

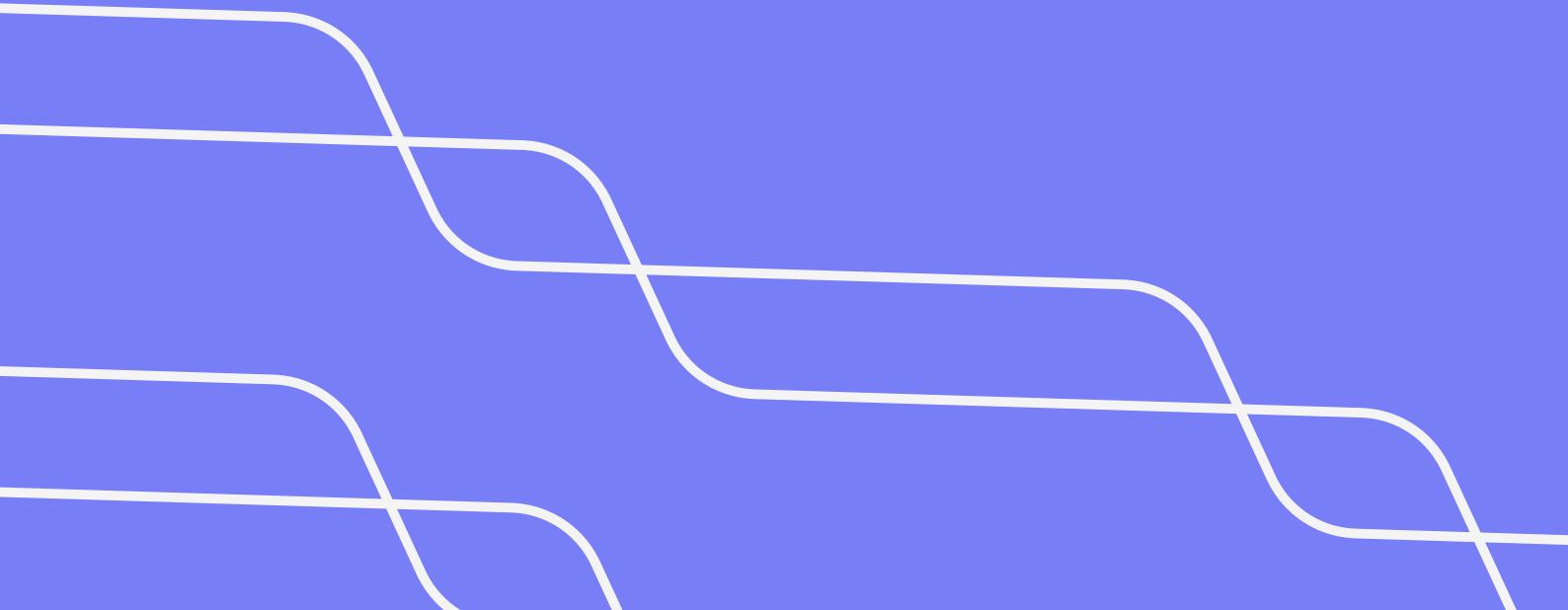
# 0-1A Petition

Premium Processing

**Technology  
Entrepreneur**

Petitioner:  
Example Automotive, Inc

Beneficiary  
John Doe



March 11, 2024

USCIS Texas Service Center  
Attn: I-129 O  
6046 N Belt Line Rd. STE 115  
Irving, TX 75038-0018

**RE: O-1B Business, Nonimmigrant Petition of Example Automotive, Inc. for Classification of John Doe as an “Alien of Extraordinary Ability” in Technology Entrepreneurship.**

**Petitioner:** Example Automotive, Inc.

**Beneficiary:** John Doe

Dear Examiner:

I have been retained to assist the above-captioned petitioner in filing an I-129 petition seeking O-1A classification as an “Alien of Extraordinary Ability” for Mr. John Doe, a Technology Entrepreneur (“Mr. Doe,” “Beneficiary”). In support of the petition, enclosed please find the following documents:

- Form G-28
- Form I-907
- Form I-129 and O Supplement
- Letter in Support of the I-129 Petition
- Documents establishing Mr. Doe’s eligibility for the O-1A classification.

Thank you for your prompt attention and assistance in this matter.

Sincerely,

**Your Name, Esq.**  
Immigration Attorney

# **FORM I-129**

**PETITION FOR A NONIMMIGRANT  
WORKER**



## Petition for a Nonimmigrant Worker

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

Form I-129  
Rev. 3-1299  
03/09/2012  
GPO: 2012 OMB: 2930-0001

File Number Date Filed	Entered Date	Initial Approval Date	Initial Work Period
Employer Information Name Address City State Zip Phone Fax	Classification Temporary Nonimmigrant Worker Employment Status Contract Duration		

• 101-0001-00000 - Filed or prior to March 1998

### Part 1: Petitioner Information

Please use an individual using the petition, except for Item Number 3. Who are a manager or an organization. Why the petition, except for Item Number 3.

