

Enclosed is the determination made on the Labor Condition Application which was submitted to the U.S. Department of Labor.



ELECTRONIC FILING OF LABOR CONDITION APPLICATION 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 out and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access file;
- submit a signed hardcopy of this LCA to the Immigration and Naturalization Service in support of the I-129, on the date of submission of the I-129; and
- 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 am attesting 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;

or

☐ 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.



A. Program Designation

You must choose one: ☐ H-1B ☐ H-1B1 Chile ☐ H-1B1 Singapore ☐ E-3 Australian

B. Employer's Information

1. Return Fax Number

2. Employer's Full Legal Name

3. Employer's Address (Number and Street)

4. Employer's City

State

Zip/Postal Code

5. Employer's Address EIN Number

6. Employer's Phone Number

Extension

C. Rate of Pay

1. Wage Rate (or Rate From) (Required):

3. Rate is Per:

☐ Year ☐ Week
☐ Month ☐ Hour
☐ 2 Weeks

4. Is this position
part-time?

☐ Yes
☐ No

Please Note:
Part-time hours
worked by
nonimmigrant(s) will
be in the range of
hours stated on the
INS Form(s) I-129.

2. Rate Up To (Optional):

D. Period Of Employment and Occupation Information

1. Begin Date

3. Occupational Code

4. Number of H-1B or H-1B1 Nonimmigrants

2. End Date

5. Job Title

E. Information relating to Work Location for the H-1B or H-1B1 Nonimmigrants

1. City

State

2. Prevailing Wage

3. Wage is Per:

☐ Year ☐ Week
☐ Month ☐ Hour
☐ 2 Weeks

4. Wage Source

☐ SESA
☐ Collective
Bargaining
Agreement
☐ Other

5. Year Source Published

6. Other Wage Source



E. Subsection A Information For Additional or Subsequent Work Location

1. City _____ State _____
2. Prevailing Wage _____
3. Wage is Per: ☐ Year ☐ Week
☐ Month ☐ Hour
☐ 2 Weeks
4. Wage Source ☐ SESA
☐ Collective Bargaining Agreement
☐ Other
5. Year Source Published _____
6. Other Wage Source _____

F. Employer Labor Condition Statements

Please Note: In order for your application to be processed, you MUST read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all four 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 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: No strike or lockout in the occupational classification at the place of employment.
- (4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B or H-1B1 workers.

I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages.

☐ Yes ☐ No

F-1. Additional Employer Labor Condition Statements - H-1B Employers Only

Please Note: In order for an application regarding H-1B nonimmigrants to be processed, you MUST read Section F-1 - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you MUST read Section F-1 - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.

1. Subsection 1

Choose ONE of the following 3 alternatives:

- A ☐ Employer is not H-1B dependent and is not a willful violator.
- B ☐ Employer is H-1B dependent and/or a willful violator.
- C ☐ Employer is H-1B dependent and/or a willful violator BUT will use this application ONLY to support H-1B petitions for exempt nonimmigrants.

2. Subsection 2

If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:

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

I have read and agree to Additional Labor Condition Statements 2 A, B, and C.

☐ Yes ☐ No



G. Public Disclosure Information

Public disclosure information will be kept at:

- ☐ Employer's principal place of business
☐ Place of employment

H. 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 the sections E and F of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages 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.

1. First Name of Hiring or Other Designated Official

MI

2. Last Name of Hiring or Other Designated Official

3. Hiring or Other Designated Official Title

5. Date

4. Signature - Do NOT let signature extend beyond the box

**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.**

I. Contact Information

1. Contact First Name

MI

2. Contact Last Name

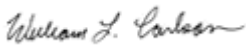
3. Contact Phone Number

Extension

J. U.S. Government Agency Use Only

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting _____ and Date Ending _____

 Chief, Division of Foreign Labor Certification

Signature and Title of Authorized DOL Official

ETA Case Number _____ Date _____

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

K. Complaints

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. 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: U.S. Department of Justice * Office of the Special Counsel * 10th St. and Constitution Ave, NW * Washington, DC * 20530.



