

Labor Condition Application for Nonimmigrant Workers

H-1B, H1-B1 and E-3 Visas

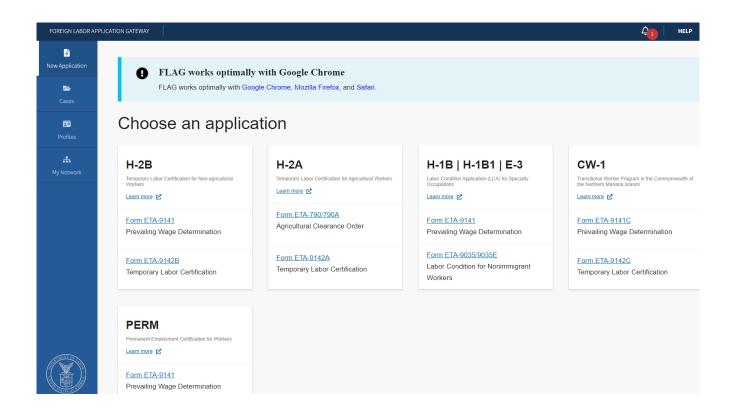


Figure 1: Home Screen to choose an application for Form ETA-9035/9035E



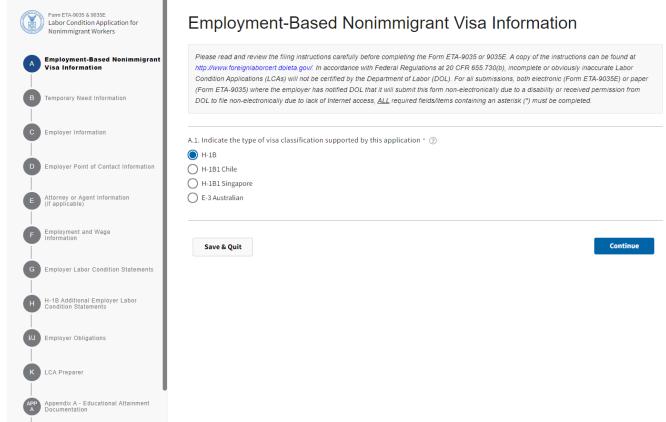


Figure 2: Section A - Employment Based Nonimmigrant Visa Information (Section A.1)



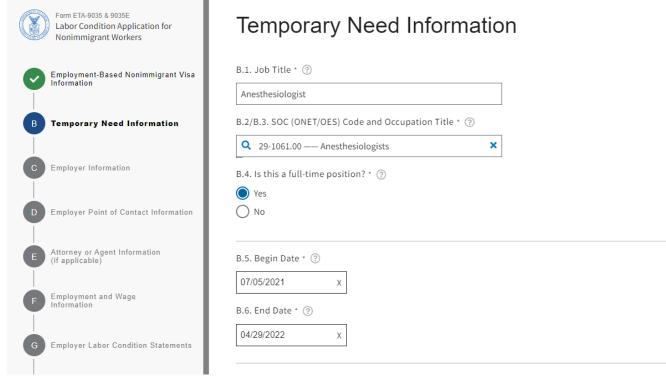


Figure 3: Section B -Temporary Need Information (Section B.1 through B.6)

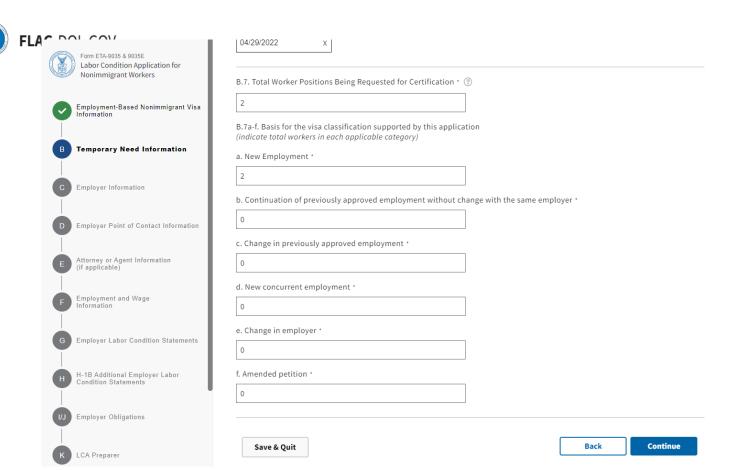


Figure 4: Section B -Temporary Need Information (Section B.7a through B.7f)



