

**U.S. Department of Labor**  
Employment and Training Administration  
Office of Foreign Labor Certification

Public Disclosure File: LCA (H-1B, H-1B1 and E-3), Form ETA-9035  
Federal Fiscal Year: 2024  
Reporting Period: October 1, 2023 through September 30, 2024

*Important Note: This public disclosure file contains administrative data from employers' Labor Condition Applications (Form ETA-9035), as provided by the employer or representative, and the final determinations issued by the Department's Office of Foreign Labor Certification (OFLC), Employment and Training Administration (ETA) where the date of the determination was issued during the reporting period above.*

*The following form items are not included in the public disclosure file because they contain Personally Identifiable Information (PII): Attorney's FEIN and Attorney's State Bar Number.*

| FIELD NAME                 | DESCRIPTION   |
|----------------------------|---|
| CASE_NUMBER                | Unique identifier assigned to each application submitted for processing to OFLC.  |
| CASE_STATUS                | Status associated with the last significant event or decision. Valid values include "Certified", "Certified-Withdrawn", "Denied", and "Withdrawn".  |
| RECEIVED_DATE              | Date the application was received at OFLC.  |
| DECISION_DATE              | Date on which the last significant event or determination was issued by OFLC.   |
| ORIGINAL_CERT_DATE         | Original Certification Date for a "Certified-Withdrawn" application.  |
| VISA_CLASS                 | Indicates the type of temporary application submitted for processing. Values include H-1B, E-3 Australian, H-1B1 Chile, and H-1B1 Singapore. Form ETA-9035 Section A, Item 1.                     |
| JOB_TITLE                  | Title of the job. Form ETA-9035 Section B, Item 1.  |
| SOC_CODE                   | Occupational code associated with the job being requested for temporary labor condition, as classified by the Standard Occupational Classification (SOC) System. Form ETA-9035 Section B, Item 2. |
| SOC_TITLE                  | Occupational title associated with the SOC/O*NET Code. Form ETA-9035 Section B, Item 3.   |
| FULL_TIME_POSITION         | Y = Full Time Position; N = Part Time Position. Form ETA-9035 Section B, Item 4.  |
| BEGIN_DATE                 | Requested beginning date of the period of employment. Form ETA-9035 Section B, Item 5.  |
| END_DATE                   | Requested ending date of the period of employment. Form ETA-9035 Section B, Item 6.   |
| TOTAL_WORKER_POSITIONS     | Total number of foreign workers requested by the Employer. Form ETA-9035 Section B, Item 7.   |
| NEW_EMPLOYMENT             | Indicates requested worker(s) will begin employment for new employer, as defined by USCIS. Form ETA-9035 Section B, Item 7a.  |
| CONTINUED_EMPLOYMENT       | Indicates requested worker(s) will be continuing employment with same employer, as defined by USCIS. Form ETA-9035 Section B, Item 7b.  |
| CHANGE_PREVIOUS_EMPLOYMENT | Indicates requested worker(s) will be continuing employment with same employer without material change to job duties. Form ETA-9035 Section B, Item 7c.   |

