



# Instructions for 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 02/28/2027

## Purpose of Form I-129CWR

Form I-129CWR, Semiannual Report for CW-1 Employers, is used by an employer of an approved Form I-129CW, Petition for Commonwealth of Northern Mariana Islands (CNMI) Only Transitional Worker (CW-1), to verify the continued employment and payment of each worker under the terms and conditions of the approved petition. During the validity of the petition, employers are required to file this semiannual report with U.S. Citizenship and Immigration Services (USCIS) every six months after the petition validity start date. Failure to comply with the reporting requirement may be a basis for revocation of an approved petition or for denial of subsequent petitions by the employer.

Please file one Form I-129CWR per approved Form I-129CW. All workers included on the approved Form I-129CW must be listed on Form I-129CWR, even if they no longer work for you.

## Who Must File?

The employer who petitioned for the CW-1 worker, and whose petition has been approved for a validity period of six months or more, must file this form to certify the continued employment and payment of each worker under the terms and conditions of the approved petition.

## When Must Form I-129CWR, Semiannual Report for CW-1 Employers, Be Filed?

Each employer whose petition has been approved for an employment start date on or after October 1, 2019, must file Form I-129CWR, Semiannual Report for CW-1 Employers, with USCIS for each approved Form I-129CW petition according to the timeframes indicated in the chart below. Employers must file this form no earlier than 30 days before and no later than 30 days after the listed timeframes. Failure to file Form I-129CWR in a timely manner may result in the issuance of a notice of intent to revoke and ultimately result in revocation of the approved petition.

If your approved CW-1 petition has a validity period of:	Then Form I-129CWR must be filed:
6 months or less	Never - Form I-129CWR is not required.
More than 6 months, up to 12 months	6 months after the petition validity start date.
More than 12 months, up to 36 months	Every 6 months after the petition validity start date, up to and including the sixth month preceding the petition validity end date.

## General Instructions

We provide free forms through the USCIS website. To view, print, or complete our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have internet access, you may call the USCIS Contact Center and ask that we mail a form to you.

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**Signature.** You (or your signing authority) must properly complete your form. USCIS will not accept a stamped or typewritten name in place of a signature on this form. A legal guardian may also sign for a mentally incompetent person. If your form is not signed, or if the signature is not valid, we will reject your form. See 8 CFR 103.2(a)(7)(ii)(A). If USCIS accepts a request for adjudication and determines that it has a deficient signature, USCIS may deny the request.

**Validity of Signatures.** USCIS will consider a photocopied, faxed, or scanned copy of an original handwritten signature as valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten ink signature.

**Filing Fee.** See Form G-1055, available at [www.uscis.gov/forms](http://www.uscis.gov/forms), for specific information about the fees applicable to this form. A \$210 CNMI education fee per worker, per year is required. For example, petitioners filing for a three-year validity period pay a supplemental CNMI education fee of \$630 per worker.

**Retention of Evidence.** At the time of filing, you are not required to submit evidence or supporting documentation. However, this form contains an attestation of compliance in which you affirm, under penalty of perjury, the continuing employment and payment of the CW-1 worker under the terms and conditions set forth in approved petition. You must retain documents and records until the date that is three years after the ending date of the petition validity period. Evidence and records you must retain include, but are not limited to: personnel records for each foreign national worker including the name, address of current residence in the Commonwealth, age, domicile, citizenship, point of hire, and approved employment contract termination date; payroll records for each foreign national worker including the O\*NET job classification; wage rate or salary, number of hours worked each week, gross compensation, itemized deductions, and evidence of net payments made and received biweekly; and direct evidence of payment of wages and overtime, such as receipts for cash payments, cancelled checks or deposit records. You must provide the documents and records supporting each statement on this form to the Department of Homeland Security (DHS) and Department of Labor (DOL) upon request. If you fail to retain or submit requested evidence during the designated reporting and retention period, USCIS may revoke your petition under 8 CFR 214.2(w)(27) or deny subsequent petitions.