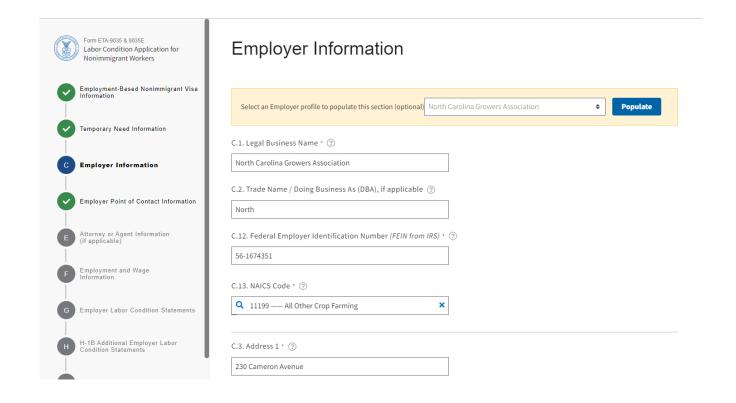


Figure 5: Section C - Employer Information (Section C.1 through C.3)



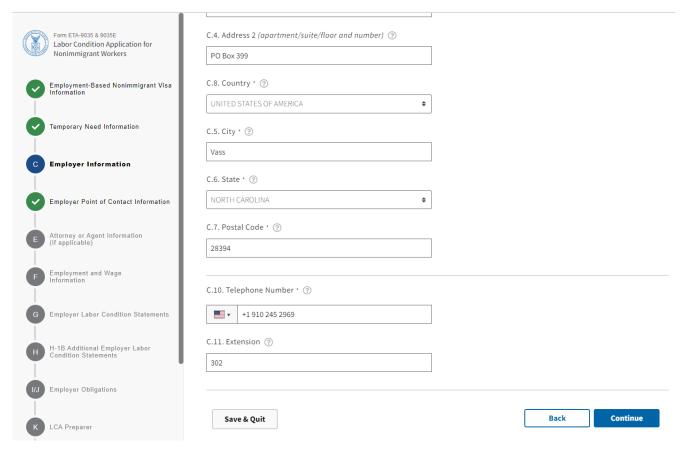


Figure 6: Section C - Employer Information (Section C.4 through C.11)



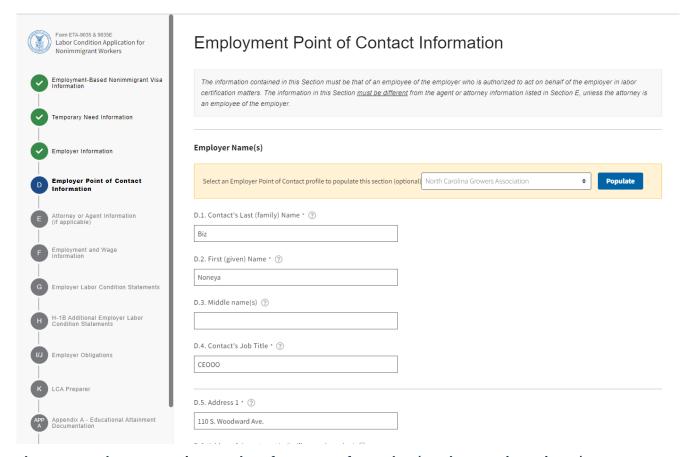


Figure 7: Section D - Employer Point of Contact Information (Section D.1 through D.5)