IMPORTANT: Please read these cover pages carefully before completing Form ETA 9035 or 9035E - Labor Condition Application for Nonimmigrants Workers. These cover pages and instructions contain full explanations of attestations that you are required to make and are incorporated by reference into the form pages that you are required to complete and submit to ETA. A copy of these cover pages must be included in the public disclosure file and given to the nonimmigrant upon request.

Employers seeking to hire H-1B, H-1B1, and E-3 nonimmigrants in specialty (occupations or H-1B nonimmigrants as fashion models of distinguished merit and ability) must submit either the Form ETA 9035 or the Form ETA 9035E to the designated certifying officer in the Department of Labor (Department or DOL), Employment and Training Administration (ETA) Application Processing Center.

Form ETA 9035. The employer must submit the completed and dated original Form ETA 9035 *either* by facsimile transmission to 1-800-397-0478 *or* by U.S. mail to the ETA Application Processing Center, P.O. Box 13640, Philadelphia, PA 19101, or can be completed and filed electronically at the U.S. Department of Labor's website at <http://ows.doleta.gov>. If the application is submitted by FAX, the application containing the original signature shall be maintained by the employer. An application which is complete and has no obvious inaccuracies will be certified by the Department and returned to the employer. For H-1B nonimmigrants the employer must file the certified Labor Condition Application in support of its petition for an H-1B nonimmigrant with the United States Citizenship and Immigration Services (USCIS). For H-1B1 and E-3 nonimmigrants, the employer must provide the certified Labor Condition Application to the nonimmigrant, who must follow the H-1B1 or E-3 procedures of USCIS (<http://uscis.gov>) and the Department of State (<http://www.state.gov>.)

The completed form will be electronically scanned. To ensure the accuracy of electronic readability of the Form and to avoid rejections, it is preferred that the Form be completed electronically on the Department of Labor website. If you hand write the form, print legibly in ink using a medium to thick pen. Print only in CAPITAL LETTERS and avoid contact with the edge of the boxes. If you use a typewriter to complete the form, use a font equivalent to 12-14 pt. Center each letter in the box and use only CAPITAL LETTERS. Be sure to sign and date the form. The regulatory citations below refer to 20 CFR part 655, subparts H and I.

Form ETA 9035E. The employer must submit the Form electronically, through the Department's website at <http://www.lca.doleta.gov>. The electronic process includes detailed instructions, prompts and checks to assist the employer in the completion and submission of the Form. An application which is complete and has no obvious inaccuracies will be certified by ETA and the employer will be electronically notified through the website process. The employer must immediately print and sign the certified application, and maintain the signed original in its files. The employer may then file a copy of the signed, certified Form in support of its petition for an H-1B nonimmigrant with the United States Citizenship and Immigration Services (USCIS). For H-1B1 nonimmigrants, the employer must provide the certified Labor Condition Application to the nonimmigrant, who must follow the H-1B1 procedures of USCIS (<http://uscis.gov>) and the Department of State (<http://www.state.gov>.)

To knowingly and willingly furnish any false information in the preparation of the Form ETA 9035 and any supporting documentation, or to aid, abet, or counsel another to do so is a federal offense, punishable by fine or imprisonment up to five years, or both (18 U.S.C. 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this (18 U.S.C. 1546 and 1621).

OMB Notice

Paperwork Reduction Project 1205-0310

Persons are not required to respond to this collection of information unless it displays a current, valid OMB control number. Respondent's obligation to reply to these reporting requirements is mandatory to obtain the benefits of hiring H-1B, H-1B1 or E-3 nonimmigrants (INA, Section 212 (n) and (t)). Public reporting burden for this collection of



information is estimated to average 1 hour per response, which includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 Employment and Training Administration at U.S. Department of Labor * Room C-4312 * 200 Constitution Avenue, NW * Washington, DC * 20210

Examples of how best to fill out Form ETA 9035

- A. For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.



