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## ETA Form 9035 - Form Access Preconditions

### Electronic Filing of Labor Condition Applications For The H-1B Nonimmigrant Visa Program

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

Yes  No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

Yes  No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

- I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form
- I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

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## Form 9035 - Step 1 of 7 Case T-200-12019-361909 (INITIATED)



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Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk ( \* ) must be completed as well as any fields/items where a response is conditional as indicated by the section ( § ) symbol.

### A. Employment-Based Nonimmigrant Visa Information

Indicate the type of visa classification supported\*  ?  
 by this application (Write classification symbol):

### B. Temporary Need Information

1. Job Title: \*  ?

2. SOC (ONET/OES) Code: \*   ?

3. SOC (ONET/OES) Occupation Title: \*  ?

4. Is this a full-time position? \*  Yes ?  
 No

#### Period of intended employment:

5. Begin Date: \*  ? (mm/dd/yyyy)

6. End Date: \*  ? (mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application:

Total Worker Positions Being Requested for Certification: \*  ?

Basis for the visa classification supported by this application:

*(indicate the total workers in each applicable category based on the total workers identified above)*

- |  |  |                               |  |
|--|--|-------------------------------|--|
| a. New employment:   | <input type="text" value="0"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span> | d. New concurrent employment: | <input type="text" value="0"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span> |
| b. Continuation of previously approved employment without change with the same employer: | <input type="text" value="0"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span> | e. Change in employer:        | <input type="text" value="0"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span> |
| c. Change in previously approved employment:   | <input type="text" value="0"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span> | f. Amended petition:          | <input type="text" value="0"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span> |

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## Form 9035 - Step 1 of 7 Case T-200-12019-005402 (INITIATED)



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### A. Employment-Based Nonimmigrant Visa Information

Indicate the type of visa classification supported\*  ?

by this application (Write classification symbol):

### B. Temporary Need Information

1. Job Title: \*  ?

2. SOC (ONET/OES) Code: \*  Search SOC/O\*NET (OES) Code ?

3. SOC (ONET/OES) Occupation Title: \*  ?

4. Is this a full-time position? \*  Yes ?

No

#### Period of intended employment:

5. Begin Date: \*  ? (mm/dd/yyyy)

6. End Date: \*  ? (mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application:

Total Worker Positions Being Requested for Certification: \*  ?

Basis for the visa classification supported by this application:  
*(indicate the total workers in each applicable category based on the total workers identified above)*

- |  |                                  |                               |                                  |
|--|----------------------------------|-------------------------------|----------------------------------|
| a. New employment:   | <input type="text" value="0"/> ? | d. New concurrent employment: | <input type="text" value="0"/> ? |
| b. Continuation of previously approved employment without change with the same employer: | <input type="text" value="0"/> ? | e. Change in employer:        | <input type="text" value="0"/> ? |
| c. Change in previously approved employment:   | <input type="text" value="0"/> ? | f. Amended petition:          | <input type="text" value="0"/> ? |

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## Form 9035 - Step 2 of 7 Case T-200-12019-005402 (INITIATED)



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### C. Employer Information

Look up Employers Associated With Your Account

1. Legal Business name: \*  ?

2. Trade Name/Doing Business As (DBA), if applicable:  ?

3. Address 1: \*  ?

4. Address 2:  ?

5. City: \*  ?

6. State: \*  ?

7. Postal code: \*  ?

8. Country: \*  ?

9. Province:  ?

10. Telephone number: \*    11. Ext.  ?

12. Federal Employer Identification Number (FEIN from IRS): \*  -  ?

13. NAICS Code: \*

[Submit Order](#) ←

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### D. Employer Point of Contact Information

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (Family) name:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
2. First (given) name:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
3. Middle name:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
4. Contact's job title:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
5. Address 1:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
6. Address 2:		<input type="text"/>	<input style="float: right;" type="button" value="?"/>
7. City:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
8. State:	*	<input type="text" value="Please Select A State"/>	<input style="float: right;" type="button" value="?"/>
9. Postal Code:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>
10. Country:	*	<input type="text" value="Please Select A Country"/>	<input style="float: right;" type="button" value="?"/>
11. Province:		<input type="text"/>	<input style="float: right;" type="button" value="?"/>
12. Telephone number:	*	<input type="text"/> <input type="text"/> <input type="text"/> 13 Ext. <input type="text"/>	<input style="float: right;" type="button" value="?"/>
14. E-Mail address:	*	<input type="text"/>	<input style="float: right;" type="button" value="?"/>

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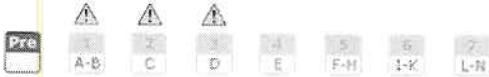
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## Form 9035 - Step 4 of 7 Case T-200-12019-005402 (INITIATED)



Section E, Attorney/Agent Information, has prefilled fields from your profile.

