



Petition for Nonimmigrant Worker: H-2A Classification

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

USCIS
Form I-129H2A
OMB No. 1615-xxxx
Expires xx/xx/20xx

For USCIS Use Only	Receipt	Remarks	Action Block
No. of Workers: _____ Job Code: _____ Validity From: _____ Validity To: _____	<input type="checkbox"/> Consulate/POE/PFI Notified <input type="checkbox"/> H-2A Extension Granted <input type="checkbox"/> Change of Status/Extension Granted <input type="checkbox"/> No Change to Period of Stay <input type="checkbox"/> Partial Approved <input type="checkbox"/> Extension or Change of Status Denied		

► **START HERE - Type or print in black ink.** Answer all questions fully and accurately.

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.** All petitioners should fill out **Item Numbers 4. - 17.**, as applicable. (If filing as Joint Employers, including as an association of U.S. agricultural producers, complete these **Item Numbers 4. - 14.** only for the primary petitioner and submit additional information on the **Joint Employer Supplement for Form I-129H2A.**)

1. Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Petitioning Company or Organization Name

4. Trade Name or "Doing Business As" Name

5. USCIS Online Account Number

►

6. Primary U.S. Office Address of Petitioner

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code ([USPS ZIP Code Lookup](#))

7. Is your mailing address different from your Primary U.S. Office Address?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 7.**, provide your mailing address below.

Part 1. Petitioner Information (continued)

8. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Petitioner's Contact Information

9. U.S. Daytime Telephone Number

10. U.S. Mobile Telephone Number

11. Email Address

Taxpayer Identification Numbers

Provide the following information, as applicable.

12. Employer Identification Number (EIN)

13. Individual Taxpayer Identification Number (ITIN)

14. U.S. Social Security Number

E-Verify Information

15. Are you a participant in the E-Verify program?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 15.**, provide the information requested in **Item Numbers 16. - 17.**

16. Employer's Name as Listed in E-Verify

17. Employer's E-Verify Company Identification Number or an E-Verify Client Company Identification Number

Part 2. Information About This Petition

1. 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 10. Additional Information**).
- D. ☐ New concurrent employment.
- E. ☐ Change of employer for a beneficiary already in the requested classification.
- F. ☐ Amended petition (provide an explanation in **Part 10. Additional Information**).

Part 2. Information About This Petition (continued)

2. If you selected **Item F. Amended petition** in **Item Number 1.**, provide the receipt number of the petition you seek to amend.
▶
3. Requested Action (select **only one** box)
- A. ☐ Notify the office in **Part 4.** so that each beneficiary(ies) can apply for and obtain a visa or be admitted, if eligible.
- 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 the Instructions for limitations). This is available only when you select **Item A. New employment** in **Item Number 1.** above.
- C. ☐ Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- D. ☐ No change to current authorized period of stay.
4. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)
▶

Part 3. Beneficiary's Information

Provide the information requested about each beneficiary for whom you are filing.

1. List the countries of citizenship for the workers you are requesting.

2. Is each H-2A worker you plan to hire from a country designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1)? (See www.uscis.gov/h-2a for the list of H-2A participating countries.) ☐ Yes ☐ No

If you answered "No" to **Item Number 2.**, you must provide the information requested in **Item Number 3.**

3. List each H-2A worker from a non-participating country. If you need more space, use **Part 10. Additional Information** or attach an additional sheet of paper.

Family Name (Last Name)	Given Name (First Name)	Middle Name

NOTE: If any of the H-2A workers you are requesting are nationals of a country that is not designated as a participating country, you must also provide evidence showing: (1) that workers with the required skills are not available from among United States workers or among countries currently on the eligible countries list; (2) whether the beneficiaries have been admitted previously to the United States in H-2A status; (3) that there is no potential for abuse, fraud, or other harm to the integrity of the H-2A visa programs through the potential admission of the intended workers; and (4) any other factors that may serve the United States interest.

You must provide the name and all of the information requested below for each H-2A worker who is in the United States or who is not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1). See www.uscis.gov/h-2a for the list of participating countries. If you are providing information for more than one named beneficiary, complete a separate copy of the **Named Worker Attachment for Form I-129H2A** for each additional beneficiary included in this petition. If you are requesting unnamed workers **only**, proceed to **Part 4. Processing Information**.

