



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

For USCIS Use Only	Receipt	Partial Approval (<i>explain</i>)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

▶ **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (<i>last name</i>)	Given Name (<i>first name</i>)	Middle Name
Not Applicable		

2. Company or Organization Name

University of California, Davis

3. Mailing Address of Individual, Company or Organization

In Care Of Name
SISS - International Center

Street Number and Name	Apt. Ste. Flr.	Number
One Shields Avenue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	ZIP Code
Davis	CA	95616
Province	Postal Code	Country
		USA

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	E-mail Address (<i>if any</i>)
(5 3 0) 7 5 2 - 0 8 6 4	() -	siss@ucdavis.edu

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (<i>if any</i>)
▶ 946036494	▶	▶

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

1. **Requested Nonimmigrant Classification** (Write classification symbol):
2. **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.
 - d. New concurrent employment.
 - e. Change of employer.
 - f. Amended petition.
3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."**
4. **Requested Action** (select only one box):
- a. Notify the office in **Part 4** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - 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 instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
 - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**
2. **Provide Name of Beneficiary**
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
4. **Other Information**
- | | | |
|--|---|--|
| Date of birth
(mm/dd/yyyy) <input type="text"/> | Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female | U.S. Social Security Number (if any)
<input type="text"/> |
|--|---|--|

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ▶ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Web site at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ▶ No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ▶ No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ▶ No
8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last 7 years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last 7 years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least 1 year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary 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.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title
2. LCA or ETA Case Number

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

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

4. Did you include an itinerary with the petition? Yes No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No

7. Is this a full-time position? Yes No

8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶

9. Wages: \$ per (Specify hour, week, month, or year) ▶

10. Other Compensation (Explain)

Standard Benefits

11. Dates of intended employment From: (mm/dd/yyyy) ▶ To: (mm/dd/yyyy) ▶

12. Type of Business

Institution of Higher Education

13. Year Established

1905

14. Current Number of Employees in the United States

24,000

15. Gross Annual Income

16. Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select **Item Number 1** or **Item Number 2** as appropriate. **DO NOT** select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Signature and Contact Information of Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

I certify, under penalty of perjury, that this petition and the evidence submitted with it are true and correct to the best of my knowledge. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that, as a petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

1. Name and Title of Authorized Signatory

Family Name (last name)	Given Name (first name)
<input type="text" value="Haky"/>	<input type="text" value="Kim"/>
Title	
<input type="text" value="Senior Immigration Advisor"/>	

2. Signature and Date

Signature of Authorized Signatory	Date of Signature
<input type="text"/>	(mm/dd/yyyy) ► <input type="text"/>

3. Signatory's Contact Information

Daytime Telephone Number	E-mail Address (if any)
(<input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="0"/>) <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="2"/> - <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="4"/>	<input type="text" value="kkhaky@ucdavis.edu"/>

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (last name)	Given Name (first name)
<input type="text"/>	<input type="text"/>

2. Preparer's Business or Organization Name

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

4. Preparer's Contact Information

Daytime Telephone Number	Fax Number	E-mail Address (if any)
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Above *(continued)*

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of, the petitioner. I completed the form based only on responses the petitioner provided to me. After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer provided for every question on the form and, when required, supplied additional information to respond to a question on the form.

5. Signature and Date

Signature of Preparer

Date of Signature

(mm/dd/yyyy) ►

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**

5. Signature and Date
Petitioner's Signature Date of Signature (mm/dd/yyyy) ►



O and P Classifications
Supplement to Form I-129
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
 OMB No. 1615-0009
 Expires 10/31/2016

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner
 University of California Davis

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries: 1

3. **Classification sought** (*select only one box*)
- a. O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
 - b. O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
 - c. O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
 - d. P-1 Major League Sports
 - e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
 - f. P-1S Essential Support Personnel for P-1
 - g. P-2 Artist or entertainer for reciprocal exchange program
 - h. P-2S Essential Support Personnel for P-2
 - i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
 - j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.
 Please see employer's support letter.

5. Describe the duties to be performed.
 Please see employer's support letter.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the principal O-1 or P alien.
 Not applicable.

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?
 Yes. If yes, please explain in **Item Number 7.b.** No.

Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

8. Does an appropriate labor organization exist for the petition?
 Yes No. If no, proceed to **Part 9.** and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?
 Yes No - copy of request attached N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

10.b. Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

10.c. Date Sent (mm/dd/yyyy)

▶

10.d. Daytime Telephone Number

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O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

11.b. Complete Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

11.c. Date Sent (mm/dd/yyyy)

▶

11.d. Daytime Telephone Number

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12.a. Name of Management Organization

12.b. Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

12.c. Date Sent (mm/dd/yyyy)

▶

12.d. Daytime Telephone Number

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Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P alien

13.a. Name of Labor Organization

Not Applicable

13.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

13.c. Date Sent (mm/dd/yyyy)

▶

13.d. Daytime Telephone Number

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Section 2. Statement by the Petitioner

I certify that I, 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.

1. Name of Petitioner

Family Name (last name)

Given Name (first name)

Middle Name

Haky

Kimberly

K

2. Signature and Date

Signature of Petitioner

Date of Signature

(mm/dd/yyyy) ▶

3. Petitioner's Contact Information

Daytime Telephone Number

E-mail Address (if any)

() -

kkhaky@ucdavis.edu