| FIELD NAME                  | DESCRIPTION  |
|-----------------------------|--|
| NEW_CONCURRENT_EMPLOYMENT   | Indicates requested worker(s) will begin employment with an additional employer. Form ETA-9035 Section B, Item 7d.   |
| CHANGE_EMPLOYER             | Indicates requested worker(s) will begin employment for new employer, using the same classification currently held, as defined by USCIS I-29. Form ETA-9035 Section B, Item 7e.                        |
| AMENDED_PETITION            | Indicates requested worker(s) will be continuing employment with same employer with material change to job duties, as defined by USCIS I-29. Form ETA-9035 Section B, Item 7f.                         |
| EMPLOYER_NAME               | Legal business name of the employer submitting the Labor Condition Application. Form ETA-9035 Section C, Item 1.   |
| TRADE_NAME_DBA              | Trade Name or "Doing Business As" (DBA), if applicable. Form ETA-9035 Section C, Item 2.   |
| EMPLOYER_ADDRESS1           | Contact information of the Employer submitting the Labor Condition Application. Form ETA-9035 Section C, Items 3 through 11.   |
| EMPLOYER_ADDRESS2           |  |
| EMPLOYER_CITY               |  |
| EMPLOYER_STATE              |  |
| EMPLOYER_POSTAL_CODE        |  |
| EMPLOYER_COUNTRY            |  |
| EMPLOYER_PROVINCE           |  |
| EMPLOYER_PHONE              |  |
| EMPLOYER_PHONE_EXT          |  |
| EMPLOYER_FEIN               | Federal Employer Identification Number (FEIN from IRS). Form ETA-9035 Section C, Item 12.  |
| NAICS_CODE                  | Industry code associated with the employer submitting the Labor Condition Application, as classified by the North American Industrial Classification System (NAICS). Form ETA-9035 Section C, Item 13. |
| EMPLOYER_POC_LAST_NAME      | Employer Point of Contact Name. Form ETA-9035 Section D, Items 1 through 4.  |
| EMPLOYER_POC_FIRST_NAME     |  |
| EMPLOYER_POC_MIDDLE_NAME    |  |
| EMPLOYER_POC_JOB_TITLE      |  |
| EMPLOYER_POC_ADDRESS1       | Contact information for the Employer Point of Contact submitting a Labor Condition Application. Form ETA-9035 Section D, Items 5 through 14.   |
| EMPLOYER_POC_ADDRESS2       |  |
| EMPLOYER_POC_CITY           |  |
| EMPLOYER_POC_STATE          |  |
| EMPLOYER_POC_POSTAL_CODE    |  |
| EMPLOYER_POC_COUNTRY        |  |
| EMPLOYER_POC_PROVINCE       |  |
| EMPLOYER_POC_PHONE          |  |
| EMPLOYER_POC_PHONE_EXT      |  |
| EMPLOYER_POC_EMAIL          |  |
| AGENT_REPRESENTING_EMPLOYER | Y = Employer is represented by an Agent or Attorney; N = Employer is not represented by an Agent or Attorney. Form ETA-9035 Section E, Item 1.   |
| AGENT_ATTORNEY_LAST_NAME    | Name of Agent or Attorney representing the Employer the submitting a Labor Condition Application. Form ETA-9035 Section E, Items 2 through 4.  |
| AGENT_ATTORNEY_FIRST_NAME   |  |
| AGENT_ATTORNEY_MIDDLE_NAME  |  |

| FIELD NAME                     | DESCRIPTION  |
|--------------------------------|--|
| AGENT_ATTORNEY_ADDRESS1        | Contact information of the Agent/Attorney representing the Employer submitting the Labor Condition Application. Form ETA-9035 Section E, Items 5 through 14  |
| AGENT_ATTORNEY_ADDRESS2        |  |
| AGENT_ATTORNEY_CITY            |  |
| AGENT_ATTORNEY_STATE           |  |
| AGENT_ATTORNEY_POSTAL_CODE     |  |
| AGENT_ATTORNEY_COUNTRY         |  |
| AGENT_ATTORNEY_PROVINCE        |  |
| AGENT_ATTORNEY_PHONE           |  |
| AGENT_ATTORNEY_PHONE_EXT       |  |
| AGENT_ATTORNEY_EMAIL_ADDRESS   |  |
| LAWFIRM_NAME_BUSINESS_NAME     | Name of Law Firm representing the Employer submitting the Labor Condition Application. Form ETA-9035 Section E, Item 15.   |
| STATE_OF_HIGHEST_COURT         | If represented by an Attorney, the state of the highest court where the attorney is in good standing. Form ETA-9035 Section E, Item 18.  |
| NAME_OF_HIGHEST_STATE_COURT    | If represented by an Attorney, the name of the highest court where the attorney is in good standing. Form ETA-9035 Section E, Item 19.   |
| WORKSITE_WORKERS               | Number of workers placed at the First Worksite location. Form ETA-9035 Section F.a., Item 1.   |
| SECONDARY_ENTITY               | Y = Workers will be placed with a secondary entity; N = Workers will not be placed with a secondary entity. Form ETA-9035 Section F.a., Item 2.  |
| SECONDARY_ENTITY_BUSINESS_NAME | Name of secondary entity where the worker(s) will be placed (if applicable). Form ETA-9035 Section F.a., Item 3.   |
| WORKSITE_ADDRESS1              | Geographic Information for First Worksite Location. Form ETA-9035 Section F.a., Items 4-9.   |
| WORKSITE_ADDRESS2              |  |
| WORKSITE_CITY                  |  |
| WORKSITE_COUNTY                |  |
| WORKSITE_STATE                 |  |
| WORKSITE_POSTAL_CODE           |  |
| WAGE_RATE_OF_PAY_FROM          |  |
| WAGE_RATE_OF_PAY_TO            |  |
| WAGE_UNIT_OF_PAY               |  |
| PREVAILING_WAGE                | Prevailing Wage for the job being requested for First Worksite Location. Form ETA-9035 Section F.a., Item 11.  |
| PW_UNIT_OF_PAY                 | Unit of Prevailing Wage Pay for First Worksite Location. Valid values include "Hour", "Bi-weekly", "Week", "Month", and "Year". Form ETA-9035 Section F.a., Item 11a.  |
| PW_TRACKING_NUMBER             | Unique identifier assigned to the Prevailing Wage Determination associated with the job opportunity. If Employer received Prevailing Wage issued by the Department of Labor for Primary Worksite Location. Form ETA-9035 Section F.a., Item 12a. |