Part 3. Beneficiary's Information (continued)

Information About the Beneficiary

4. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

5. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

6. Date of Birth (mm/dd/yyyy)

7. Gender

☐

Male

☐

Female

8. U.S. Social Security Number

9. Alien Registration Number (A-Number)

10. USCIS Online Account Number

11. City or Town of Birth

12. Province of Birth

13. Country of Birth

14. Country of Citizenship or Nationality

15. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Province

Postal Code

Country

16. If the beneficiary is in the United States, complete the following:

Date of Last Arrival

(mm/dd/yyyy)

Form 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 or Duration of Status (D/S) (see Form I-94
Arrival/Departure Document)

(mm/dd/yyyy)

Part 3. Beneficiary's Information (continued)Student and Exchange Visitor Information System (SEVIS)
NumberEmployment Authorization Document (EAD)
Number

17. Does the beneficiary have a U.S. residential address? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 17.**, you must provide the beneficiary's U.S. residential address information in **Item Number 18.**

18. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the Commonwealth of the Northern Mariana Islands (CNMI).)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

19. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

►

20. Have you ever filed an immigrant petition for this beneficiary? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

21. Have you ever filed a nonimmigrant petition for this beneficiary? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 21.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

22. Has this beneficiary ever been denied H-2A classification on any prior petition you filed on behalf of this beneficiary? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 22.**, identify the receipt number for the petition and the date of the decision in **Part 10. Additional Information.**

23. List the beneficiary's prior periods of stay in H or L classification in the United States for the last three years. Be sure to only list those periods in which the 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. If you need more space, use **Part 10. Additional Information** or attach an additional sheet of paper.

NOTE: Submit copies of any available Form I-94, Form I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification.

Employer's Name	Period of Stay (mm/dd/yyyy)	
	From	To

24. Has this beneficiary experienced an interrupted stay associated with their entry in H or L classification? ☐ Yes ☐ No
(See the Instructions for more information on interrupted stays.)

If you answered "Yes" to **Item Number 24.**, submit evidence of each entry and each exit as evidence of the interrupted stays.

Part 4. Processing Information

1. Indicate the U.S. Consulate or U.S. Customs and Border Protection (CBP) inspection facility you would like notified if the petition will be approved with consular notification (for example, you requested consular notification or a requested extension of stay or change of status cannot be granted).

A. Type of Office (select **only one** box)

☐ U.S. Consulate ☐ CBP Pre-flight Inspection Facility ☐ U.S. Port of Entry

B. City Where Office is Located

C. U.S. State or Foreign Country

2. Does each beneficiary of this petition have a valid passport? ☐ Yes ☐ No

If you answered "No" to **Item Number 2.**, provide an explanation in **Part 10. Additional Information.**

3. Are you filing any other petitions with this one? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, how many?

►

4. Have you previously filed any other petitions based on the same temporary labor certification as this petition? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 4.**, provide the previous receipt number(s).

►

5. Are you filing any applications for dependents with this petition? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, how many?

►

6. Is any beneficiary of this petition in removal proceedings? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 6.**, list the beneficiary's(ies) name(s) in **Part 10. Additional Information.**

7. Has any beneficiary of this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? ☐ Yes ☐ No

8. If you answered "Yes" in **Item Number 7.**, provide the dates the beneficiary(ies) 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. Additionally, if applicable, provide evidence that the beneficiary(ies) fulfilled the two-year foreign residence requirement or had such residence requirement waived.

9. Are you requesting substitution of beneficiaries who were approved and/or admitted based on a prior H-2A petition? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 9.**, provide an explanation in **Item Number 10.**

10. Explanation

11. Does any beneficiary of this petition have ownership interest in the petitioning organization or any joint employer? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 11.**, provide an explanation of the beneficiary's(ies) ownership interests in **Item Number 12.**

12. Explanation

Part 4. Processing Information (continued)

13. Are you or any joint employer currently debarred by the U.S. Department of Labor (DOL)? ☐ Yes ☐ No
14. Has the temporary labor certification supporting this petition been revoked by DOL? ☐ Yes ☐ No
15. To the best of your knowledge, have you or any joint employer **ever** received a final order of debarment from DOL in any foreign labor certification program? ☐ Yes ☐ No
16. If you answered "Yes" to **Item Numbers 13., 14., and/or 15.**, provide an explanation. If you need more space, use **Part 10. Additional Information** or attach an additional sheet of paper.

Part 5. Basic Information About the Proposed Employment and Employer

1. Job Title
2. Temporary Labor Certification ETA Case Number
3. Is the employment of a seasonal nature (tied to a certain time of year by an event or pattern and requiring labor levels far above those necessary for ongoing operations)? ☐ Yes ☐ No
4. Is the employment of a temporary nature (the need will last no longer than one year)? ☐ Yes ☐ No
5. Explain your 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. If you need more space for your explanation, use **Part 10. Additional Information** or attach an additional sheet of paper.

6. Will the beneficiary(ies) be working at multiple worksites? ☐ Yes ☐ No
- If you answered "Yes" to **Item Number 6.**, you must submit a detailed itinerary with the dates and locations where the services or labor is to be performed.
7. If you answered "No" to **Item Number 6.**, provide the address where the beneficiary(ies) will work, if different from the address in **Part 1**. Provide the name of the person or organization associated with the address, if different from the individual employer, sole proprietor, or company or organization name listed in **Part 1**.

