



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

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

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name

2. Company or Organization Name

Yosemite Symphony

3. Mailing Address of Individual, Company or Organization

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name
Bernard Ellsbury

Street Number and Name
15A Main Street

Apt. Ste. Flr. Number

City or Town
Woodville

State
NY

ZIP Code
10123

Province

Postal Code

Country

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
7185556420		beary@yosemite.org

Other Information

5. Federal Employer Identification Number (FEIN)

▶ **15-8920540**

*The response to Q6 will depend on one's 501(c)3 status.
Please refer to USCIS' Form I-129 instructions for details.*

6. Are you a nonprofit organized as tax exempt or a governmental research organization?

Yes No



Part 1. Petitioner Information (continued)

7. Individual IRS Tax Number
8. U.S. Social Security Number (if any)

Part 2. Information About This Petition

1. Requested Nonimmigrant Classification (Write classification symbol): **O-2**
2. **Basis for Classification** (select **only one** box):
- a. New employment.
 - b. Continuation of previously approved employment without change with the same employer.
 - c. Change in previously approved employment.
 - d. New concurrent employment.
 - e. Change of employer.
 - f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." **W A C 0 9 0 5 6 6 7 1 9 3**
4. **Requested Action** (select **only one** box):
- a. Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
 - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from their current authorized period of stay.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) **[number will depend on circumstance, but may not exceed 25]**

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. Type of Beneficiaries Requested (select **only one** box) Named Unnamed (for H-2A or H-2B petitions only)
2. **If an Entertainment Group, Provide the Group Name**
Jacoby Bubu Support Personnel
3. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| See attachments | | |



Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

4. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name

5. Other Information

Date of birth (mm/dd/yyyy) Gender Male Female U.S. Social Security Number (if any)

Alien Registration Number (A-Number) Country of Birth

Province of Birth Country of Citizenship or Nationality

6. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance

Current Nonimmigrant Status Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)

7. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in Part 3. is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

Bucharest

Romania

Part 4. Processing Information (continued)

d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

c/o Jacoby Bubu; 54 Cluj Road

2

City or Town

State

Bucharest

Province

Postal Code

Country

0457

Romania

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 9.** and type or print your explanation.
3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ► **1** No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ► No No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ► No No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ► No No
8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

*****Remember that selecting Yes for certain questions requires brief explanation in Part 9***

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

- 1. Job Title: **Essential support for solo guitarist**
- 2. LCA or ETA Case Number: **N/A**

3. Address(es) where the beneficiary(ies) will work if different from address in Part 1. If you need to provide more than two additional addresses, use Part 9. Additional Information.

Address 1

Street Number and Name: [] Apt. Ste. Flr. Number: [] [] [] []
City or Town: [] State: [] ZIP Code: []

Is this a third-party location? Yes No

If you answered "Yes," provide the name of the third-party organization.

[]

Address 2

Street Number and Name: [] Apt. Ste. Flr. Number: [] [] [] []
City or Town: [] State: [] ZIP Code: []

Is this a third-party location? Yes No

If you answered "Yes," provide the name of the third-party organization.

[]

- 4. Did you include an itinerary with the petition? Yes No
- 5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
- 6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
- 7. Is this a full-time position? Yes No

8. If the answer to Item Number 7. is no, how many hours per week for the position? **4-8**

9. Wages: \$ **See contract** per (Specify hour, week, month, or year)

10. Other Compensation (Explain)
Hours vary. Other compensation includes travel, hotel, and per diem.

11. Dates of intended employment From: (mm/dd/yyyy) **01/05/2025** To: (mm/dd/yyyy) **01/31/2025**



Part 5. Basic Information About the Proposed Employment and Employer (continued)

12. Type of Business

Nonprofit Symphony Orchestra

13. Year Established

2007

14. Current Number of Employees in the United States

5

The response to Q15 will vary. Please refer to USCIS' Form I-129 instructions for details.

15. 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

16. Gross Annual Income

\$500,000

17. Net Annual Income

\$250,000

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition 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 petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Ellsbury

Given Name (First Name)

Bernard

Title

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.) (continued)

2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



[Original wet signature in blue ink recommended]

[mm/dd/yyyy]

3. Signatory's Contact Information

Daytime Telephone Number

Email Address (if any)

7185556420

beary@yosemite.org

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

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

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ▶ A-

2. **Page Number** **Part Number** **Item Number**

Beneficiaries previously granted an O-2 with different employer in 2020 (WAC-09-056-67193) in support of O-1B guitarist Jacoby Bubu

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**





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 12/31/2027

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Yosemite Symphony

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

2.a. Name of the Beneficiary

[Empty text box]

OR

2.b. Provide the total number of beneficiaries:

[This will depend on circumstance, but may not exceed 25]

3. Classification sought (select only one box)

- a. O-1A Beneficiary of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- b. O-1B Beneficiary of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- c. O-2 Accompanying beneficiary 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.

Concert series with related pre-concert talks

5. Describe the duties to be performed.

Perform in concert series

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the O-1 or P principal.

1/5/18; 3/21/19; 8/16/20; 2/14/22

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

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

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)

11.d. Daytime Telephone Number

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



Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P beneficiary

13.a. Name of Labor Organization

Enter information in 13a-d for pertinent labor organization corresponding to supporting beneficiaries

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)

➔ *[Original wet signature in blue ink recommended]*

3. **Petitioner's Contact Information**

Daytime Telephone Number

Email Address (if any)



Attachment-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

All Other Names Used (include aliases, maiden name and previous names)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address in the United States Where the Petitioner Resides (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"/>

Address in the United States Where the Beneficiary Resides (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"/>

Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of Birth	Country of Citizenship or Nationality
<input type="text"/>	<input type="text"/>

IF IN THE UNITED STATES:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Nonimmigrant Status		Date Status Expires (mm/dd/yyyy) or D/S
<input type="text"/>		<input type="text"/>
Student and Exchange Visitor Information System (SEVIS) Number (if any)		Employment Authorization Document (EAD) Number (if any)
<input type="text"/>		<input type="text"/>