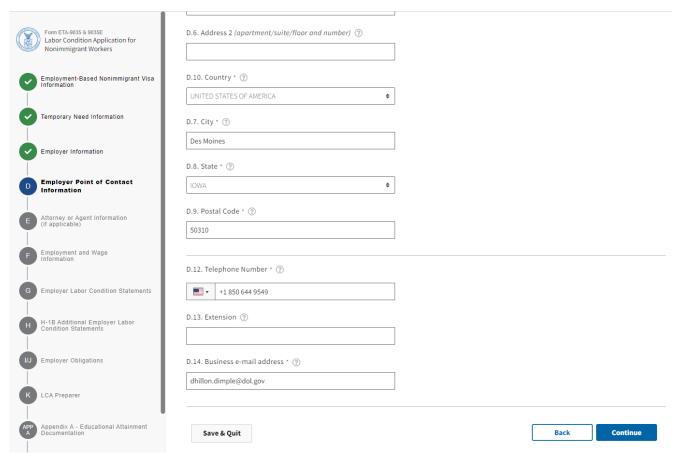


Figure 8: Section D - Employer Point of Contact Information (Section D.6 through D.14)



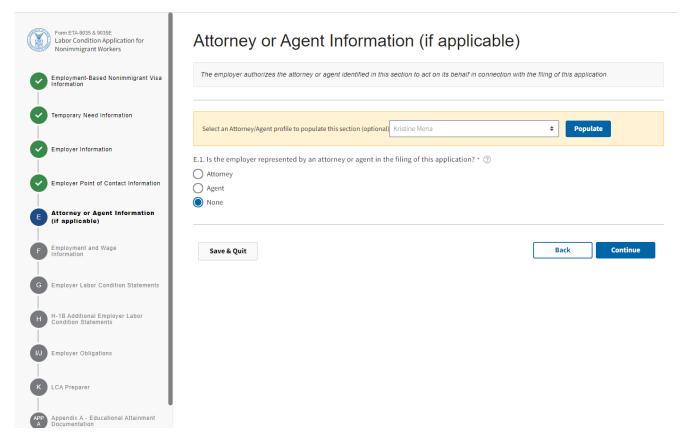


Figure 9: Section E - Attorney or Agent Information (if applicable)(Section D.6 through D.14)



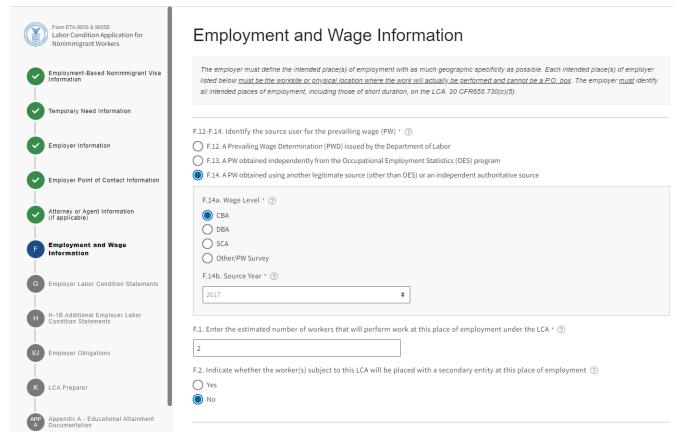


Figure 10: Section F - Employment and Wage Information (Section F.12 through F.2)