Name of Person or Organization

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Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City or Town

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State

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ZIP Code

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8. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☐ No
9. Have you or a corporate parent, subsidiary, or affiliate filed an application for permanent labor certification for this same position? ☐ Yes ☐ No
10. Are you requesting extension of a previously-approved H-2A petition for a period not to exceed two weeks based on emergent circumstances? ☐ Yes ☐ No

Part 5. Basic Information About the Proposed Employment and Employer (continued)

11. If you answered yes to **Item Number 10.**, you must provide an explanation and supporting documentation. If you need more space for your explanation, use **Part 10. Additional Information** or attach an additional sheet of paper.

12. Is this a full-time position? ☐ Yes ☐ No

13. If you answered "No" to **Item Number 12.**, how many hours per week for the position? ▶

14. Wages (in U.S. dollars): \$ per (Specify hour, week, month, or year)

15. Other Compensation (Explain)

16. Dates of intended employment

From (mm/dd/yyyy) To (mm/dd/yyyy)

17. Type of Business

18. Year Established

19. Current Number of Employees in the United States ▶

20. Gross Annual Income

\$

21. Net Annual Income

\$

Part 6. Petitioner and Employer Obligations

1. Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2A workers that you intend to hire by filing this petition? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 1.**, provide the name(s) and address(es) of all persons and entities hired by or working for you, or hired by or working for the recruiter or agent, and any of the agents or employees of those persons and entities, irrespective of whether you have a direct or indirect contractual or other relationship with any such person or entity, and whether or not such person or entity is located in the United States or outside the United States in **Item Numbers 2. - 4.** If you need to include the name and address of more than one service or agent, use the space provided in **Part 10. Additional Information.**

2. Name of recruiter or agent

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Name of recruiting organization (if applicable)

Part 6. Petitioner and Employer Obligations (continued)

4. Address of recruiter or recruiting organization

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

5. Did any of the H-2A workers that you are requesting pay you or an agent, a job placement fee or other form of compensation (either direct or indirect) as a condition of the employment, or do they have an agreement to pay you or the service such fees, including an agreement to deduct or withhold a portion of the worker(s) wages, at a later date? ☐ Yes ☐ No

NOTE: The phrase “fee or other form of compensation” includes, but is not limited to, petition fees, attorney fees, recruitment costs, and any other fees that are a condition of a beneficiary's employment that the employer is prohibited from passing to the H-2A worker under law. This phrase does not include reasonable travel expenses and certain government-mandated fees (such as passport fees) that are not prohibited from being passed to the H-2A worker by statute, regulations, or any laws

6. If you answered “Yes” to **Item Number 5.**, list the types and amounts of fees that the worker(s) paid or have agreed to pay, or have agreed to have deducted or withheld from the worker(s) wages. If you need to include information about more than three fees, use the space provided in **Part 10. Additional Information.**

Type of Fee	Amount
	\$
	\$
	\$

7. If the workers paid any fee or compensation, were they reimbursed? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 7.**, submit evidence of reimbursement with this petition.

8. If the workers agreed to pay a fee, was that agreement terminated before the workers paid the fee? ☐ Yes ☐ No

If you answered “Yes” to **Item Number 8.**, submit evidence of termination with this petition.

9. If you answered “Yes” to **Item Number 1.**, have you made inquiries to determine that the recruiter, facilitator, agent or similar employment service that you used or plan to use has not collected, and will not collect, directly or indirectly, any fees or other compensation from the H-2A workers requested in this petition as a condition of the H-2A workers' employment? ☐ Yes ☐ No

NOTE: If USCIS determines that you knew, or should have known, that the workers requested in connection with this petition paid any fees or other compensation at any time as a condition of employment, your petition may be denied or revoked.

10. Have you ever had an H-2A petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer or employment? ☐ Yes ☐ No

11. If you answered “Yes” to **Item Number 10.**, when was the petition denied or revoked? (mm/dd/yyyy)

12. Receipt Number of denied or revoked H-2A petition: ►

Part 6. Petitioner and Employer Obligations (continued)

13. Describe the types and amounts of fees the workers paid or agreed to pay in connection with the denied or revoked petition. If you need to include information about more than three fees, use the space provided in **Part 10. Additional Information**.

Type of Fee	Amount	
	\$	
	\$	
	\$	

14. Were the workers reimbursed for such fees and compensation that they paid in connection with the denied or revoked petition? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, submit evidence of reimbursement. If you answered "No" to **Item Number 14.** because you were unable to locate the workers, include evidence of your efforts to locate the workers.

