

TABLE OF CHANGES – FORM
Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
07/17/2025

Reason for Revision: H-1B NPRM
Project Phase: FO Review

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 12/31/2027

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Current Page Number and Section	Current Text	Proposed Text
Pages 5-6, Part 5. Basic Information About the Proposed Employment and Employer	<p>[Page 5]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.</p> <p>1. Job Title 2. LCA or ETA Case Number</p> <p>3. Address(es) where the beneficiary(ies) will work if different from address in Part 1. If you need to provide more than two additional addresses, use Part 9. Additional Information.</p> <p>...</p>	<p>[Page 5]</p> <p>Part 5. Basic Information About the Proposed Employment and Employer</p> <p>[no change]</p> <p>2. Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number</p> <p>[no change]</p> <p>...</p>
Pages 13-20, H Classification Supplement to Form I-129	<p>[Page 13]</p> <p>H Classification Supplement to Form I-129</p> <p>1. Name of the Petitioner</p> <p>...</p> <p>[Page 14]</p> <p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>1. Describe the proposed duties.</p>	<p>H Classification Supplement to Form I-129</p> <p>[no change]</p> <p>...</p> <p>Section 1. Complete This Section If Filing for H-1B Classification</p> <p>[no change]</p>

	<p>2. Describe the beneficiary's present occupation and summary of prior work experience.</p> <p>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</p> <p>By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H-1B1 employment.</p> <p>...</p>	<p>Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore</p> <p>By filing this petition, I agree to, and will abide by, the terms of the LCA and the petition for the duration of the beneficiary's authorized period of stay for H-1B or H-1B1 employment.</p> <p>...</p>
<p>Pages 21-23, H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p>	<p>[Page 21]</p> <p>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p> <p>...</p> <p>Section 1. General Information</p> <p>...</p> <p>2. Beneficiary's Highest Level of Education (select only one box)</p> <p>a. NO DIPLOMA</p> <p>b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)</p> <p>c. Some college credit, but less than 1 year</p> <p>d. One or more years of college, no degree</p> <p>e. Associate's degree (for example: AA, AS)</p> <p>f. Bachelor's degree (for example: BA, AB, BS)</p> <p>g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</p> <p>h. Professional degree (for example: MD, DDS, DVM, LLB, JD)</p> <p>i. Doctorate degree (for example: PhD, EdD)</p> <p>3. Major/Primary Field of Study</p> <p>4. Rate of Pay Per Year</p> <p>5. DOT Code</p> <p>6. NAICS Code</p> <p>[new]</p>	<p>H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement</p> <p>...</p> <p>Section 1. General Information</p> <p>...</p> <p>2. Beneficiary's Highest Level of Education (select only one box)</p> <p>[no change]</p> <p>5. SOC Code</p> <p>6. NAICS Code</p> <p>7. What level of education is required for the position?</p>

	<p>...</p> <p>[Page 22]</p> <p>Section 3. Numerical Limitation Information</p> <p>1. Specify the type of H-1B petition you are filing. (select only one box):</p> <p>a. Cap H-1B Bachelor's Degree</p> <p>b. Cap H-1B U.S. Master's Degree or Higher</p> <p>c. Cap H-1B1 Chile/Singapore</p> <p>d. Cap Exempt</p> <p>[new]</p> <p>2. If you answered Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):</p> <p>a. Name of the United States Institution of Higher Education</p> <p>b. Date Degree Awarded</p> <p>c. Type of United States Degree</p> <p>d. Address of the United States institution of higher education Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code</p>	<p>8. What field(s) of study would qualify someone for this position?</p> <p>9. How many years of experience are required in order to qualify for this position?</p> <p>10. What special skills are required in order to qualify for the position?</p> <p>11. How many people will the beneficiary supervise and what are their position titles?</p> <p>...</p> <p>Section 3. Numerical Limitation Information</p> <p>[no change]</p> <p>2. If you selected Item Number 1.a. "Cap H-1B Bachelor's Degree" or Item Number 1.b. "Cap H-1B U.S. Master's Degree or Higher," follow the form instructions to select the appropriate wage level box. (select ONE).</p> <p>Wage Level IV Wage Level III Wage Level II Wage Level I</p> <p>3. If you answered Item Number 1.b. "Cap H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):</p> <p>[no change]</p>
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	<p>[Page 23]</p> <p>3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:</p> <p>a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).</p> <p>...</p>	<p>4. If you answered Item Number 1.d. "Cap Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:</p> <p>[no change]</p> <p>...</p>