

Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker

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

START HERE - Type or print in black ink.

Part 1. Information About the Employer Filing This Petition

1. Name of Representative for Employer/Organization

a. Family Name (*Last Name*)

b. Given Name (*First Name*)

c. Middle Name

2. Telephone Number (include area code, no spaces or dashes):

3. Name of Employer/Organization and Address

a. Name of Employer/Organization:

b. C/O (*In Care Of*):

c. Street Number and Name

d. Suite/Apartment Number

e. City or Town

f. State g. Zip Code

h. Postal Code

i. Province

j. Country

4. E-Mail Address (*if any*):

5. Federal Employer Identification Number:

Part 2. Information About This Petition *(See instructions for fee information)*

1. Requested Nonimmigrant Classification
(Write classification symbol):

For USCIS Use Only

Receipt

Class: _____
of Workers: _____
Job Code: _____
Priority Number: _____
Validity Dates: From: _____
To: _____

Classification Approved

- Consulate/POE/PFI Notified
At _____
- Extension Granted
- COS/Extension Granted

Partial Approval (*explain*)

Action Block

Part 5. Basic Information About the Proposed Employment and Employer (Attach Form I-129 CW Supplement)

1. Job Title

2. Nontechnical Job Description

3. Reserved for future use.

4. Reserved for future use.

5. Address where the person(s) will work if different from address in **Part 1**. (Street Number and Name, City/Town, State, Zip Code)

6. Is this a full-time position?

No - Hours per week:

Yes - Wages per week or per year: \$

7. Other Compensation (Explain)

8. Dates of intended employment (mm/dd/yyyy):

From:

To:

9. Type of Petitioner - Check one:

a. Business

b. Organization

c. Other - write a brief explanation in **Part 8**.

10. Type of Business

11. Year Established

12. Current Number of Employees

13. Gross Annual Income

14. Net Annual Income

Part 6. Signature *(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 is all true and correct. If filing this on behalf of an organization, 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 stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature of Petitioner

Daytime Phone Number *(include Area/Country Code):*

Printed Name of Petitioner

Date *(mm/dd/yyyy)*

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the beneficiary may not be found eligible for the requested benefit and this petition may be denied.

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

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature of Preparer

Day time Phone Number *(include Area/Country Code, no spaces or dashes):*

Printed Name of Preparer

Date *(mm/dd/yyyy)*

Firm Name and Address

Part 8. Explanation (*Provide on the space below the Question Number with your answers.*)

Empty space for providing answers.

Attachment - 1

Attach to Form I-129CW when more than one person is included in the petition. (List each person separately. Do not include the person you named on Form I-129CW.)

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Full Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number (<i>if any</i>)	A-Number (<i>if any</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address in the CNMI (Complete Address)

Foreign Address (Complete Address)

Country of Birth	Country of Citizenship
<input type="text"/>	<input type="text"/>

IF IN THE CNMI	Date of Arrival (<i>mm/dd/yyyy</i>)	I-94 # (Arrival-Departure Document)	Current Nonimmigrant Status	Date Status Expires (<i>mm/dd/yyyy</i>)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country Where Passport Issued	Date Passport Expires (<i>mm/dd/yyyy</i>)	Date Started With Group (<i>mm/dd/yyyy</i>)	
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Country of Birth Country of Citizenship

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	<input type="text"/>		<input type="text"/>	<input type="text"/>

1. Name of employer or organization filing petition:

2. Name of person for whom you are filing:

3. Is the petitioning employer requesting an accommodation to the benefit process on behalf of the beneficiary because of a disability or impairment? (See instructions for examples of accommodations.) Yes No

If you answered "Yes," check the box below that applies:

a. The beneficiary is deaf or hard of hearing and request the following accommodation (if requesting a sign-language interpreter, indicate for what language (e.g. American Sign Language):

b. The beneficiary is blind or sight impaired and request the following accommodation:

c. The beneficiary has another type of disability (describe the nature of the disability and accommodation you are requesting):

Employer Attestation

1. There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.
2. The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).
3. The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).
4. The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker;
5. The beneficiary meets the qualifications for the position.
6. The beneficiary, if present in the CNMI, is lawfully present in the CNMI.
7. The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.
8. The position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).

Check one:

- | | |
|--|---|
| <input type="checkbox"/> a. Professional, technical, or management occupations | <input type="checkbox"/> f. Machine trade occupations |
| <input type="checkbox"/> b. Clerical and sales occupations | <input type="checkbox"/> g. Benchwork occupations |
| <input type="checkbox"/> c. Service occupations | <input type="checkbox"/> h. Structural occupations |
| <input type="checkbox"/> d. Agricultural, fisheries, forestry, and related occupations | <input type="checkbox"/> i. Miscellaneous occupations |
| <input type="checkbox"/> e. Processing occupations | |

Employer Attestation



I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Signature

Printed Name

Title

Date (mm/dd/yyyy)

Employer/Organization Name

Employer/Organization Street Address
(do not use a post office)

Suite Number

City

State

Zip Code

Daytime Phone Number (with area code)

Fax Number (if any)

E-mail Address (if any)