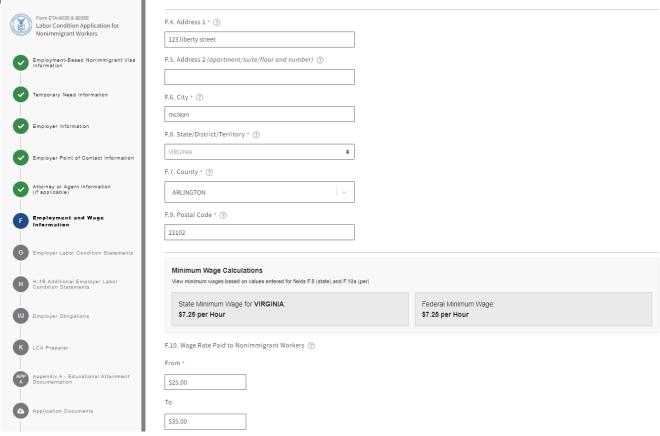
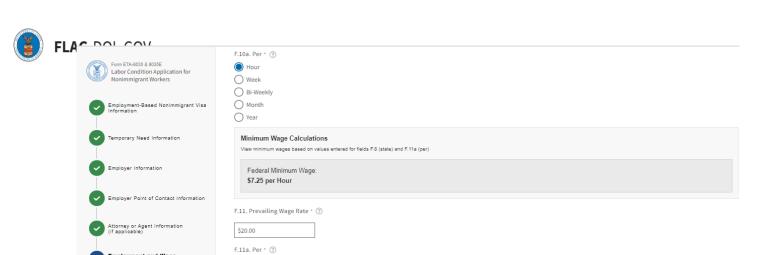


Figure 11: Section F - Employment and Wage Information (Section F.4 through F.10)



1 If you navigate away from this page without clicking the 'Add Place of Employment' button, your changes will be lost. Your entry will be displayed in the table below

Wage Rate

\$45.00 - \$55.00 per Hour

Employment and Wage Information

Appendix A - Educational Attainment Documentation

K LCA Preparer

Review & Submit

Hour
Week
Bi-Weekly
Month
Year

Add Place of Employment Clear Form

1 Entries for Place of Employment

Total Worker(s)

Save & Quit

Figure 12: Section F - Employment and Wage Information (Section F.10a through F.11a)

Use the fields above to enter the details of each additional place of employment, when applicable

Address

Actions

Continue

•••

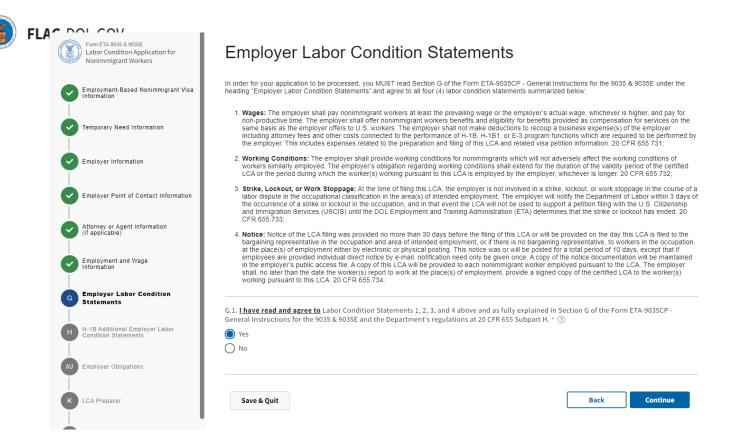


Figure 13: Section G - Employment Labor Condition Statements (Section G.1)



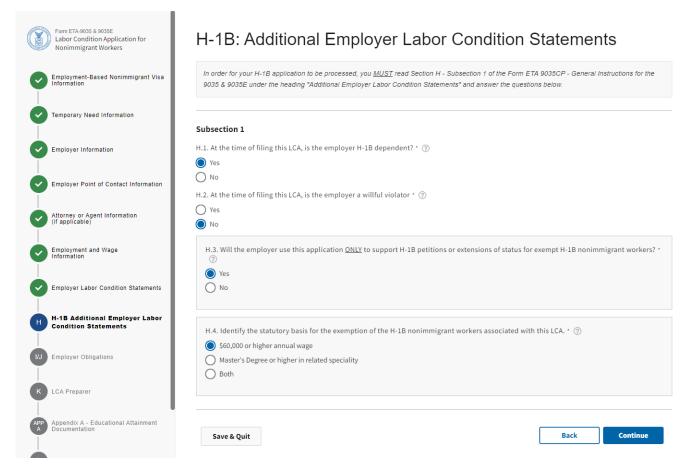


Figure 14: Section H: H-1B Additional Employer labor Condition Statements (Section H.1 through H.4)





Employer Obligations

Public Disclosure Information

I.1. Public disclosure information in the United States will be kept at: (You <u>must</u> select one or both of the options listed in this Section.) * ?

