



**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

**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:

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.

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5. Describe the duties to be performed.

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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.

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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

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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)

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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

**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

**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)

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