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

Bureau of Citizenship and Immigration Services

Purpose of This Form.

This form is for an employer to classify employees as L-1 nonimmigrant interacompany transferees under a blanket L petiton approval.

Who May File.

An employer who has already obtained approval of a blanket L-1 petition may file this form to classify employees outside the United States as executives, managers or specialized knowledge professionals. If the employee is in the United States and you are requesting a change of status or extension of stay for that employee, use Form I-129, Petition for a Nonimmigrant Worker.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A." If the answer is "none," write "none." If you need extra space to ansert any tiem, attach a sheet of paper with your name and alien registration number (A#), if any, and indicate the number of the item to which the answer related. You must file your petition with the required **Initial Evidence**. Your petition must be properly signed. Retain a copy of the form and supporting documents for your records.

Translations. Any foreign language document must be accompanied by a full English translation that a translator has certified as complete and correct. The translator must also certify that he or she is competent to translate the foreign language into English.

Copies. If these instructions state that a copy of a document may be filed with this petition, and you choose to send us the original, we may keep that original for our records.

Initial Evidence.

You must file your petition with:

- a copy of the approval notice for the blanket petition;
- a letter from the alien's foreign qualifying employer detailing his
 or her dates of employment, job duties, qualifications and salary;
 the letter must also show that the alien worked for the employer
 for at least one continuous year in the three-year period
 preceeding the filing of the petition in an executive, managerial or
 specialized knowledge professional capacity; and
- if the alien is a specialized knowledge professiona, a copy of a U.S. degree, a foreign degree equivalent to a U.S. degree, or evidence establishing that the combination of the beneficiary's education and experience is the equivalent of a U.S. degree.

Where to File.

If the alien requires a visa, he or she should present the completed petition at a U.S. embassy or consulate abroad.

If the alien is not required to obtain a visa, he or she should file this petition at the Service Center of the Bureau of Citizenship and Immigraton Services (BCIS) that approved the blanket petition. The BCIS is comprised of offices of the former Immigration and Naturalization Service.

Fee.

There is no fee for this petition.

Processing Information.

Acceptance. A petiton that is not signed will be rejected with a notice that the petition is deficient. You may correct the deficiency and resubmit the petition. However, a petition is not considered properly filed until it is accepted by the BCIS.

Initial processing. Once the petition has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form or file it without required initial evidence, you will not establish a basis for eligibility and we may deny your petition.

Requests for mor information or interview. We may request more information or evidence or we may request that you appear at a BCIS office for an interview. We may also request that you submit the original of any copy. We will return these originals when they are not longer required.

Decision. You will be notified in writing of the decision on your petition. If you filed the petition at a BCIS service center and it is approved, the approval notice will be sent to you so you can send it to the beneficiary to present at a port of entry when he or she enters the United States.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are seeking and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and you may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1154. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of

Information and BCIS Forms.

For information on immigration laws, regulations and procedures and to order BCIS forms, call our **National Customer Service Center** toll-free at **1-800-375-5283** or visit our internet web site at **www.bcis.gov**.

Paperwork Reduction Act Notice.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 10 minutes to learn about the law and form; (2) 10 minutes to complete the form; and (3) 15 minutes to assemble and file the petition; for a total estimated average of 35 minutes per petition. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you can write to: Bureau of Citizenship and Immigration Services, HQRFS, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1615-0010. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

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START HERE - Please Type or Print	FOR BCIS USE ONLY
Part 1. Information about employer.	Returned Receipt
Sponsoring Company of Organization's Name	Date
Address - ATTN:	Date Resubmitted
	Resubmitted
Street Number and Name Room/Suite #	Date
	Date
City or Town State or Province Country Zip/Postal Code	Reloc Sent
	Date
Part 2. Information about employment.	Date
This alien will be a:	Date
a. manager/executive	Reloc Rec'd
b. Specialized knowledge professional	Date
Blanket petition approval number:	D. (
	Date ☐ Petitioner
Part 3. Information about employee.	Interviewed
Family Name Given Name Middle Name	on
	Beneficiary Interviewed
Foreign Address: Street Number and Name Apt. #	on
	Approved as:
City or Town State or Province Country Zip/Postal Code	manager/executive
	☐ specialized knowledge
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship	Validity Dates: From:
	To:
Part 4. Additional information about the employment.	Denied (give reason)
Address: Street Number and Name Room/Suite #	,
Address: Street Number and Name Room/Suite #	
City or Town State or Province Country Zip/Postal Code	
City of Town State of Flovince Country Zip/Fostar Code	Action Block
Date of intended employment (mm/dd/yyyy):	
From: To: Weekly Wage Hours Per Week	
Title and detailed description of duties to be performed	
	To Be Completed By
	Attorney or Representative, if any.
	Fill in box if G-28 is attached to represent the petition.
	ATTY State License #
	TITT State Election !!

Part 4. Information about en	iployer. (Continued)	
	of stay in the United States in a work au	thorized connects, and the type of vice
Give the alien's dates of prior periods	of stay in the Officed States in a work at	thiorized capacity and the type of visa.
Give the alien's dates of employment a	and job duties for the immediate prior th	iree years.
Summarize the alien's education and o	ther work experience.	
Part 8. Signature. Read the info	rmation on penalties in the instruction	s before completing this section.
are all true and correct. I am filing thi this petition is to extend a prior petitio	s on behalf of an organization, and I cen n, I certify that the proposed employme	rica, that this petition and the evidence submitted with it tify that I am empowered to do so by that organization. If nt is under the same terms and conditions as in the prior s, or from the petitioning organizations recordes that the
	n Services needs to determine eligibility	
Signature	Date (mm/dd/yyyy)	Daytime Telephone Number (with area code)
Please Note: If you do not completely	v fill out this form or fail to submit rea	uired documents listed in the instructions, the person(s)
	le for the requested benefit and this pe	
Part 9. Signature of person p	reparing form if other than ab	ove. (Sign below.)
I declare that I prepared this application	on at the request of the applicant and it i	s based on all information of which I have knowledge.
Signature	Print or Type Your Name	Fax Number (if any) Date (mm/dd/yyyy)
Firm Name and Address		Daytime Telephone Number (with area code)