#### 3. Legal Name of Individual Petitioner

First Name Last Name

Middle

First Name Last Name

Middle

First Name

Middle

#### 4. Company or Organization Name

Business

#### 5. Mailing Address of Individual, Company or Organization

First Name Last Name

Middle

Business Name

First Name Last Name  
Business Name

Address  
City  
State  
Zip

First Name  
Business Address

Address  
City  
State  
Zip

Business

Business

Business Address or Mailing

#### 6. Contact Information

First Name Last Name  
Business

First Name Last Name  
Business

First Name Last Name  
Business

#### 7. Other Information

First Name Last Name

First Name Last Name

U.S. Social Security Number

Business

Business

U.S. Social Security Number

**Part 3: Beneficiary Information** Information about the individual beneficiaries you are filing for. Complete the information. Use the instructions below to enter each beneficiary's information in the proper columns.

Beneficiary Name (Last, First, Middle Initial)	SSN	Date of Birth	Gender
Mr. John Doe	123-45-6789	1980-01-01	Male
Relationship to Filer		State of Residence or Destination	
Spouse		State of Residence or Destination	
3. If the beneficiary is in the United States, complete the following:			
Has the Beneficiary ever resided in the United States?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Has the Beneficiary ever resided in the United States?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has the Beneficiary ever resided in the United States?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Has the Beneficiary ever resided in the United States?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
01/01/1980		01/01/1980	
Social Security Number (Last, First, Middle Initial)		Employment Information (Last, First, Middle Initial)	
000-00-0000		Employer Information (Last, First, Middle Initial)	
4. Current Residency U.S. address of applicant/holder (Box 1 of Part 3, Box 1)			
Street Number and Name 000 Reservoir Street	Apartment, Suite <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	City 000	State 000
City 000	State 000	Zip 000	Zip 000

**Part 4: Processing Information**

5. Identification of beneficiaries listed in Part 3, which must be United States or a dependent country of the U.S. citizen or grantee, with the U.S. government or dependent country not more than 100 miles from the processing center.			
a. Type of citizen/holder/dependent: <input checked="" type="checkbox"/> U.S. citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Non-citizen			
b. U.S. State or Foreign Country Residence			
c. Beneficiary's Foreign Address			
Street Number and Name Reservoir Street	Apartment, Suite <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	City 000	State 000
City 000	State 000	Zip 000	Zip 000
Country United States	Country Code 000	Country 000	Country Code 000
d. Does each person in this position have a valid passport? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If No, go to Part 5, and type in prior consular information.			

## Part 1: Information About The Person No instructions for this information

3. Requested Number of households (2010) distribution contacts

4. Requested Number of households (2010) with new info:

- a. New households
- b. Distribution of previously approved households without change with the same recipient
- c. Change in previously approved households
- d. Non-existent households
- e. Change of recipient
- f. Household splits

5. Provide the most recent portion distribution contact number for the household. If none exists, indicate "None".

6. Requested Number of households (2010) with new info:

- a. Notify the office in Item 4, to each household user about a copy of the addressed (1198) if a portion is not assigned (1198, 1198, 1198, 1198, 1198, 1198, 1198, 1198, 1198, 1198)
- b. Change the name and notify the user of each household because the household user's name was in the "Change Name" portion distribution contact number. This is available only when you click "New Household" in Item Number 3, above.
- c. Present the user of each household because the household user has listed the name
- d. Present the user of each household because the household user has listed the name
- e. Present the name of a household distribution contact user in this table (appendix). (See Table Appendix Appendix 10 Item 11, 1198 and 1198)
- f. Change name in a household distribution contact user in this table (appendix). (See Table Appendix Appendix 10 Item 11, 1198 and 1198)

7. Total number of households indicated in this portion. (Do not include existing or other non-household contacts to be counted)

Part 3: Beneficiary Information. Information about the beneficiary. You can use this for "Emergency" info such as the name of a doctor or a next of kin.