**Copies.** You should submit legible photocopies of requested documents unless the Instructions specifically instruct you to submit an original document. USCIS may request an original document at any time during our process. If we request an original document from you, we will return it to you after USCIS determines it no longer needs the original.

**NOTE:** If you submit original documents when they are not required or requested, **USCIS may destroy them after we receive them.**

**Translations.** If DHS requests documents during the retention period, and if you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must also include the translator's signature, printed name, the signature date, and the translator's contact information.

**USCIS Contact Center.** For additional information on the form and Instructions about where to file, change of address, and other questions, visit the USCIS Contact Center at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) or call at **800-375-5283** (TTY **800-767-1833**). The USCIS Contact Center provides information in English and Spanish.

**Disability Accommodations/Modifications.** To request a disability accommodation/modification, follow the instructions on your appointment notice or at [www.uscis.gov/accommodationsinfo](http://www.uscis.gov/accommodationsinfo).

## How To Complete Form I-129CWR

1. Type or print legibly in black ink.

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2. If you need extra space to complete any item within this form, use the space provided in **Part 8. Additional Information** or attach a separate sheet of paper. Type or print the name of the employer at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.
  3. Answer all questions fully and accurately. If a question does not apply to you, (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

#### 4. **Part 1. Information about the Employer**

**Item Numbers 1.a. - 3.** If you are an individual employer or sole proprietor (someone who owns a business, but the business is not organized as a separate legal entity) filing this form, complete **Item Numbers 1.a. - 2.** If you are a company or an organization filing this form, complete **Item Number 3.**

**Item Numbers 4.a. - 4.g.** Provide the physical address information requested in **Item Numbers 4.a. - 4.f.**, as applicable. If your place of business does not have a physical address, provide a description of the location in **Item Number 4.g.** (for example: “3 miles southwest of Anytown Post Office, near the water tower”) and include a map with your Form I-129CWR.

**Item Number 5. Trade Name or “Doing Business As” Name.** If you are a company or an organization that is known by a different name than the one you provided in **Item Number 3.**, provide your trade name or “doing business as” name.

**Item Numbers 6. - 8. Employer’s Contact Information.** Provide the daytime telephone number, mobile phone number, and email address (if any) for the employer.

**Item Numbers 9.a. - 11. Taxpayer Identification Numbers.** Provide the Employer Identification Number (EIN), Individual Taxpayer Identification Number (ITIN), or U.S. Social Security Number of the employer as applicable. Individual employers and sole proprietors must provide a U.S. Social Security Number.

**Item Number 12. USCIS Online Account Number (if any).** You will only have a USCIS Online Account Number (OAN ) if you previously filed a form that has a receipt number that begins with IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you. If you do not have a receipt number that begins with IOE, you do not have an OAN. The OAN is not the same as an A-Number.

**Item Numbers 13. - 14. E-Verify Information.** Provide the employer’s name as listed in E-Verify and either the employer E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number.

5. **Part 2. Reporting Information.** For the approved Form I-129CW petition about which you are reporting, provide the reporting period; receipt number; the total number of workers approved on the petition; and the total number of such workers who are currently working for the Employer.
6. **Part 3. Worker Information.** For all Items Numbers in **Part 3.**, provide the requested information about the worker who was approved on Form I-129CW. If the approved Form I-129CW petition included more than one worker, use the **Additional Worker Attachment for Form I-129CWR** to provide the information for each additional worker.

**Item Numbers 6.a. - 6.b. (and Item Numbers 8.a. - 8.b. on Additional Worker Attachment for Form I-129CWR).** If the approved worker is no longer working for the employer named in **Part 1.**, select “No” and provide an explanation. You still have an obligation to send a letter to the USCIS office at which the CW-1 petition was filed explaining the basis on which the specific CW-1 nonimmigrant is no longer working for you, separate from your obligation to file Form I-129CWR.

