the alien beneficiary.

Part 6. Signature of Petitioner *Read the information on penalties in the instructions before completing this section.*

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.

Signature of Petitioner

Printed Name of Petitioner

Date *(mm/dd/yyyy)*

Daytime Telephone Number *(with area code)*

E-Mail Address *(if any)*

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.

Part 7. Signature and Contact Information of Person Preparing Form, If Other Than Above

Declaration of Preparer

I declare that this document was prepared by me at the request of the petitioner, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information or provided responses for the petitioner.

Signature of Preparer

Printed Name of the Preparer

Date *(mm/dd/yyyy)*

Daytime Telephone Number *(with area code)*

E-Mail Address *(if any)*

Preparer's Firm Name and Address