

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

**I-129, Petition for a
Nonimmigrant Worker**

START HERE - Type or print in black ink.

For USCIS Use Only

Part 1. Information about the employer filing this petition *(If the employer is an individual, complete Number 1. Organizations should complete Number 2.)*

1. Family Name (Last Name)	Given Name (First Name)	
<input type="text"/>	<input type="text"/>	
Full Middle Name	Telephone No. w/Area Code	
<input type="text"/>	<input type="text"/>	
2. Company or Organization Name	Telephone No. w/Area Code	
<input type="text"/>	<input type="text"/>	
Mailing Address: (Street Number and Name)	Suite #	
<input type="text"/>	<input type="text"/>	
C/O: (In Care Of)	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
City	State/Province	
<input type="text"/>	<input type="text"/>	
Country	Zip/Postal Code	E-Mail Address (If Any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Employer Identification #	U.S. Social Security #	Individual Tax #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Petitioner Interviewed on _____	
<input type="checkbox"/> Beneficiary Interviewed on _____	

Part 2. Information about this petition *(See instructions for fee information.)*

1. Requested Nonimmigrant Classification. *(Write classification symbol):*

2. Basis for Classification *(Check one):*

- a. New employment (including new employer filing H-1B extension).
- 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 U.S. as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt #:

5. Requested Action *(Check one):*

- a. Notify the office in Part 4 so the person(s) can obtain a visa or be admitted. *(NOTE: a petition is not required for an E-1 or E-2 visa).*
- b. Change the person(s)' status and extend their stay since the person(s) are all now in the U.S. in another status *(see instructions for limitations)*. This is available only where you check "New Employment" in Item 2, above.
- c. Extend the stay of the person(s) since they now hold this status.

Class: _____

of Workers: _____

Priority Number: _____

Validity Dates: _____

From: _____

To: _____

Classification Approved

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

Partial Approval *(explain)*

Action Block

**To Be Completed by
Attorney or Representative, if any.**

Fill in box if G-28 is attached to represent the applicant.

ATTY State License #



Part 2. Information about this petition (See instructions for fee information.) (Continued)

- d. Amend the stay of the person(s) since they now hold this status.
 - e. Extend the status of a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129).
 - f. Change status to a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129).
6. Total number of workers in petition (See instructions relating to when more than one worker can be included):

Part 3. Information about the person(s) you are filing for Complete the blocks below. Use the continuation sheet to name each person included in this petition.

1. If an Entertainment Group, Give the Group Name

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

Nicola

Ion

All Other Names Used (include maiden name and names from all previous marriages)

Date of Birth (mm/dd/yyyy)

U.S. Social Security Number (if any)

A number (if any)

Country of Birth

Province of Birth

Country of Citizenship

Romania

Romania

2. If in the United States, Complete the Following:

Date of Last Arrival (mm/dd/yyyy)

I-94 Number (Arrival/Departure Document)

Current Nonimmigrant Status

09/10/2008

O-1

Date Status Expires (mm/dd/yyyy)

Passport Number

Date Passport Issued (mm/dd/yyyy)

Date Passport Expires (mm/dd/yyyy)

02/28/2009

02/28/2005

02/28/2010

Current U.S. Address

Part 4. Processing Information

1. If the person named in Part 3 is outside the United States 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.

Type of Office (Check one): Consulate Pre-flight inspection Port of Entry

Office Address (City)

U.S. State or Foreign Country

Bucharest

Romania

Person's Foreign Address



Part 4. Processing Information (Continued)

2. Does each person in this petition have a valid passport?
 Not required to have passport No - explain on separate paper Yes
3. Are you filing any other petitions with this one? No Yes - How many?
4. Are applications for replacement/initial I-94s being filed with this petition? No Yes - How many?
5. Are applications by dependents being filed with this petition? No Yes - How many?
6. Is any person in this petition in removal proceedings? No Yes - explain on separate paper
7. Have you ever filed an immigrant petition for any person in this petition? No Yes - explain on separate paper
8. If you indicated you were filing a new petition in Part 2, within the past seven years has any person in this petition:
a. Ever been given the classification you are now requesting? No Yes - explain on separate paper
b. Ever been denied the classification you are now requesting? No Yes - explain on separate paper
9. Have you ever previously filed a petition for this person? No Yes - explain on separate paper
10. If you are filing for an entertainment group, has any person in this petition not been with the group for at least one year? No Yes - explain on separate paper

Part 5. Basic information about the proposed employment and employer (Attach the supplement relating to the classification you are requesting.)

1. Job Title: 2. Nontechnical Job Description:
3. LCA Case Number: 4. NAICS Code:
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:



Part 5. Basic information about the proposed employment and employer (Attach the supplement relating to the classification you are requesting.) (Continued)

9. Type of Petitioner - Check one:

U.S. citizen or permanent resident Organization Other - explain on separate paper

10. Type of Business

Design Company

11. Year Established

[REDACTED]

12. Current Number of Employees

[REDACTED]

13. Gross Annual Income

[REDACTED]

14. Net Annual Income

[REDACTED]

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

[REDACTED]

Daytime Phone Number (Area/Country Code)

[REDACTED]

Print Name

[REDACTED]

Date (mm/dd/yyyy)

01/23/2009

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 person(s) filed for 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

[REDACTED]

Daytime Phone Number (Area/Country Code)

[REDACTED]

Print Name

Charles Jason Lore

Date (mm/dd/yyyy)

01/23/2009

Firm Name and Address

Ferro & Cuccia
100 Lafayette Street, Suite 201
New York, NY 10013