The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

- B. For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:



Shade Circles Like This--> ●

- C. Not Like This-->  

Special requirements for Form ETA 9035E

The Form 9035E has a first page which does not appear on the Form 9035. This additional page contains three items which relate only to the ETA 9035E electronic submission process: the employer's understanding and agreement that certain actions are required with regard to the certified application after the process is completed (including the employer's signature of the printed, certified Form); the employer's understanding and agreement that the electronic submission of the Form binds the employer to the truth and accuracy of the statements in the Form and to the H-1B and H-1B1 requirements as set out in this Form ETA 9035CP; and the employer's designation of whether or not the Form 9035CP should be electronically attached to the certified Form 9035E.

Instructions for Section A Program Designation

Applicant must identify the visa category they are applying for: H-1B, H-1B1 Chile, H-1B1 Singapore, or E-3.

H-1B applies to employers hiring nonimmigrants in a specialty occupation or as fashion models of distinguished merit and ability from all countries.

H-1B1 Chile applies to those employers temporarily hiring business professional who are nationals of Chile under the Chile Free Trade Agreement

H-1B1 Singapore applies to those employers temporarily hiring business professionals who are nationals of Singapore under the Singapore Free Trade Agreement.

E-3 applies to those employers temporarily hiring business professionals who are nationals of Australia.

Instructions for Section B

Do Not Fax these cover pages (Form ETA 9035CP). Fax ONLY the completed Labor Condition Application for Nonimmigrants Workers - Form ETA 9035.



Employers Information

1. Return Fax Number: If you want the Form ETA 9035 to be returned via facsimile transmission, enter the fax number, code first, to which you want the Department to send the final determination on the application. This may be the fax number of a person or entity other than the employer (e.g., an attorney or agent). **If you want the application mailed, leave the Return Fax Number blank. You may leave the Return Fax Number blank on the Form ETA 9035E.**
2. Employer's Full Legal Name: Enter the full legal name of the business, firm, or organization, or, if an individual, enter the name used on legal documents. Some abbreviation may be required for long names.
3. Employer's Address: Enter the address of the employer's principal place of business.
4. Employer's City, State, and Zip/Postal Code: Self - Explanatory
5. Employer's EIN Number: Enter the employer's Federal Employer Identification Number (EIN) (assigned by the Internal Revenue Service) (9 digits).
6. Employer's Phone Number and Extension: Enter the phone number, area code first, and extension, as appropriate, of the hiring or other designated official listed in Section H.

Instructions for Section C

Rate of Pay

1. Wage Rate (or Rate From) (Required): Enter the wage rate to be paid to H-1B nonimmigrants. If the wage offer is expressed as a range, enter the bottom of the wage range to be paid.
2. Rate Up To (Optional): Enter the top of the wage range to be paid to H-1B nonimmigrants.
3. Rate is Per: Enter whether the rate of pay is in terms of per year, month, two weeks, week, or hour.
4. Is this position part-time? Mark "Yes" or "No". If the position is part-time, the employer attests that the H-1B nonimmigrant(s) supported by the LCA will not regularly work more than the number of hours indicated (which may be a range of hours) on the INS Form(s) I-129 filed for the nonimmigrant(s). **Note: All H-1B nonimmigrants under the LCA must be part-time if question 4 is marked "Yes"; all H-1B nonimmigrants must be full-time if question 4 is marked "No".**

Instructions for Section D

Period of Employment and Occupation Information

1. Begin Date: Enter the beginning date (month, date, and 4 digit year) on which the H-1B nonimmigrant(s) will be employed under this application. For example, June 5, 2000 would be entered as 06-05-2000.
2. End Date: Enter the end date (month, date, and 4 digit year) on which the H-1B nonimmigrants will be employed. For example, June 5, 2000 would be entered as 06-05-2000.
3. Occupational Code: Enter the 3 digit code from Appendix 1 which most clearly describes the occupation to be performed.
4. Number of H-1B nonimmigrants: Enter the number of H-1B nonimmigrants that will be employed under this application. Use only numerals. Do NOT spell out the number: e.g., enter "001," not "ONE".