- 7. Part 4. Attestation for Employers of the CNMI–Only Transitional Worker (CW-1) Nonimmigrant Worker(s).** Read statements **1.** through **8.**; your signature in **Part 5.** of this form constitutes your certification that all statements are true and correct.
- 8. Part 5. Statement, Contact Information, Certification, and Signature of the Employer or Authorized Signatory.** Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer. Further, you must sign and date your form and provide your title or position held within the employer, daytime telephone number, mobile telephone number (if any), and email address (if any). Every form **MUST** contain the signature of the authorized individual. A stamped or typewritten name in place of a signature is not acceptable.
- 9. Part 6. Interpreter’s Contact Information, Certification, and Signature.** If you used anyone as an interpreter to read the Instructions and questions on this form to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the form.
- 10. Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Certification, if Other Than the Authorized Individual.** This section must contain the signature of the person who completed this form, if other than the employer or petitioner. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 6.** and **Part 7.** If the person who completed this form is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this form **MUST** sign and date the form. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your form is an attorney or accredited representative whose representation extends beyond preparation of this form, he or she also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your form.

**We recommend that you print or save a copy of your completed form for your records.**

### **Where To File?**

Please see our website at [www.uscis.gov/I-129CWR](http://www.uscis.gov/I-129CWR) for the most current information about where to file this form.

### **Address Change**

You must notify USCIS of any change to the mailing address of the employer. For information on changing your address, go to our website at [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange) or call the USCIS Contact Center.

**NOTE:** Do not submit a change of address request to the USCIS Lockbox.

### **USCIS Forms and Information**

To ensure you are using the latest version of this form, visit [www.uscis.gov](http://www.uscis.gov).

## Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-129CWR, we may revoke the related petition. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

## USCIS Compliance Review and Monitoring

By signing this form, you have stated under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this form are complete, true and correct. You also authorize the release of any information from the records associated with the employer, that USCIS may need to determine the employer's continued eligibility for filing for CW-1 workers, and you consent to USCIS verifying such information.

DHS has the authority to verify any information you submit to establish eligibility for petitioning for CNMI CW-1 transitional workers at any time. Our legal authority to verify this information is in the Northern Mariana Islands U.S. Workforce Act of 2018 (the Workforce Act), Pub. L. 115-218. To ensure compliance with applicable laws and authorities, we may verify information before or after this form is decided.

Agency verification methods may include, but are not limited to: reviewing public records and information; contacting through written correspondence; using the internet, fax, other electronic transmission, or telephone; making unannounced physical site inspections of residences and locations of employment; and interviewing people. USCIS will use information we obtain to assess your compliance with the laws and to determine continued eligibility for filing for CW-1 workers.

Subject to the restrictions under 8 CFR 103.2(b)(16), USCIS will provide you with an opportunity to address any adverse or derogatory information that may result from a compliance review, verification, or site visit before a decision is made on your form. For a visit after your request is approved, USCIS will provide you with an opportunity to address any adverse or derogatory information which may result in revocation or termination of an approval.

## DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Northern Mariana Islands U.S. Workforce Act of 2018 (the Workforce Act), Public Law 115-218 (codified in 48 U.S.C. section 1806(d)) and the Immigration and Nationality Act, sections 101, 103, 264, 214 (as amended).

**PURPOSE:** The primary purpose for providing the requested information on this form is to verify the continued employment and payment of the worker under the terms and conditions of the approved I-129CW petition. DHS uses the information to verify the continued employment and payment of each worker under the terms and conditions of the approved petition. Failure to comply with the terms and conditions of the approved petition could result in the revocation of the petition.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security Number (if applicable), and any requested evidence, may result in revocation of your approved petition.

**ROUTINE USES:** DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notice [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems] which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

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## Paperwork Reduction Act

USCIS may not conduct or sponsor an information collection, and you are not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 2 hours and 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0111. **Do not mail your completed Form I-129CWR to this address.**