✓ Employer's principal place of business

Place of employment

Notice of Obligations

A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a hard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); 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) 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 statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(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 materially false information in the preparation of this form and any supplemental thereto or to aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).

Figure 15: Section I/J: Employer Obligations (Section I.1)

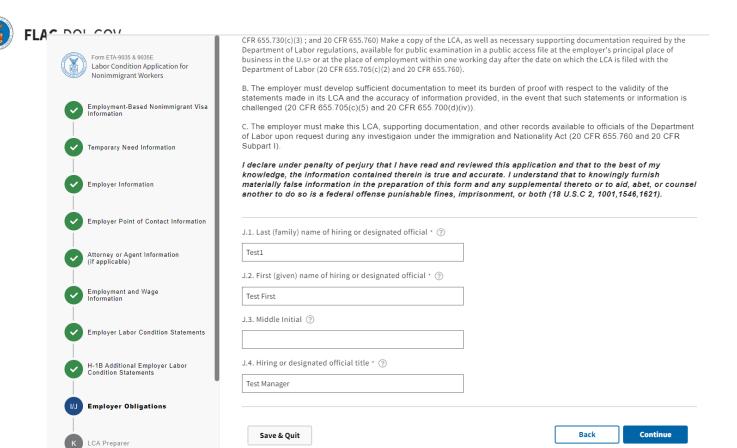


Figure 16: Section I/J: Employer Obligations (Section J.1 through J.4)



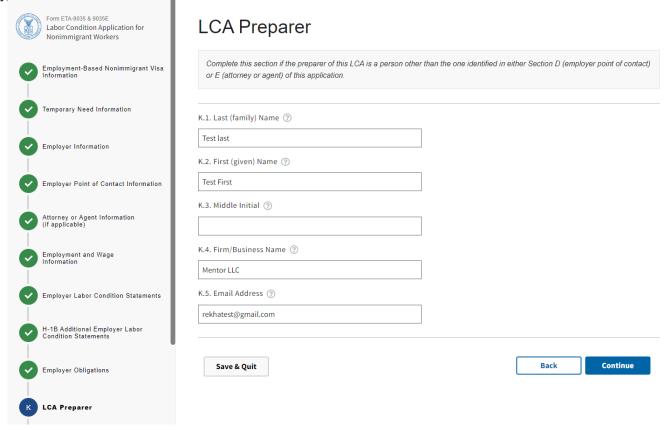


Figure 17: Section K: LCA Preparer (Section K.1 through K.5)