5. Job Title: Self – Explanatory

Instructions for Section E

Information Relating to Work Location for the Nonimmigrants

1. City and State: Enter the city and state of the physical location where the work will actually be performed. See definition of "place of employment" in 20 CFR 655.175 and regulation concerning short-term placement in 20 CFR 655.735.
2. Prevailing Wage: Enter the prevailing wage rate. If the position is part-time, enter the prevailing wage on an hourly basis.
3. Wage is Per: Enter whether the prevailing wage is expressed in terms of per year, month, two weeks, week, or hour.
4. Wage Source: If the employer is relying on a wage determination obtained from a State Employment Security Agency, mark the SESA box. If the employer is using a collective bargaining agreement, mark that box. If the employer is using another source, mark the "Other" box and specify such other source in the space provided (question 6). This other source must be an appropriate survey. It may NOT be an established pay scale which has not been negotiated.
5. Year: Enter the 4 digit year in which the "other source" wage survey was published.
6. Other Wage Source: Enter the name of the published wage survey or other source used to determine the prevailing wage: e.g., "BLS Occupational Compensation Survey, Denver," "employer-conducted survey," etc. Any "other source" survey must meet all the criteria set forth in 20 CFR 655.731 (b) (3) (iii) (B) or (C), as appropriate.

Instructions for Section E - Subsection A

Information for Additional or Subsequent Work Location

This subsection is only necessary if filing for more than one location

If H-1B and H-1B1 nonimmigrants are to be employed concurrently or sequentially in more than one location, fill out Subsection A using the instructions listed above for Section E.

Instructions for Section F

Employer Labor Condition Statements

The employer must read and agree to statements (1) through (4) below and demonstrate that agreement by marking "Yes" in Section F of Form ETA 9035 or Form ETA 9035E, and by submitting and by signing the Form. The employer agrees to develop and maintain documentation supporting labor condition statements (1) and (4) as specified in 20 CFR 655.731 and 655.734, and to make this documentation available to DOL officials upon request. The employer also agrees to make available for public examination a copy of the labor condition application and necessary supporting documentation as specified in 20 CFR 655.760 within one (1) working day after the date on which the application has been filed with DOL. This documentation must be retained for public examination at the place of employment or the employer's principal place of business, as specified in Item H.

1. Wages: The employer attests that H-1B, H-1B1, or E-3 nonimmigrants will be paid wages which are at least the higher of the actual wage level paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for the occupational classification in the area of intended employment. By marking "Yes" in section F, the employer also



attests that it will pay these nonimmigrants the required wage for time in nonproductive status due to a decision of the employer or due to the H-1B nonimmigrant's lack of a permit or license. The employer further attests that these nonimmigrants will be offered benefits and eligibility for benefits on the same basis, and in accordance with the same criteria, as offered to U.S. workers. See 20 CFR 655.731.

2. **Working Conditions:** The employer attests that the employment of H-1B, H-1B1, or E-3 nonimmigrants in the named occupation will not adversely affect the working conditions of workers similarly employed. The employer further attests that H-1B nonimmigrants will be afforded working conditions on the same basis, and in accordance with the same criteria, as offered to similarly employed U.S. workers. See 20 CFR 655.732.
3. **Strike, Lockout, or Work Stoppage:** The employer attests that on the date the application is signed and submitted, there is not a strike, lockout, or work stoppage in the course of a labor dispute in the named occupation at the place of employment and that, if such a strike, lockout, or work stoppage occurs after the application is submitted, the employer will notify ETA within three (3) days of such occurrence and the application will not be used in support of a petition filing with INS for H-1B, H-1B1, or E-3 nonimmigrants to work in the same occupation at the place of employment until ETA determines the strike, lockout, or work stoppage has ceased. See 20 CFR 655.733.
4. **Notice:** The employer attests that as of the date of filing, notice of the labor condition application has been or will be provided to workers employed in the named occupation. Notice of the application shall be provided to workers through the bargaining representative, or where there is no such bargaining representative, notice of the filing shall be provided either through physical posting in conspicuous locations where H-1B, H-1B1, or E-3 nonimmigrants will be employed, or through electronic notification to employees in the occupational classification for which nonimmigrants are sought. The employer also attests that each nonimmigrant employed pursuant to the application will be provided with a copy (or original, as appropriate) of the certified Form ETA 9035, and provided with a copy of ETA 9035CP if requested. As stated above, for H-1B1 and E-3 nonimmigrants, the employer must provide the certified Labor Condition Application to the nonimmigrant, who must follow the H-1B1 or E-3 procedures of USCIS and the Department of State. This notification shall be provided no later than the date the nonimmigrant reports to work at the place of employment. See 20 CFR 655.734.

