



Semiannual Report for CW-1 Employers

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

USCIS
Form I-129CWR
OMB No. 1615-0111
Expires 02/28/2026

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

Part 1. Information about the Employer

If you are an individual employer or sole proprietor filing this form, you must complete **Item Numbers 1.a. - 2.** If you are a company or an organization filing this petition, complete **Item Number 3.** All petitioners should fill out **Item Numbers 5. - 14.**

Legal Name of Individual Employer or Sole Proprietor

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)

Employing Company or Organization Name

- 3. Name of Employer/Organization

Employer Address

- 4.a. In Care Of Name (if any)
- 4.b. Street Number and Name
- 4.c. Apt. Ste. Flr.
- 4.d. City or Town
- 4.e. State 4.f. ZIP Code
- 4.g. If your place of business does not have a physical address, provide a description of your location, (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition. If you need more space to provide your explanation, use the space provided in **Part 10. Additional information.**

- 5. Trade Name or "Doing Business As" Name (if applicable)

Employer's Contact Information

- 6. Daytime Telephone Number
- 7. Mobile Telephone Number (if any)
- 8. Email Address (if any)

Taxpayer Identification Numbers

Provide the following information as applicable:

- 9.a. Employer Identification Number (EIN)
- 9.b. Are you a nonprofit organized as tax exempt or a governmental research organization? Yes No
- 9.c. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No
- 10. Individual Taxpayer Identification Number(ITIN)
- 11. U.S. Social Security Number (if any)
- 12. USCIS Online Account Number (if any)

E-Verify Information

- 13. Employer's Name as Listed in E-Verify
- 14. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

Part 2. Reporting Information

Reporting Period

- 1.a. Date From (mm/dd/yyyy)
- 1.b. Date To (mm/dd/yyyy)

Part 4. Attestation for Employers of the CNMI-Only Transitional Worker (CW-1) Nonimmigrant Workers(s) (continued)

- 2. I attest that I continue to employ the CW-1 worker(s) under the terms and conditions set forth in the approved Form I-129CW petition and as declared on this form;
- 3. I attest that I continue to pay the CW-1 worker(s) under the terms and conditions set forth in the approved Form I-129CW petition and as declared on this form;
- 4. I understand that failure to comply with the semiannual reporting requirement may be a basis for revocation of the approved petition or for denial of subsequently filed petitions;
- 5. I understand that at the time of filing, I am not required to submit evidence or supporting documentation. However, DHS or the Department of Labor (DOL) may request documents that I am required to retain at any point during the document retention period to ensure compliance with the terms and conditions of the petition;
- 6. I understand that USCIS may revoke or deny my petition under 8 CFR 214.2(w)(27) if I fail to submit requested evidence at any point during the document retention period;
- 7. I attest that I will retain evidence and records which support each statement in this certification for the required document retention period; and
- 8. I attest that I have complied with and am continuing to comply with all assurances, obligations, and conditions of employment set forth in the approved Form I-129CW petition.

I certify, under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted or retained are true and correct to the best of my knowledge. If filing on behalf of an employer, I certify that I am empowered to do so by the employer. I authorize the release of any information from my records, or from the employer's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Part 5. Statement, Contact Information, Certification, and Signature of the Employer or Authorized Signatory

Employer's or Authorized Signatory's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

- 1.b. The interpreter named in **Part 6.** has read to me every question and instruction on this petition and my answer to every question in

a language in which I am fluent. I understood all of this information as interpreted.

- 2. At my request, the preparer named in **Part 7.**,

prepared this petition for me based only upon information I provided or authorized.

Employer's or Authorized Signatory's Contact Information

- 3.a. Authorized Signatory's Family Name (Last Name)

- 3.b. Authorized Signatory's Given Name (First Name)

- 4. Authorized Signatory's Title

- 5. Authorized Signatory's Daytime Telephone Number

- 6. Authorized Signatory's Mobile Telephone Number (if any)

- 7. Authorized Signatory's Email Address (if any)

Employer's or Authorized Signatory's Certification

I authorize the release of any information contained in this form, in supporting documents, in my USCIS records, and in the petitioning organization's records, to DHS or DOL or other entities and persons where necessary to verify the continued employment and payment of the CW-1 worker(s) under the terms and conditions of the approved petition or where authorized by law. I recognize the authority of DHS or DOL to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by DHS or DOL through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this form, I understand all of the information contained in, and submitted with, my form, and all of this information is complete, true, and correct.

Part 5. Statement, Contact Information, Certification, and Signature of the Employer or Authorized Signatory (continued)

Employer's or Authorized Signatory's Signature

8.a. Petitioner's Signature

➔

8.b. Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

3.i. If you are located in the CNMI and your place of business does not have a physical address, provide a description of your location (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition.

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and ,

which is the same language specified in **Part 5, Item Number 1.a.**, and I have read to this employer or the authorized signatory in the identified language every question and instruction on this form and his or her answer to every question. The employer or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Employer's or Authorized Signatory's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing This Certification, if Other Than the Petitioner or Authorized Signatory

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing This Certification, if Other Than the Petitioner or Authorized Signatory (continued)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

3.i. If you are located in the CNMI and your place of business does not have a physical address, provide a description of your location (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition.

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the employer and with the employer's consent.
- 7.b. I am an attorney or accredited representative, and my representation of the employer in this case extends does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the employer or authorized signatory. The employer has reviewed this completed petition, including the **Employer's or Authorized Signatory's Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Additional Worker Attachment for Form I-129CWR

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

USCIS
Form I-129CWR
OMB No. 1615-0111
Expires 09/30/2024

Complete a separate attachment for each additional worker who was approved on Form I-129CW. Provide the information requested in **Item Numbers 3.a. - 6.** as reported on the approved Form I-129CW petition. (Do not complete a copy of this Attachment for the worker you already named in **Part 3.**)

In **Item Numbers 1.a. - 2.**, provide the same information as listed in **Part 1.** of Form I-129CWR.

Legal Name of Individual Employer or Sole Proprietor

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Employing Company or Organization Name

2. Name of Employer/Organization

Worker's Information

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Date of Birth (mm/dd/yyyy)

5. U.S. Social Security Number (if any)

6. Alien Registration Number (A-Number) (if any)

7. Is the approved worker currently in CW-1 status? Yes No

8.a. Is the approved worker currently working for the employer name **Item Number 2.**? Yes No

8.b. If you answered "No," to **Item Number 8.a.**, provide an explanation about why the worker is not currently working for the employer named in **Item Number 2.**

9.a. What was the wage offered, per week or year, on the approved Form I-129CW petition?

Wages: \$ per

NOTE: The wage frequency reported on this form must match the frequency reported on the approved petition.

9.b. What is the actual wage, per week or per currently paid to this worker?

Wages: \$ per

10.a. What are the hours, per week, offered on the approved Form I-129CW petition?

10.b. What are the actual hours this worker worked per week?

11. What is the current job title of the worker's position?

12. What are the worker's current job duties? (Provide a detailed explanation.)

13.a. Is the worker working at the location in **Part 1. Item Number 3.** of Form I-129CWR? Yes No

13.b. If you answered "No" to **Item Number 13.a.**, provide the address where the worker will work. If the location has no address, describe the location where the worker will work and provide a map with your Form I-129CWR.

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State 14.e. ZIP Code