



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

Disney World

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

2.a. Name of the Beneficiary

Mickey Mouse

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.

Mickey Mouse is an outstanding Disney character who brings joy to all who meet him.

5. Describe the duties to be performed.

Hug and take pictures with all who come to Disney World.

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.

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.

SAMPLE PROVIDED BY THE TESORIERO LAW FIRM

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 _____
City or Town _____ State _____ ZIP Code _____

10.c. Date Sent (mm/dd/yyyy) 10.d. Daytime Telephone Number () -

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 _____
City or Town _____ State _____ ZIP Code _____

11.c. Date Sent (mm/dd/yyyy) 11.d. Daytime Telephone Number () -

12.a. Name of Management Organization

12.b. Physical Address
Street Number and Name _____ Apt. Ste. Flr. Number _____
City or Town _____ State _____ ZIP Code _____

12.c. Date Sent (mm/dd/yyyy) 12.d. Daytime Telephone Number () -

SAMPLE PROVIDED BY THE TESORIERO LAW FIRM

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

() -

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)

() -

The Tesoriero Law Firm