Please note that you have read and agree to these conditions by marking "Yes" in Section E of the Labor Condition Application for Nonimmigrants (Form ETA 9035).

Instructions for Section F-1 - Subsection 1

Additional Employer Labor Condition Statements – H-1B Employers Only

Please Note: The determination as to whether an employer is H-1B dependent is a function of the number of H-1B nonimmigrants employed as a proportion of the total number of full-time equivalent employees employed in the U.S. The following table can be used to determine whether the employer is or is not H-1B dependent:

An employer is H-1B dependent if it employs in the U.S.:	
Number of Full-Time Equivalent Employees (U.S. and H-1B workers):	Number of H-1B Nonimmigrant Employees:
1 to 25	8 or more



26 to 50	13 or more
51 or more	15% or more of workforce (U.S. and H-1B workers).

See 20 CFR 655.736 for more detailed guidance as to what constitutes an "H-1B dependent employer" or a "willful violator".

All H-1B employers are required to choose one of the following alternatives in order for an application regarding an H-1B nonimmigrant to be processed. Please note the alternative chosen by marking A, B, or C in section F-1 - Subsection 1 of the Labor Condition Application for H-1B nonimmigrants (Form ETA 9035 or Form ETA 9035E).

Alternative A - The employer is not H-1B dependent (as defined above) and has not been found to have committed a willful violation or a misrepresentation of a material fact during the five (5) year period preceding the date of this application (and after October 20, 1998). The employer agrees to maintain the documentation required by 20 CFR 655.736 where applicable.

If an employer chooses Alternative A and is or becomes H-1B dependent or was found, prior to the date of filing, to have committed a willful violation or a misrepresentation, the submitted labor application shall be deemed invalid and may not be used in support of a new petition or extension of a petition for an H-1B nonimmigrant. By choosing Alternative A, the employer also acknowledges that if it uses this application despite its invalidity, it is required to comply with the Additional Employer Labor Condition Statements in Section F-1 - Subsection 2.

Alternative B - The employer is an H-1B dependent employer and/or the employer has been found during the five (5) year period preceding the date of this application (and after October 20, 1998) to have committed a willful violation or a misrepresentation of a material fact.

If Alternative B is chosen, Section F-1- Subsection 2 of Form ETA 9035 or Form ETA 9035E MUST be filled out.

Alternative C - The employer is an H-1B dependent employer and/or the employer has been found during the five (5) year period preceding the submittal date of this application (and after October 20, 1998) to have committed a willful violation or a misrepresentation of a material fact, BUT the employer will use this labor condition application ONLY in support of petitions or extensions of status for exempt H-1B nonimmigrants who will receive wages at a rate equal to at least \$60,000 per year, or have attained a master's degree (or equivalent or higher degree) in a specialty related to the employment. The employer also agrees to maintain documentation required by 20 CFR 655.737.

By Choosing Alternative C, the employer acknowledges that if it uses this application in support of a petition or extension of a petition of an H-1B nonimmigrant who is not exempt, it is required to comply with the Additional Employer Labor Condition Statements in Section F-1 - Subsection 2 with respect to all H-1B nonimmigrants supported by this application.