15. The H-2A petitioner and each employer consent to allow U.S. Government access to the site where the labor is being performed for the purpose of determining compliance with H-2A requirements. The petitioner further agrees to notify the Department of Homeland Security (DHS) within 2 workdays if:
- A. An H-2A worker fails to 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;
 - B. The agricultural labor or services for which H-2A workers were hired is completed more than 30 days early;
 - C. The H-2A worker absconds from the worksite by failing to report for work for 5 consecutive workdays without the consent of the employer; or
 - D. The H-2A worker is terminated prior to the completion of agricultural labor or services for which they were 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: "Workday" means the period between the time on any particular day when such employee commences their principal activity and the time on that day at which they cease such principal activity or activities.

16. 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
17. The H-2A 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

Petitioner or Employer's Agreement

The petitioner must complete and sign **Item Number 18.** If the petitioner is the employer's agent, the employer must complete and sign **Item Number 19.** If there are joint employers, they must complete the **Joint Employer Supplement for Form I-129H2A.**

18. Petitioner

By filing this petition, I agree to the conditions of H-2A employment and agree to the notification requirements. I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3)

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)

Part 6. Petitioner and Employer Obligations (continued)

19. Employer Who is Not the Petitioner

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 under **Part 6.** by this agent on my behalf and agree to the conditions of H-2A eligibility.

Signature of Employer

Name of Employer

Date (mm/dd/yyyy)

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

NOTE: Read the **Penalties** section of the Form I-129H2A Instructions before completing this section.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's or Authorized Signatory's Statement Regarding the Interpreter

- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- B. ☐ The interpreter named in **Part 8.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood all of this information as interpreted.

2. Petitioner's or Authorized Signatory's Statement Regarding the Preparer

- ☐ At my request, the preparer named in **Part 9.**, , prepared this petition for me based only upon information I provided or authorized.

If **Part 7.** is being completed by an Authorized Signatory, provide the following information.

Name and Title of Authorized Signatory

3. Authorized Signatory's Family Name (Last Name)

Authorized Signatory's Given Name (First Name)

4. Authorized Signatory's Title

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

5. Authorized Signatory's Daytime Telephone Number

6. Authorized Signatory's Mobile Telephone Number (if any)

7. Authorized Signatory's Email Address (if any)

Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory (continued)

Certification Regarding Prohibited Fees

I **certify** that, pursuant to 8 CFR 214.2(h)(5)(xi)(A)-(C), as a condition of approval of this H-2A petition, no job placement fee or other compensation (either direct or indirect) has been or will be collected at any time, including before or after the filing or approval of this petition, from any beneficiary of this H-2A petition by the petitioner, agent, facilitator, recruiter, or similar employment service engaged in the recruitment or hiring of prospective H-2A beneficiaries that will be employed in connection with this H-2A petition, as a condition of a job offer or condition of H-2A employment.

I **further certify** that a violation of this condition of approval may lead to a denial or revocation of this H-2A petition, and may negatively impact the petitioner's ability to obtain approvals of subsequently filed H-2A petitions, and that, the petitioner is liable to reimburse in full any H-2A beneficiary who has been charged a prohibited fee.

I **further certify** that the petitioner has disclosed the identity and location of all persons and entities hired by or working for the petitioner, or hired by or working for the recruiter or agent, and any of the agents or employees of those persons and entities, irrespective of whether the petitioner has a direct or indirect contractual or other relationship with any such person or entity, whether or not such person or entity is located in the United States or outside the United States.

Petitioner's or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner or authorized signatory, 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, 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 that the petitioner and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

I certify, under penalty of perjury, that I provided or authorized all of the information in my petition I understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

You must sign and date the application. Every application **MUST** contain the signature of the petitioner or authorized signatory. A stamped or typewritten name in place of a signature is not acceptable.

8. Petitioner's or Authorized Signatory's Signature

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 reject or deny your petition.

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

If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. ☐ ☐ ☐ Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and which is the same language specified in **Part 7.**,

Item B. in **Item Number 1.**, 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 Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

The interpreter **MUST** sign and date the petition.

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

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

Provide the following information concerning the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 8.** and **Part 9.** If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative along with your application.

Preparer's Full Name

1. Family Name (Last Name) Given Name (First Name)

If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information.

2. Preparer's Business or Organization Name (if any)
(If applicable, provide the name of your accredited organization recognized by the Executive Office of Immigration Review (EOIR).)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. ☐ ☐ ☐ Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer'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.
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.

NOTE: 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, with this petition.

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

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner or authorized signatory has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of the information in the petition and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable.

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

NOT FOR
PRODUCTION

07/29/2021

Part 10. Additional Information

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. Type or print the individual petitioner or company name 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.

1. Individual Petitioner or Company Name (same as Part 1.)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. A. Page Number B. Part Number C. Item Number

D.

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.