### E. Attorney or Agent Information (if applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? If "Yes", complete the remainder of Section E below. \*  Yes  No [?](#)  
[CLEAR](#)

2. Attorney or Agent's last (family) name: \$  [?](#)

3. First (given) name: \$  [?](#)

4. Middle name(s): \$  [?](#)

5. Address 1: \$  [?](#)

6. Address 2:  [?](#)

7. City: \$  [?](#)

8. State: \$  [?](#)

9. Postal Code: \$  [?](#)

10. Country: \$  [?](#)

11. Province:  [?](#)

12. Phone: \$    13 Ext.  [?](#)

14. E-Mail address:  [?](#)

15. Law firm/Business name: \$  [?](#)

16. Law firm/Business FEIN: \$  -  [?](#)

17. State Bar number (only if attorney): \$  [?](#)

18. State of highest court where attorney is in good standing (only if attorney): \$  [?](#)

19. Name of the highest court where attorney is in good standing (only if attorney):  [?](#)

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## Form 9035 - Step 5 of 7 Case T-200-12019-005402 (INITIATED)



Progress indicators for steps A through N. Step E is highlighted with a '4' and 'you are here' below it.

### F. Rate of Pay

1. Rate of Pay: From: \$  ?

Rate of Pay: To: (Optional) \$  ?

1.a Per:  Hour ?  
 Week  
 Biweekly  
 Month  
 Year

### G. Employment and Prevailing Wage Information

**Important Note:** It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section.

- Location 1 \*
- Location 2
- Location 3

#### Place of Employment: Location 1 (required)

##### a. Place of Employment 1

1. Address 1:  ?

2. Address 2:  ?

3. City:  ?

4. County:  ?

5. State/District/Territory:  ?

6. Postal Code:  ?

##### b. Prevailing Wage Information (corresponding to the place of employment location listed above)

7. State Workforce Agency which issued prevailing wage:  ?

7 a. Prevailing wage tracking number (if applicable):  ?

8. Wage Level:  I ?  
 II  
 III  
 IV  
 N/A

9. Prevailing Wage: \*  ?

---

10. Per: (Choose only one): \*  Hour ?  
 Week  
 Biweekly  
 Month  
 Year

11. Prevailing wage source: \*  OES ?  
 CBA  
 DBA  
 SCA  
 Other

11 a. Year source published: \*  ?

11 b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source: §  ?

Place of Employment: Location 2 (optional)

**a. Place of Employment 2**

1. Address 1: \*  ?

2. Address 2:  ?

3. City: \*  ?

4. County: \*  ?

5. State/District/Territory: \*  ?

6. Postal Code: \*  ?

**b. Prevailing Wage Information (corresponding to the place of employment location listed above)**

7. State Workforce Agency which issued prevailing wage: §  ?

7 a. Prevailing wage tracking number (if applicable): §  ?

8. Wage Level: \*  I ?  
 II  
 III  
 IV  
 N/A

9. Prevailing Wage: \*  ?

10. Per: (Choose only one): \*  Hour ?  
 Week  
 Biweekly  
 Month



Year

11. Prevailing wage source: \*  OES   
 CBA  
 DBA  
 SCA  
 Other

11 a. Year source published: \*  

11 b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source: §

Place of Employment: Location 3 (optional)

a. Place of Employment 3

1. Address 1: \*  

2. Address 2:  

3. City: \*  

4. County: \*  

5. State/District/Territory: \*  

6. Postal Code: \*

b. Prevailing Wage Information (corresponding to the place of employment location listed above)

7. State Workforce Agency which issued prevailing wage: §  

7 a. Prevailing wage tracking number (if applicable): §  

8. Wage Level: \*  I 
 II  
 III  
 IV  
 N/A

9. Prevailing Wage: \*  

10. Per: (Choose only one): \*  Hour 
 Week  
 Biweekly  
 Month  
 Year

11. Prevailing wage source: §  OES 
 CBA  
 DBA  
 SCA

Other

11 a. Year source published:  ?

11 b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source:  ?

### H. Employer Labor Condition Statements

**Important Note:** In order for your application to be processed, you **MUST** read Section H of the Labor Condition Application - General Instructions Form ETA 9035CP under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

1. **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
2. **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
3. **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
4. **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

**I have read and agree** to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application - General Instructions - Form ETA 9035CP

Yes ?

No

Submit Question

Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (Family) name of hiring or designated official: \*  ?

2. First (Given) name of hiring or designated official: \*  ?

3. Middle Initial: \*  ?

4. Hiring or designated official title: \*  ?

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### L. LCA Preparer

**Important Note:** Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

- Last (family) name: \$  ?
- First (given) name: \$  ?
- Middle initial: \$  ?
- Firm/Business name: \$  ?
- E-Mail address: \$  ?

### N. Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from the Department of Labor before it can be submitted to USCIS for further processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

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