Instruction for Section F-1 - Subsection 2 Additional Employer Labor Condition Statements

All employers (1) that are H-1B dependent (as defined above) and/or (2) that have been found to have committed a willful violation or a misrepresentation of a material fact during the five (5) year period preceding the date of this application (and after October 20, 1998), must read and agree to statements (A) through (C) below and demonstrate that agreement by marking "Yes" in Section F-1- Subsection 2 of Form ETA 9035 or Form ETA 9035E and by submitting and by signing the Form. The employer agrees to develop and maintain documentation supporting labor



condition statements (A), (B), and (C) as specified in 20 CFR 655.738 and 655.739 and to make this documentation available to DOL officials upon request. The employer also agrees to make available for public examination a copy of the labor condition application and necessary supporting documentation as specified in 20 CFR 655.760 within one (1) working day after the date on which the application has been filed with DOL. This documentation must be retained for public examination at the place of employment or the employer's principal place of business as identified in Item B. The employer agrees:

- (A) Displacement: The employer will not displace any similarly employed U.S. worker within the period beginning 90 days before and ending 90 days after the date of filing a petition for an H-1B nonimmigrant supported by the application. See 20 CFR 655.738.
- (B) Secondary Displacement: The employer will not place any H-1B nonimmigrant employed pursuant to this application with any other employer or at another employer's worksite UNLESS the employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the period beginning 90 days before and ending 90 days after the placement, and the employer applicant has no contrary knowledge.

If the other employer displaces a similarly employed U.S. worker during such period, the displacement will constitute a failure to comply with the terms of the labor condition application and the employer applicant may be subject to civil money penalties and debarment. See 20 CFR 655.738.

- (C) Recruitment and Hiring: Prior to filing any petition for an H-1B nonimmigrant pursuant to this application, the employer took or will take good faith steps meeting industry-wide standards to recruit U.S. workers for the job for which the nonimmigrant is sought, offering compensation at least as great as required to be offered to the H-1B nonimmigrant. The employer will (has) offer(ed) the job to any U.S. worker who (has) applied and is equally or better qualified than the H-1B nonimmigrant. See 20 CFR 655.739.

This labor condition statement "C" does not apply to the employment of an H-1B nonimmigrant who is a "priority worker" (defined as a person with extraordinary ability, or outstanding professors or researchers, or certain multi-national executives or managers) within the meaning of Section 203 (b)(1)(A), (B), or (C) of the Immigration and Nationality Act, 8 U.S.C. 1153.



**Instructions for Section G
Public Disclosure Information**

Mark the appropriate circle identifying where documentation concerning this application will be maintained.

**Instructions for Section H
Declaration of Employer**

The application must be signed by an official designated by the employer and authorized by the employer to agree to the statements herein on the employer's behalf.

False statements are subject to Federal criminal penalties, as stated above. Failure to meet a condition of the application or misrepresentation of a material fact may result in civil money penalties, debarment, and other appropriate relief.

**Instructions for Section I
Contact Information**

Enter information in this section only if the person to whom questions regarding this application should be directed is different from the hiring or other designated official signing the application on behalf of the employer.

1. Contact First Name and Middle Initial (MI): Self-Explanatory
2. Contact Last Name: Self-Explanatory
3. Contact Phone Number and Extension: Self-Explanatory

**Instructions for Section J
For Government Use Only**

Please do not fill in this section, as it is for Official Use Only.

**Instructions for Section K
Complaints**

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. 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: U.S. Department of Justice * Office of the Special Counsel for Immigration-Related Unfair Employment Practices * 950 Pennsylvania Ave, NW * Washington, DC * 20530. * 1-(800) 255-8155 (Employers), 1-(800) 255-7688 (Employees) * <http://www.usdoj.gov/crt/osc>



Appendix 1

Three - Digit Occupational Groups
Professional, Technical, and Managerial Occupations and Fashion Models

