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

START HERE - Type or print in black ink.			For USCIS Use Only	
Pa	art 1. Information About the E	mployer Filing This Petition	Receipt	
1.	Name of Representative for Employ	ver/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 ar	nd Address		
	a. Name of Employer/Organization:			
	b. C/O (<i>In Care Of</i>):		1	
	c. Street Number and Name		Class: # of Workers: Job Code:	
	d. Suite/Apartment Number		Priority Number: Validity Dates: From: To:	
	h. Postal Code	g. Zip Code	Classification Approved Consulate/POE/PFI Notified At Extension Granted COS/Extension Granted	
	i. Province		Partial Approval (explain)	
	j. Country			
4.	E-Mail Address (if any):		Action Block	
5.	Federal Employer Identification Num	ber:		
Pa	art 2. Information About This information)	Petition (See instructions for fee		
1.	Requested Nonimmigrant Classification symbol):	ation		

Pa	art 2. Information About This Petition (See instructions for fee information) (Continued)						
2.	2. Basis for Classification (Check one):						
	a. New employment (including a duplicate for U.S. Department of State notification).						
	b. Continuation of previously approved employment without change with the same employer.						
	c. Change in previously approved employment.						
	d. New concurrent employment.						
	e. Change of employer.						
	f. Amended petition.						
3.	If you checked Box 2b , 2c , 2d , 2e , or 2f , give the petition receipt number.						
4.	Prior Petition. If the beneficiary is in the CNMI as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt number:						
5.	Requested Action (Check one):						
	a. Notify the office in Part 4 so the person(s) can obtain a visa or be admitted.						
b. Change the person(s) status and extend their stay since the person(s) are all now in the CNMI in another status (<i>see instructions for limitations</i>). This option is available only where you check "New Employment" in Item 2 , above. C the appropriate box indicating the type of status change.							
	☐ 1. Initial Grant of CW-1 status in CNMI						
	2. Change of Federal nonimmigrant status to CW-1						
	c. Extend the stay of the person(s) since they now hold this status.						
	d. Amend the stay of the person(s) since they now hold this status.						
6.	Total number of workers in petition (See instructions relating to when more than one worker can be included):						
	псицеи).						
Pa	rt 3. Information About the Persons For Whom You Are Filing (Complete the blocks below. Use the continuation sheet to name each person included in this petition.)						
1.	Complete the following information about the person being filed:						
	a. Family Name (<i>Last Name</i>) b. Given Name (<i>First Name</i>) c. Full Middle Name						
	d. All Other Names Used (include maiden name and names from all previous marriages)						
	,						
	e. Date of Birth (mm/dd/yyyy) f. U.S. Social Security Number (if any) g. A-Number (if any)						
	h. Country of Birth i. Province of Birth j. Country of Citizenship						

Part 3. Information About the Persons For Whom You Are Filing (Complete the blocks below. Use the continuation sheet to name each person included in this petition.) (Continued) 2. If in the CNMI, Complete the following: a. Date of Last Arrival c. Current Nonimmigrant Status **b.** I-94 Number (Arrival-Departure Document) (mm/dd/yyyy) d. Date Status Expires f. Date Passport Issued g. Date Passport Expires e. Passport Number (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) h. Current CNMI Address **Part 4. Processing Information** 1. If the person named in Part 3 is outside the CNMI, or a requested extension of stay, or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved. **a.** Type of Office (Check one): Consulate Pre-flight inspection Port of Entry **b.** Office Address (City) c. U.S. State or Foreign Country d. Person's Foreign Address **2.** Does each person in this petition have a valid passport? Not required to have passport No - write a brief explanation in **Part 8.** Yes 3. Are you filing any other petitions with this one? □ No Yes - How many? Are applications for replacement/initial I-94s being filed with this petition? ☐ No Yes - How many? Are applications by dependents being filed with this petition? Yes - How many? No **6.** Is any person in this petition in removal proceedings? ☐ No Yes - explain in Part 8 7. Have you ever filed an immigrant petition for any person in this petition? Yes - explain in **Part 8** No **8.** If you indicated you were filing a new petition in **Part 2**, has any person in this petition: **a.** Ever been given the classification you are now requesting? Yes - explain in **Part 8** No Yes - explain in Part 8 ☐ No **b.** Ever been denied the classification you are now requesting? **9.** Have you ever previously filed a petition for this person? Yes - explain in **Part 8** ☐ No

Job 7	<u> Fitle</u>		2.	Nontechnical Job De	escription	
Rese	erved for future use.		4.	Reserved for future u	ıse.	
Addı	ress where the person(s) wil	l work if different from	address in Pa	rt 1. (Street Number ar	nd Name, City/Town	, State, Zip (
	is a full-time position? No - Hours per week:		Yes - W	⁷ ages per week or per y	ear: \$	
Othe	er Compensation (Explain)					
Date	es of intended employment	(mm/dd/yyyy):	From:		To:	
	es of intended employment e of Petitioner - <i>Check one</i> :	(mm/dd/yyyy):	From:		To:	
Туре		(mm/dd/yyyy):		c. Other - write a br		art 8.
Туре	e of Petitioner - Check one:			c. Other - write a br		art 8.
Туре	e of Petitioner - <i>Check one</i> : a. Business		n [c. Other - write a br	ief explanation in P a	art 8.

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 is all true and correct. If filing this on behalf of an organization, I certify that I am empetition is to extend a prior petition, I certify that the proposed employment is under the prior approved petition. I authorize the release of any information from my records, or U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit	sowered to do so by that organization. If this he same terms and conditions as stated in the from the petitioning organization's records that
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 fairnstructions, the beneficiary may not be found eligible for the requested benefit and the 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 knowledge.	on all information of which I have any
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.)

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.) Full Middle Name Family Name (Last Name) Given Name (First Name) Date of Birth (mm/dd/yyyy) A-Number (if any) U.S. Social Security Number (if any) Address in the CNMI (Complete Address) Foreign Address (Complete Address) Country of Birth Country of Citizenship Date of Arrival I-94 # (Arrival-Departure Document) Current Nonimmigrant Date Status Expires IF IN (mm/dd/yyyy) Status (mm/dd/yyyy) THE Date Started With Group Country Where Passport Issued **Date Passport Expires CNMI** (mm/dd/yyyy) (mm/dd/yyyy) Full Middle Name Family Name (Last Name) Given Name (First Name) Date of Birth (mm/dd/yyyy) U.S. Social Security Number (if any) A-Number (if any) Address in the CNMI (Complete Address) Foreign Address (Complete Address) Country of Birth Country of Citizenship Date of Arrival Date Status Expires I-94 # (Arrival-Departure Document) Current Nonimmigrant IF IN (mm/dd/yyyy) Status (mm/dd/yyyy)

THE

CNMI

Country Where Passport Issued

(mm/dd/yyyy)

Date Passport Expires

(mm/dd/yyyy)

Date Started With Group

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CW Classification Supplement to Form I-129CW

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.)					
	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.	1. There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.					
2.						
3.						
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:					
	a. Professional, technical, or management occupations f. Machine trade occupations					
	■ b. Clerical and sales occupations■ g. Benchwork occupations					
	☐ c. Service occupations ☐ h. Structural occupations					
	☐ d. Agricultural, fisheries, forestry, and related occupations ☐ i. Miscellaneous occupations					
	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)		