3. Who is the responsible officer. Provide the Officer Name B/S		
4. Provide Name of Beneficiary Officer Name (Last Name) B/S	Officer Name (First Name) B/S	Mobile Name B/S
5. Provide all other names the beneficiary is known. Include nickname, alias, middle name, and names from all previous marriages Officer Name (Last Name) B/S	Officer Name (First Name) B/S	Mobile Name B/S
6. Other Information		

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# INDEX OF EXHIBITS

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<b>EXHIBIT A THE BENEFICIARY AND HIS BACKGROUND</b>	
<b>A-1</b>	The Beneficiary's resume and academic records.
<b>A-2</b>	Copy of passport.
<b>A-3</b>	Evidence of the Beneficiary's valid nonimmigrant status in the US.
<b>A-4</b>	Information about the Beneficiary's field of expertise.
<b>EXHIBIT B THE PROPOSED US EMPLOYMENT</b>	
<b>B-1</b>	Summary of the Terms of the Oral Employment Agreement.
<b>B-2</b>	The Beneficiary's itinerary of employment in the United States.
<b>B-3</b>	Incorporation documents demonstrating that the Petitioner is authorized to do business in California and offer employment to the Beneficiary.
<b>B-4</b>	Information about the Petitioner including printouts from the official website.
<b>EXHIBIT C ADVISORY OPINION</b>	
<b>C-1</b>	Peer Opinion Letter from the <u>Richard Smith</u> , CEO of Other Company, Inc.
<b>C-2</b>	Information about Richard Smith and Other Company, Inc.
<b>EXHIBIT D CRITICAL OR ESSENTIAL ROLE FOR DISTINGUISHED ORGANIZATION</b>	
<b>D-1</b>	Testimonial from Jane Doe, Chief Financial Officer (CFO) of Example Automotive, confirming the Beneficiary's critical role.
<b>D-2</b>	Employment Agreement confirming the terms of the Beneficiary's employment, his role and duties at this company.
<b>D-3</b>	Evidence demonstrating the distinguished reputation of Example

# **EXHIBIT A**

**THE BENEFICIARY AND HIS  
BACKGROUND**

# Exhibit A-1

The Beneficiary's resume  
and academic records



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# Exhibit A-2

Copy of passport



# Exhibit A-3

Evidence of nonimmigrant  
status in the United States

4 U.S. Customs and Border Protection



**U.S. Customs and Border Protection**  
Protecting America's Borders

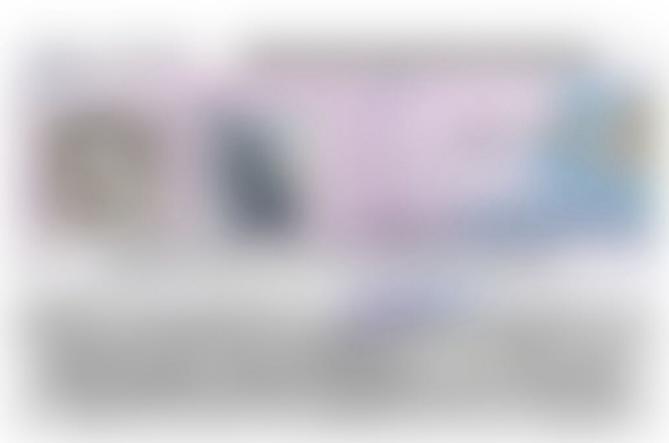
Report Number: 0000

International Trade Control Number: 00000000  
Report Number: 00000000000000000000000000000000  
Date of Submission: 00-00-00  
Report Date: 00-00-00  
Report Submitter: 00000000000000000000000000000000

Country:	00000
Country Name:	00000000000000000000000000000000
State:	00000000000000000000000000000000
City:	00000000000000000000000000000000
Country of Origin:	00000

00000000000000000000000000000000





# Exhibit A-4

About the field

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the same time, the *labeled* condition was associated with a significant increase in the number of errors (Table 1). The interaction between condition and time was significant ( $F(2, 18) = 3.75, p = 0.037$ ), and the results of the Tukey HSD test indicated that the *labeled* condition was significantly different from the *unlabeled* condition ( $p = 0.037$ ), but not from the *no label* condition ( $p = 0.121$ ).

For the *labeled* condition, the results of the Tukey HSD test indicated that the *labeled* condition was significantly different from the *unlabeled* condition ( $p = 0.037$ ), but not from the *no label* condition ( $p = 0.121$ ).

For the *unlabeled* condition, the results of the Tukey HSD test indicated that the *labeled* condition was significantly different from the *unlabeled* condition ( $p = 0.037$ ), but not from the *no label* condition ( $p = 0.121$ ).

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1. *What is the primary purpose of the study?*

2. *What is the study's hypothesis?*

3. *What is the study's design?*

4. *What is the study's sample size?*

5. *What is the study's control group?*

6. *What is the study's intervention group?*

7. *What is the study's outcome measure?*

8. *What is the study's statistical analysis?*

9. *What is the study's conclusion?*

10. *What is the study's limitation?*