Occupations in Architecture, Engineering, and Surveying

- 001 ARCHITECTURAL OCCUPATIONS
- 002 AERONAUTICAL ENGINEERING OCCUPATIONS
- 003 ELECTRICAL/ELECTRONICS ENGINEERING OCCUPATIONS
- 005 CIVIL ENGINEERING OCCUPATIONS
- 006 CERAMIC ENGINEERING OCCUPATIONS
- 007 MECHANICAL ENGINEERING OCCUPATIONS
- 008 CHEMICAL ENGINEERING OCCUPATIONS
- 010 MINING AND PETROLEUM ENGINEERING OCCUPATIONS
- 011 METALLURGY AND METALLURGICAL ENGINEERING OCCUPATIONS
- 012 INDUSTRIAL ENGINEERING OCCUPATIONS
- 013 AGRICULTURAL ENGINEERING OCCUPATIONS
- 014 MARINE ENGINEERING OCCUPATIONS
- 015 NUCLEAR ENGINEERING OCCUPATIONS
- 017 DRAFTERS
- 018 SURVEYING/CARTOGRAPHIC OCCUPATIONS
- 019 OTHER OCCUPATIONS IN ARCHITECTURE, ENGINEERING, AND SURVEYING

Occupations in Mathematics and Physical Sciences

- 020 OCCUPATIONS IN MATHEMATICS
- 021 OCCUPATIONS IN ASTRONOMY
- 022 OCCUPATIONS IN CHEMISTRY
- 023 OCCUPATIONS IN PHYSICS
- 024 OCCUPATIONS IN GEOLOGY
- 025 OCCUPATIONS IN METEOROLOGY
- 029 OTHER OCCUPATIONS IN MATHEMATICS AND PHYSICAL SCIENCES

Computer - Related Occupations

- 030 OCCUPATIONS IN SYSTEMS ANALYSIS AND PROGRAMMING
- 031 OCCUPATIONS IN DATA COMMUNICATIONS AND NETWORKS
- 032 OCCUPATIONS IN COMPUTER SYSTEM USER SUPPORT
- 033 OCCUPATIONS IN COMPUTER SYSTEM TECHNICAL SUPPORT
- 039 OTHER COMPUTER-RELATED OCCUPATIONS

Occupations in Life Sciences

- 040 OCCUPATIONS IN AGRICULTURAL SCIENCES
- 041 OCCUPATIONS IN BIOLOGICAL SCIENCES
- 045 OCCUPATIONS IN PSYCHOLOGY
- 049 OTHER OCCUPATIONS IN LIFE SCIENCES

Occupations in Social Sciences

- 050 OCCUPATIONS IN ECONOMICS
- 051 OCCUPATIONS IN POLITICAL SCIENCE
- 052 OCCUPATIONS IN HISTORY
- 054 OCCUPATIONS IN SOCIOLOGY
- 055 OCCUPATIONS IN ANTHROPOLOGY
- 059 OTHER OCCUPATIONS IN SOCIAL SCIENCES



Appendix 1
Three - Digit Occupational Groups
Professional, Technical, and Managerial Occupations and Fashion Models

Occupations in Medicine and Health

070 PHYSICIANS AND SURGEONS
071 OSTEOPATHS
072 DENTISTS
073 VETERINARIANS
074 PHARMACISTS
075 REGISTERED NURSES
076 THERAPISTS
077 DIETICIANS
078 OCCUPATIONS IN MEDICAL AND DENTAL TECHNOLOGY
079 OTHER OCCUPATIONS IN MEDICINE AND HEALTH

Occupations in Education

090 OCCUPATIONS IN COLLEGE AND UNIVERSITY EDUCATION
091 OCCUPATIONS IN SECONDARY SCHOOL EDUCATION
092 OCCUPATIONS IN PRESCHOOL, PRIMARY SCHOOL, AND KINDERGARTEN EDUCATION
094 OCCUPATIONS IN EDUCATION OF PERSONS WITH DISABILITIES
096 HOME ECONOMISTS AND FARM ADVISERS
097 OCCUPATIONS IN VOCATIONAL EDUCATION
099 OTHER OCCUPATIONS IN EDUCATION