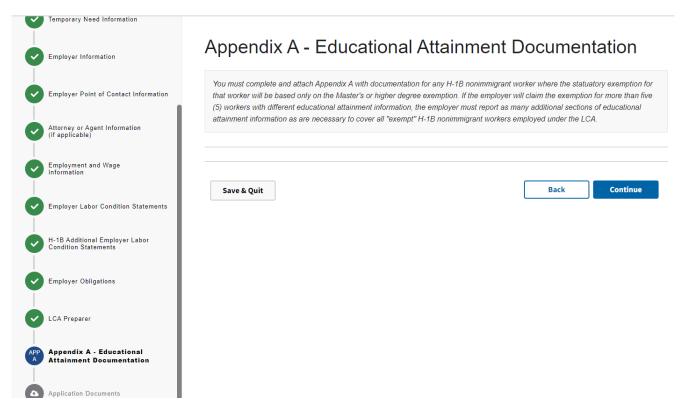


Figure 18: Appendix A - Educational Attainment Documentation

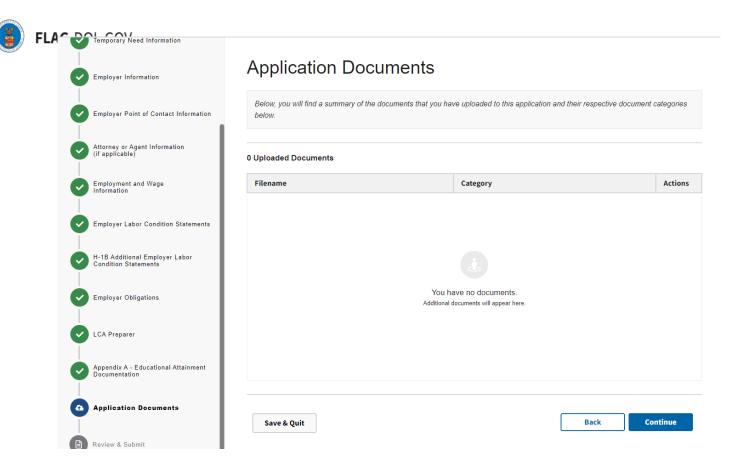


Figure 19: Application Documents

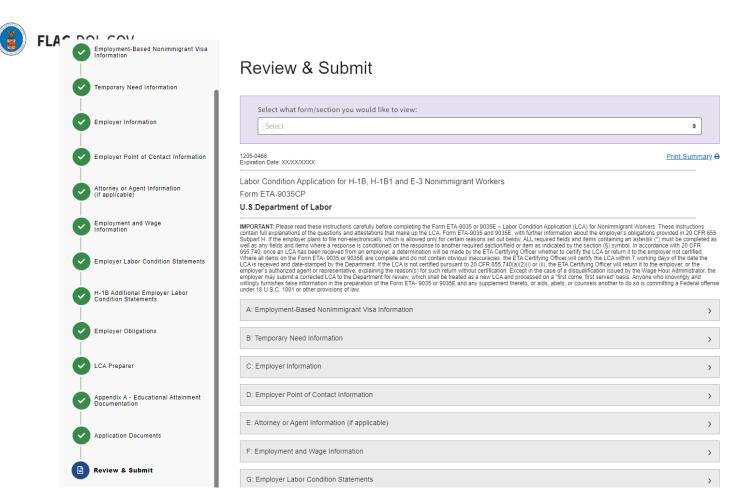


Figure 20: Review and Submit

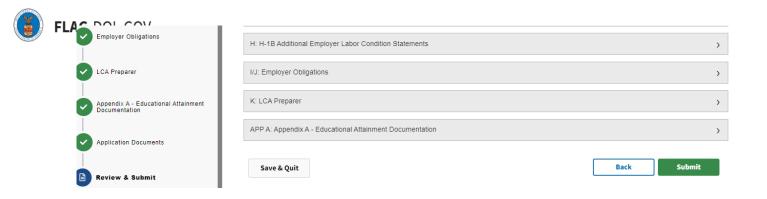


Figure 21: Review and Submit (Continued)



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OMB Approval: 1205-0310 Expiration Date: 10/31/2021



3. SOC (ONET/OES Business Intelligence 5. Begin Date * 7/30 (windsday)yyy) visa classification supp) occupation title * ce Analysts Period of Inten	o symbol): *	H-1B
5. Begin Date * 7/30	e Analysts Period of Inten		12
5. Begin Date * 7/30	e Analysts Period of Inten		33
5. Begin Date * 7/30 (mm/dd/yyyy)	Period of Inten		
inniago yyyyy			1
inniago yyyyy		ded Employmen	nt
	/2021	6. End Date * (mm/dd/yyyy)	3/31/2022
ategory)	o e. C	Change in employ	ver *
		7. Posta slands 99352	I code *
	9. Province	100	150
Name & Colored States	11. Extension		33
per (FEIN from IRS) *	13. NAICS code (must be at least 4-	digits) *
	111331		
	ted by this application ategory) ly approved employment ame employer* proved employment *	ly approved employment same employer* 0 d. N 0 e. C proved employment * 0 f. A 6. State * Northern Mariana Is 9. Province 11. Extension Der (FEIN from IRS) * 13. NAICS code (ted by this application ategory)



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



D.	Employer	Point	of	Contact	Information
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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.

