OMB Approval: 1205-0310 Expiration Date: 05/31/2018

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



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

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

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

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;

provide a signed nardcopy of this LCA to each H-1B nonliminigrant who is employed pursuant to the LCA.
¥ Yes □ No
B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).
¥ Yes □ No
C) I hereby choose one of the following options, with regard to the accompanying instructions:
☐ I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form
I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

ETA Form 9035/9035E Attestation FOR DEPARTMENT OF LABOR USE ONLY Page 1 of 1 12/16/2018 I-200-15351-340797 12/17/2015 Case Status: _ Period of Employment: _ Case Number: