

Form 9035 - Step 1 of 7 Case T-200-18121-075332 (INITIATED)



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Please read and review the filing instructions carefully before completing the Form ETA 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 (DOL). For all submissions, both electronic (Form ETA 9035E) or paper (Form ETA Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), 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: * 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 total workers in each applicable category)

| | | | |
|--|----------------------------------|-------------------------------|----------------------------------|
| a. New employment: | <input type="text" value="1"/> ? | 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"/> ? |

Figure 1 New 9035 Step 1, Sections A and B

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Section C, Employer Information, has prefilled fields from your Employer profile.

C. Employer Information

| | | | |
|---|---|--|---|
| 1. Legal Business name: | * | <input type="text" value="Test Business Name"/> | ? |
| 2. Trade Name/Doing Business As (DBA), if applicable: | | <input type="text" value="Test DBA name"/> | ? |
| 3. Address 1: | * | <input type="text" value="123 Address"/> | ? |
| 4. Address 2: | | <input type="text"/> | ? |
| 5. City: | * | <input type="text" value="San Antonio"/> | ? |
| 6. State: | * | <input style="border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black; width: 100%;" type="text" value="TEXAS"/> | ? |
| 7. Postal code: | * | <input type="text" value="78251"/> | ? |
| 8. Country: | * | <input style="border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black; width: 100%;" type="text" value="UNITED STATES OF AMERICA"/> | ? |
| 9. Province: | | <input type="text"/> | ? |
| 10. Telephone number: | * | <input type="text" value="333"/> <input type="text" value="333"/> <input type="text" value="3333"/> | ? |
| 11. Extension: | | <input type="text"/> | ? |
| 12. Federal Employer Identification Number (FEIN from IRS): | * | <input type="text" value="10"/> - <input type="text" value="2345679"/> | ? |
| 13. NAICS Code: | * | <input type="text" value="541110"/> <input type="button" value="Search NAICS Code"/> | ? |

Figure 2 New 9035 Step 2, Section C

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Section D, Employer Contact Information, has prefilled fields from your Employer profile.

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" value="EMPLOYER"/> | ? |
| 2. First (given) name: | * | <input type="text" value="EMPLOYER POOC"/> | ? |
| 3. Middle name: | * | <input type="text" value="NMN"/> | ? |
| 4. Contact's job title: | * | <input type="text" value="EMPLOYER POC TITLE"/> | ? |
| 5. Address 1: | * | <input type="text" value="EMPLOYERADDE1"/> | ? |
| 6. Address 2: | | <input type="text" value="EMPLOYERADDE2"/> | ? |
| 7. City: | * | <input type="text" value="MONTGOMERY"/> | ? |
| 8. State: | * | <input type="text" value="ALABAMA"/> | ? |
| 9. Postal Code: | * | <input type="text" value="38101"/> | ? |
| 10. Country: | * | <input type="text" value="UNITED STATES OF AMERICA"/> | ? |
| 11. Province: | | <input type="text" value="MONTGOMERY-EMPLOYER"/> | ? |
| 12. Telephone number: | * | <input type="text" value="571"/> <input type="text" value="222"/> <input type="text" value="2222"/> | ? |
| 13. Extension: | | <input type="text" value="2222"/> | ? |
| 14. E-Mail address: | * | <input type="text" value="21CTTEST+EMPLOYERPOC@GMAIL.COM"/> | ? |

Figure 3 New 9035 Step 3, Section D

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E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

Look up Agents/Attorneys Associated With Your Account

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 ?

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. Extension: ?

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 State courts where attorney is in good standing (only if attorney): § ?

Figure 4 New 9035 Step 4, Section E



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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below **must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box.** The employer **must** identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting 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. An employer has the option to use either a single Form ETA 9035 or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

Place of Employment: Add Location (at least one location is required)

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA. ?

2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.
 Yes No
 ?

3. If "Yes" to question 2, provide the legal business name of the secondary entity. ?

4. Address 1: *

5. Address 2: ?

6. City: *

7. County: *

8. State/District/Territory: * ?

9. Postal Code: *

10. Wage Rate Paid to Nonimmigrant Workers:

From: \$ *

To: \$ *

10a. Per: (Choose only one) * ?

11. Prevailing Wage Rate: \$ *

11a. Per: (Choose only one): * ?

Figure 5 New 9035 Step 5, Section Fa

▲ Questions 12-14

Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):* ?

12. A Prevailing Wage Determination (PWD) issued by the Department of Labor

Select One:

* Search for PWD ?

Manually Enter PWD

a. PWD tracking number § ?

13. A PW obtained independently from the Occupational Employment Statistics (OES) Program

a. Wage Level ?

b. Year Source Published § ?

14. A PW obtained using an independent authoritative source

a. Source Type (check one): § ?

b. Year Source Published § ?

c. If responded "Other PW Survey" in question 14.a, enter the name of the survey publisher § ?

d. If responded "Other PW Survey" in question 14.a, enter the title or name of the published PW survey § ?

You must add at least ONE worksite to this application. Clicking the 'Save' button is not sufficient.

You must click the 'Add Worksite' button to add worksite information for each worksite on your application. A maximum of 10 (ten) worksites may be added.

Additional Worksite(s) 1 Row(s)

| <input type="checkbox"/> | Total Worker | Address | Wage Rate | Worksite Details |
|--------------------------|--------------|---------------------------|------------------------|------------------------------|
| <input type="checkbox"/> | 1 | 321321, 3421321, 1, 33016 | 34.00 - 34.00 per Hour | View Details |

Figure 6 New 9035 Step 5, Section F, questions 12-14 and additional worksite table

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Section G-J may be expanded and collapsed by clicking the Expand/Collapse arrows in each section header.

▲ G. Employer Labor Condition Statements

Important Note: In order for your application to be processed, you **MUST** read Section G 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:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes the preparation and filing of this LCA and related visa petition information. *20 CFR 655.731;*
2. **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. *20 CFR 655.732;*
3. **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. *20 CFR 655.733;* and
4. **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the union collective bargaining representative in the occupation and area of intended employment, or if there is no collective bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. . This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. *20 CFR 655.734.*

1. **I have read and agree to** Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Labor Condition Application - General Instructions - Form ETA 9035CP and the Department's regulations at 20 CFR 655 Subpart G. *

Yes

No



Figure 7 New 9035 Step 6, Section G

H. Additional Employer Labor Condition Statements - H-1B Employers ONLY

Important Note: In order for your H-1B application to be processed, you **MUST** read Section H - Subsections 1 of the Labor Condition Application - General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? **§** Yes No ?

2. At the time of filing this LCA, is the employer a willful violator? **§** Yes No ?

3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? **§** Yes No ?

4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA **§** \$60,000 or higher annual wage Master's Degree or higher in related specialty Both ?

5. If "Master's Degree or higher in related specialty" or "Both" is marked in question H.4, indicate whether the employer has completed and attached Appendix A to this LCA? **§** Yes No N/A ?

| Workers | Institution | Field of study | Degree Date | View/Edit Upload(s) |
|---------|-------------|----------------|-------------|---------------------|
| | | | | |

Figure 8 New 9035 Step 6, Section H.a

PLC Version 2 Custom - Internet Explorer

Educational Attainment Information

1. Enter the number of "exempt" H-1B nonimmigrant workers based on attainment of a master's or higher degree (or its equivalent) in a specialty related to the intended employment.

2. Name of accredited or recognized institution that awarded the degree

3. Field of study in which the degree was awarded

4. Date degree was awarded

Select a record and click the 'Upload Diploma(s)' button to upload an associated educational attainment document

| <input type="checkbox"/> | Workers | Institution | Field of study | Degree Date | View/Edit Upload(s) |
|--------------------------|---------|------------------------|-------------------|-------------|---------------------|
| <input type="checkbox"/> | 1 | International School 1 | International Law | 02/02/2000 | |

Figure 9 New 9035 Step 6, Section H.a Add Appendix A Information

https://icert-b16/index.cfm?event=ehDiplomas.getDiplomaHistoryPopup&caseId=3158952&diplomaId=66 -...