Contact's last (family) name *	2. First (given)	name *	Middle name(s)
Pasternak	Brian		David
Contact's job title * Human Resource Director	-		'
Address 1 * 1313 Mockingbird Lane			
6. Address 2 Suite 200			
7. City * Columbia		8. State * Maryland	9. Postal code * 21045
10. Country * United States Of America		11. Province	· ·
12. Telephone number *	13. Extension	14. E-Mail addr	ress
+1 (202) 555-5555	1234	bp@business.d	com

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.

2. Attorney or Agent's last (family) name §	First (giver	n) name §	4. Middle	name(s)
Mena	Kris		N/A	
5. Address 1 § 1313 Mockingbird Lane	0		*	
6. Address 2 Suite 100		98	18	
7. City § Washington		8. State § District Of (9. Po Columbia 1111	ostal code § 1
10. Country § United States Of America		11. Province TCNNNN	9	
12. Telephone number § +1 (202) 555-5555	13. Extension	 E-Mail a km@busine 	Tell a second	1772
15. Law firm/Business name § Mena & Associates			Law firm/Busines 5825332	s FEIN §
17. State Bar number (only if attorney) § 55555			f highest court wh nly if attorney) §	ere attorney is in good
19. Name of the highest State court where a	attorney is in good s	standing (only if atto	rney) §	

Form ETA- 9035/9035E	FOR DEPARTMENT OF LABO	R USE ONLY	Page 2 of 6
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	proval: 1205-0310 n Date: 10/31/2021			STATE OF THE PARTY
	Labor Condition Application for Nor Form ETA-9035 & 9 U.S. Department of L	035E		
Emp	ployment and Wage Information			
inter be a 655. an a or m the t See	ortant Note: The employer must define the intended place(s) of emp nded place(s) of employment listed below must be the worksite or physic a P.O. Box. The employer must identify all intended places of employer attachment must be submitted in order to complete this section. An emp untiple forms to disclose all intended places of employment. If the em time of filing this application, the employer must file as many additional the form instructions for further information about identifying all intended	ical location where the wo byment, including those of if the work is expected to is oloyer has the option to us iployer has more than ten LCAs as are necessary to	ork will actually but short duration be performed in se either a single (10) intended p	to performed and cannot to, on the LCA. 20 CFR more than one location, to Form ETA-9035/9035E places of employment at
l. En	e of Employment Information 1 ster the estimated number of workers that will perform work at this	is place of employmen	t under	1
2. Inc	e LCA.* dicate whether the worker(s) subject to this LCA will be placed w	vith a secondary entity	at this	☐ Yes ☑ No
_	ace of employment. * 'Yes" to question 2, provide the legal business name of the seco	S with an archae		
3. Cit loon 3. Sta /erm 10. W	Miled	7. County * Barnard 9. Postal code 22042 10a. Per: (Choose or	nly one)* I Bi-Weekly D	□ Month □ Year
1. P	Prevailing Wage Rate * S 60 00	11a. Per: (Choose or ☑ Hour ☐ Week ☐		1 Month ☐ Year
Sugar.	tions 12-14. Identify the source used for the prevailing wag		-	
2.				king number §
	A Prevailing Wage Determination (PWD) issued by the Dep	partment of Labor		
13.	A PW obtained independently from the Occupational Empl	loyment Statistics (O		(56)
_	a. Wage Level (check one): §		b. Source Y	ear §
4.	A PW obtained using another legitimate source (other than	n OES) or an indepen	dent authorita	ative source
X	a. Source Type (check one): § ☐ CBA ☑ DBA ☐ SCA ☐ Other/ PW Survey		b. Source Y 2021	'ear §
	c. If responded "Other/ PW Survey" in question 14.a, enter the	name of the survey pr	roducer or pub	lisher §
	d. If responded "Other/ PW Survey" in question 14.a, enter the	title or name of the P\	N survey §	

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



G	Employer	Labor	Condition	Statements

Important Note: In order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E 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 expensels of the employer including attorney fees and other costs connected to the performance of H-18, H-18, or E-3 program functions which are required to be performed by the employer. This includes expenses related to 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 filled to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posture. 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's 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	2000000	de de care	_
Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the	Yes	□ No	
Department's regulations at 20 CFR 655 Subpart H. *			