Occupations in Museum, Library, and Archival Sciences

100 LIBRARIANS
101 ARCHIVISTS
102 MUSEUM CURATORS AND RELATED OCCUPATIONS
109 OTHER OCCUPATIONS IN MUSEUM, LIBRARY, AND ARCHIVAL SCIENCES

Occupations in Law and Jurisprudence

110 LAWYERS
111 JUDGES
119 OTHER OCCUPATIONS IN LAW AND JURISPRUDENCE

Occupations in Religion and Theology

120 CLERGY
129 OTHER OCCUPATIONS IN RELIGION AND THEOLOGY

Occupations in Writing

131 WRITERS
132 EDITORS: PUBLICATION, BROADCAST, AND SCRIPT
139 OTHER OCCUPATIONS IN WRITING

Occupations in Art

141 COMMERCIAL ARTISTS: DESIGNERS AND ILLUSTRATORS, GRAPHIC ARTS
142 ENVIRONMENTAL, PRODUCT, AND RELATED DESIGNERS
149 OTHER OCCUPATIONS IN ART



Appendix 1
Three - Digit Occupational Groups
Professional, Technical, and Managerial Occupations and Fashion Models

Occupations in Entertainment and Recreation

- 152 OCCUPATIONS IN MUSIC
- 159 OTHER OCCUPATIONS IN ENTERTAINMENT AND RECREATION

Occupations in Administrative Specializations

- 160 ACCOUNTANTS, AUDITORS, AND RELATED OCCUPATIONS
- 161 BUDGET AND MANAGEMENT SYSTEMS ANALYSIS OCCUPATIONS
- 162 PURCHASING MANAGEMENT OCCUPATIONS
- 163 SALES AND DISTRIBUTION MANAGEMENT OCCUPATIONS
- 164 ADVERTISING MANAGEMENT OCCUPATIONS
- 165 PUBLIC RELATIONS MANAGEMENT OCCUPATIONS
- 166 PERSONNEL ADMINISTRATION OCCUPATIONS
- 168 INSPECTORS AND INVESTIGATORS, MANAGERIAL AND PUBLIC SERVICE
- 169 OTHER OCCUPATIONS IN ADMINISTRATIVE OCCUPATIONS

Managers and Officials

- 180 AGRICULTURE, FORESTRY AND FISHING INDUSTRY MANAGERS AND OFFICIALS
- 181 MINING INDUSTRY MANAGERS AND OFFICIALS
- 182 CONSTRUCTION INDUSTRY MANAGERS AND OFFICIALS
- 183 MANUFACTURING INDUSTRY MANAGERS AND OFFICIALS
- 184 TRANSPORTATION, COMMUNICATION, AND UTILITIES INDUSTRY MANAGERS AND OFFICIALS
- 185 WHOLESALE AND RETAIL TRADE MANAGERS AND OFFICIALS
- 186 FINANCE, INSURANCE, AND REAL ESTATE MANAGERS AND OFFICIALS
- 187 SERVICE INDUSTRY MANAGERS AND OFFICIALS
- 188 PUBLIC ADMINISTRATION MANAGERS AND OFFICIALS
- 189 MISCELLANEOUS MANAGERS AND OFFICIALS

Miscellaneous Professional, Technical, and Managerial Occupations

- 195 OCCUPATIONS IN SOCIAL AND WELFARE WORK
- 199 MISCELLANEOUS PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS

Sales Promotion Occupations

- 297 FASHION MODELS

Miscellaneous

- 137 INTERPRETERS AND TRANSLATORS
- 143 OCCUPATIONS IN PHOTOGRAPHY
- 144 FINE ARTISTS
- 150 OCCUPATIONS IN DRAMATICS
- 151 OCCUPATIONS IN DANCING
- 153 OCCUPATIONS IN ATHLETICS AND SPORTS
- 191 AGENTS AND APPRAISERS
- 193 RADIO OPERATORS
- 194 SOUND, FILM
- 196 AIRPLANE PILOTS
- 197 SHIP CAPTAINS
- 198 RAILROAD CONDUCTORS