Educational Attainment Information Uploaded Document(s)

| <input type="checkbox"/> | File Name | Document Type | Upload Date | |
|--------------------------|------------------------------|----------------|-------------|--|
| <input type="checkbox"/> | PDFtest1-05022018-081805.pdf | Degree/Diploma | 05/02/2018 | |

Figure 10 New 9035 Step 6, Section H.a View Educational Document Upload Record

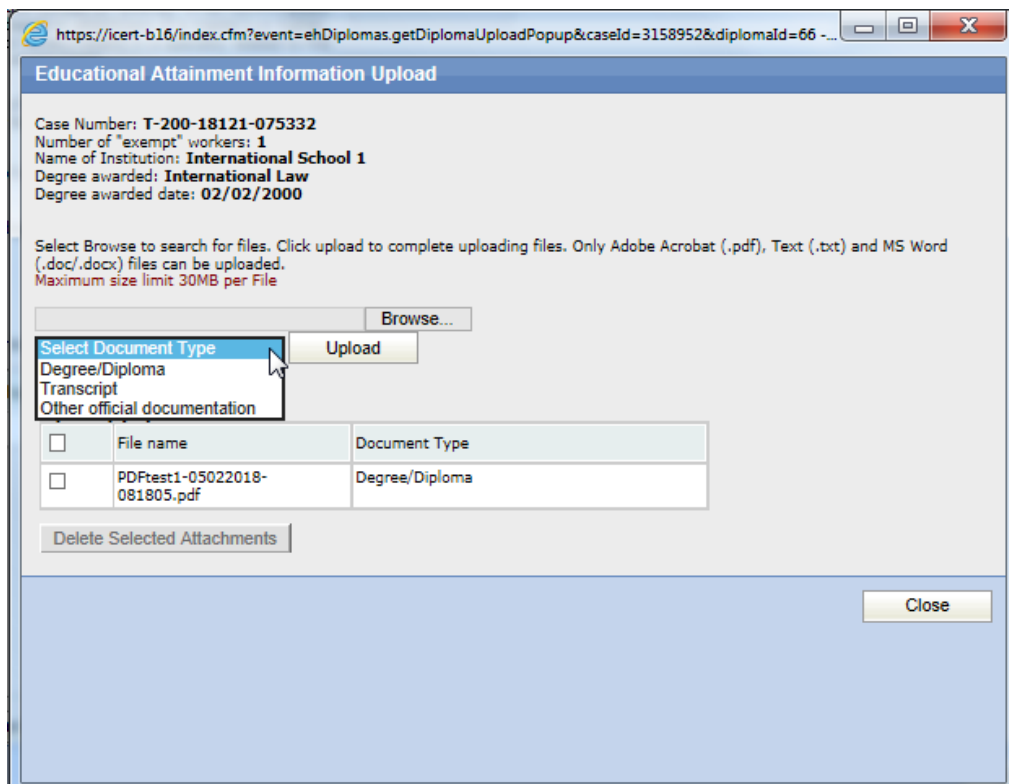


Figure 11 New 9035 Step 6, Section H.a Educational Document Upload

If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three(3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of this LCA. *20 CFR 655.738(c)*;
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in *20 CFR 655.738(d)(5)* concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. *20 CFR 655.738(d)*. Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to *20 CFR 655.731(a)*. The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. *20 CFR 655.739*.

6. **I have read and agree** to * Yes
 Additional Employer Labor Condition Statements A, B, and C above and No
 as fully explained in Section H - Subsections 1 and 2 of the Labor Condition Application - General Instructions Form ETA 9035CP and the Department's regulations at 20 CFR 655 Subpart H.



Figure 12 New 9035 Step 6, Section H.b

I. Public Disclosure

Important Note: You **MUST** select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: * Employer's principal place of business Place of employment



J. Notice of Obligations

A. Upon receipt of the certified LCA, the employer must take the following actions:

- A. Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
- B. Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760);and
- C. Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).

B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).

C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony under 18 U.S.C. 1001.

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: *



Figure 13 New 9035 Step 6, Section I-J

K. 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.

1. Last (family) name: § ?

2. First (given) name: § ?

3. Middle initial: § ?

4. Firm/Business name: § ?

5. E-Mail address: § ?

M. Signature Notification and 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, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. 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, Civil Rights Division, Immigrant and Employee Rights Section, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, #IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section 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).

Figure 14 New 9035 Step 7, Section K-M

[Portal Home](#) | [LCA](#) | [Prevailing Wage](#) | [H-2A](#) | [H-2B](#) | [My Account & Profiles](#)

[LCA Portfolio Summary](#) | [LCA Portfolio Details](#)

[ETA Home](#) > [iCERT Portal](#)

Form 9035 Form Review - Case T-200-18121-075332 (INITIATED)

Form ready for submission

Your FEIN has been verified by the iCERT System. Please proceed with the completion of your application.

Figure 15 New 9035 Presubmission



iCERT Portal

Portal Home | **LCA** | Prevailing Wage | H-2A | H-2B | My Account & Profiles

[LCA Portfolio Summary](#) | [LCA Portfolio Details](#) |

[ETA Home](#) > [iCERT Portal](#)

Case was successfully submitted!

Case Number: I-200-18121-075332
Employer Name: TEST BUSINESS NAME

This is a confirmation that the above referenced ETA Form 9035E Labor Condition Application for Nonimmigrant Workers has been received and submitted for processing by the U.S. Department of Labor (Department).

Important Notice: In accordance Federal Regulations at 20 C.F.R. 655.740(a), where all required items on the ETA Form 9035E have been completed and the form does not contain obvious inaccuracies, the Department is required to make a determination to certify or not certify the form **within 7 working days** of the date it is received by the Department [INA 212(t)(2)(C); 8 U.S.C. 1182(t)(2)(C)].

You have the ability to check status of this application at any time by accessing your iCERT online account at <https://iCERT.doleta.gov>. If you do not receive email notification of the final determination **after 7 working days** and cannot obtain status of your submitted ETA Form 9035E from the iCERT On-Line Account, please contact the LCA Help Desk at LCA.Chicago@dol.gov.

Please select one of the options below to continue.

[Create New Case](#)

[Return Home](#)

Figure 16 New 9035 Submission Confirmation

OMB Approval: 1205-0310
Expiration Date: 04/30/2018

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



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

| | |
|--|------|
| 1. Indicate the type of visa classification supported by this application (Write classification symbol): * | H-1B |
|--|------|

B. Temporary Need Information

| | |
|--|---|
| 1. Job Title * TEST E | |
| 2. SOC (ONET/OES) code * 23-1021 | 3. SOC (ONET/OES) occupation title * ADMINISTRATIVE LAW JUDGES, ADJUDICATORS, AND HEARING OFFICERS |
| 4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Period of Intended Employment |
| | 5. Begin Date * 05/30/2018 (mm/dd/yyyy) |
| | 6. End Date * 05/02/2019 (mm/dd/yyyy) |
| 7. Worker positions needed/basis for the visa classification supported by this application | |
| <input type="text" value="1"/> 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) | |
| <input type="text" value="1"/> 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 * |

C. Employer Information

| | | |
|--|---|------------------------|
| 1. Legal business name * TEST BUSINESS NAME | | |
| 2. Trade name/Doing Business As (DBA), if applicable TEST DBA NAME | | |
| 3. Address 1 * 123 ADDRESS | | |
| 4. Address 2 N/A | | |
| 5. City * SAN ANTONIO | 6. State * TX | 7. Postal code * 78251 |
| 8. Country * UNITED STATES OF AMERICA | 9. Province N/A | |
| 10. Telephone number * 3333333333 | 11. Extension N/A | |
| 12. Federal Employer Identification Number (FEIN from IRS) * 102345679 | 13. NAICS code (must be at least 4-digits) * 541110 | |



Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

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 * | | 2. First (given) name * | | 3. Middle name(s) * | |
| EMPLOYER | | EMPLOYER POOC | | NMN | |
| 4. Contact's job title * EMPLOYER POC TITLE | | | | | |
| 5. Address 1 * EMPLOYERADDE1 | | | | | |
| 6. Address 2 EMPLOYERADDE2 | | | | | |
| 7. City * MONTGOMERY | | | 8. State * AL | | 9. Postal code * 36101 |
| 10. Country * UNITED STATES OF AMERICA | | | 11. Province MONTGOMERY-EMPLOYER | | |
| 12. Telephone number * | | 13. Extension | 14. E-Mail address | | |
| 5712222222 | | 2222 | 21CTTEST+EMPLOYERPOC@GMAIL.COM | | |

E. Attorney or Agent Information (If applicable)

| | | | | | |
|---|--|-------------------------|--|---|------------------|
| 1. Is the employer represented by an attorney or agent in the filing of this application? * | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If "Yes", complete the remainder of Section E below. | | | | | |
| 2. Attorney or Agent's last (family) name § | | 3. First (given) name § | | 4. Middle name(s) § | |
| N/A | | N/A | | N/A | |
| 5. Address 1 § N/A | | | | | |
| 6. Address 2 N/A | | | | | |
| 7. City § | | | 8. State § | | 9. Postal code § |
| N/A | | | N/A | | N/A |
| 10. Country § | | | 11. Province | | |
| N/A | | | N/A | | |
| 12. Telephone number § | | 13. Extension | 14. E-Mail address | | |
| N/A | | N/A | N/A | | |
| 15. Law firm/Business name § | | | 16. Law firm/Business FEIN § | | |
| N/A | | | N/A | | |
| 17. State Bar number (only if attorney) § | | | 18. State of highest court where attorney is in good standing (only if attorney) § | | |
| N/A | | | N/A | | |
| 19. Name of the highest court where attorney is in good standing (only if attorney) § | | | | | |
| N/A | | | | | |



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F. Rate of Pay

| | |
|---|--|
| 1. Wage Rate (Required) From: \$ _____ N/A * To: \$ _____ N/A | 2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> 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.

a. Place of Employment 1

| | |
|--|---|
| 1. Address 1 * | |
| 2. Address 2 | |
| 3. City * | 4. County * |
| 5. State/District/Territory * | 6. Postal code * |
| <i>Prevailing Wage Information (corresponding to the place of employment location listed above)</i> | |
| 7. Agency which issued prevailing wage § N/A | 7a. Prevailing wage tracking number (if applicable) § |
| 8. Wage level * <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A | |
| 9. Prevailing wage * \$ _____ . _____ | 10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year |
| 11. Prevailing wage source (Choose only one) * <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other | |
| 11a. Year source published * | 11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § N/A |

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.

| | |
|--|---|
| 1. 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. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|



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I. Additional Employer Labor Condition Statements – H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you **MUST** read Section I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

a. Subsection 1

| | |
|--|--|
| 1. Is the employer H-1B dependent? § | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Is the employer a willful violator? § | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. If “Yes” is marked in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? § | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** Non-displacement of the U.S. workers in the employer’s workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer’s workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

| | |
|---|---|
| 4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. § | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

J. Public Disclosure Information

! Important Note: You **must** select from the options listed in this Section.

| | |
|---|--|
| 1. Public disclosure information will be kept at: * | <input checked="" type="checkbox"/> Employer’s principal place of business <input type="checkbox"/> Place of employment |
|---|--|

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of 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 * |
| OFFICIAL | FIRST NAME | MIDDLE |
| 4. Hiring or designated official title * | | |
| TITLE | | |
| 5. Signature * | | 6. Date signed * |



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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.

| | | |
|--------------------------------|--------------------------------|----------------------------|
| 1. Last (family) name § N/A | 2. First (given) name § N/A | 3. Middle initial § N/A |
| 4. Firm/Business name § N/A | | |
| 5. E-Mail address § N/A | | |

M. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from _____ to _____.

Department of Labor, Office of Foreign Labor Certification

Determination Date (date signed)

T-200-18121-075332

INITIATED

Case number

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. Signature Notification and 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).

O. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.