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 – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

a. Subsection 1		<u> </u>		
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	
	"Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding hether the employer will use this application ONLY to support H-1B petitions or extensions of atus for exempt H-1B nonimmigrant workers?		■ No	1
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. §				ecialty
H-1B Dependent or Willful Violator Employers -Maste	er's Degree or Higher Exe	emptions	ONLY	
 Indicate whether a completed Appendix A is attached to this LCA cover nonimmigrant worker for whom the statutory exemption will be based Q Master's Degree or higher in related specialty. 		□ Yes	□ No	□ N/A

<u> </u>				
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Labor Condition Application for Nonimmigrant Workers Form ETA-9035 & 9035E U.S. Department of Labor



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 <u>MUST</u> read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E 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 the visa petition. 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.

I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	Yes
--	-----

I. Public Disclosure Information

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

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:
 - Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 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
 - 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 655.76(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 655.7006(d)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upor 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 materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001,1546,1621).

 Last (family) name of hiring or designated official * Pandey 	2. First (given) name of hiring or designated official * Liberty	3. Middle initial §
Hiring or designated official title * Business Analyst		
5. Signature *	6. Date signed *	
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Form ETA- 9035/9035E

Case Number: I-200-21204-338914 Case Status: In Process

OMB Approval: 1205-0310 Expiration Date: 10/31/2021 Labor Condition Application for Nonimmigrant Workers Form ETA-9035 & 9035E U.S. Department of Labor 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 § 4. Firm/Business name § 5. E-Mail address § L. 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 Certification Date (date signed) I-200-21204-338914 In Process Case Status The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA. 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 DOL before it can be submitted to USCIS for final 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.doi.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, 950 Pennsylvania Avenue, NV, # LER, NYA 9000, Washington, D.C. 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). N. 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. Your response is required to receive the benefit of consideration of your application, (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 75 minutes 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, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.

FOR DEPARTMENT OF LABOR USE ONLY

Period of Employment:

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Form ETA-9035 & 9035E - Appendix A

Labor Condition Application for Nonimmigrant Workers

H.5. A	ttainment of Educational Degree for "Exempt" H-1B Nonimmigrants		
	a. Educational Attainment Information 1		
	 Enter the number of "exempt" H-1B nonimmigrant workers based on attainment of a higher degree (or its equivalent) in a specialty related to the intended employment. 	master's or	1
	Name of accredited or recognized institution that awarded the degree MIT	2	
	Field of study in which the degree was awarded Industrial ENG	4. Date deg 6/11/2016	ree was awarde
	b. Educational Attainment Information 2	0	
	 Enter the number of "exempt" H-1B nonimmigrant workers based on attainment of a higher degree (or its equivalent) in a specialty related to the intended employment. 	master's or	1
	Name of accredited or recognized institution that awarded the degree Georgia Institute of Technology		
	Field of study in which the degree was awarded ENG	Date degree w as awarded 5/12/2011	
	c. Educational Attainment Information 3		
	 Enter the number of "exempt" H-1B nonimmigrant workers based on attainment of a higher degree (or its equivalent) in a specialty related to the intended employment. 	master's or	
	Name of accredited or recognized institution that awarded the degree		
	3. Field of study in which the degree was awarded	4. Date deg	ree was award
10	d. Educational Attainment Information 4	×	
	 Enter the number of "exempt" H-1B nonimmigrant workers based on attainment of a higher degree (or its equivalent) in a specialty related to the intended employment. 	a master's or	
	2. Name of accredited or recognized institution that awarded the degree		8
	3. Field of study in which the degree was awarded	4. Date deg	ree was award
	e. Educational Attainment Information 5		
	 Enter the number of "exempt" H-1B nonimmigrant workers based on attainment of a higher degree (or its equivalent) in a specialty related to the intended employment. 	master's or	
	2. Name of accredited or recognized institution that awarded the degree		
	3. Field of study in which the degree was awarded	4. Date deg	ree was award
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