| FIELD NAME               | DESCRIPTION   |
|--------------------------|---|
| PW_WAGE_LEVEL            | OES Wage Level, if Employer independently determined the OES Wage for the First Worksite Location. Variables include "I", "II", "III", "IV" or "N/A". Form ETA-9035 Section F.a., Item 13a.   |
| PW_OES_YEAR              | The year of the OES Prevailing Wage, if Employer independently determined the OES wage for the First Worksite Location. Form ETA-9035 Section F.a., Item 13b.   |
| PW_OTHER_SOURCE          | If Employer determined the Prevailing Wage from another legitimate source for First Worksite Location. Variables include "CBA", "DBA", "SCA", and "Other/PW Survey". Form ETA-9035 Section F.a., Item 14a.  |
| PW_OTHER_YEAR            | The year of the other legitimate Prevailing Wage source for the First Worksite Location. Form ETA-9035 Section F.a., Item 14b.  |
| PW_SURVEY_PUBLISHER      | Name of the survey producer or publisher, if Employer determined the Prevailing Wage from "Other/PW Survey" for First Worksite Location. Form ETA-9035 Section F.a., Item 14c.  |
| PW_SURVEY_NAME           | Name of the Prevailing Wage survey, if Employer determined the Prevailing Wage from "Other/PW Survey" for First Worksite Location. Form ETA-9035 Section F.a., Item 14d.  |
| TOTAL_WORKSITE_LOCATIONS | Total number of worksites Form ETA-9035 Section Fa (See H-1B, H-1B1 and E-3 Additional Worksites Record Layout)   |
| AGREE_TO_LC_STATEMENT    | The employer has read and agrees to Labor Condition Statements. Y = The employer agrees. N = The employer does not agree. Form ETA-9035 Section G., Item 1.   |
| H-1B_DEPENDENT           | Y = Employer is H-1B Dependent; N = Employer is not H-1B Dependent. Form ETA-9035 Section H.a., Item 1.   |
| WILLFUL_VIOLATOR         | Y = Employer has been previously found to be a Willful Violator; N = Employer has not been considered a Willful Violator. Form ETA-9035 Section H.a., Item 2.   |
| SUPPORT_H1B              | Y = Employer will use the temporary labor condition application only to support H-1B petitions or extensions of status of exempt H-1B worker(s); N = Employer will not use the Labor Condition Application to support H-1B petitions or extensions of status for exempt H-1B worker(s); N/A = not applicable. Form ETA-9035 Section H.a., Item 3. |
| STATUTORY_BASIS          | Basis of the Support H-1B exemption. Valid values include: "Wage" = Exemption based on \$60,000 or higher annual wage; "Degree" = Exemption based on Master's Degree or higher in related specialty; "Both" = Exemption based on both "Wage" and "Degree". Form ETA-9035 Section H.a., Item 4.  |
| APPENDIX_A_ATTACHED      | Y = Employer completed Appendix A; N = Employer did not complete Appendix A; N/A = not applicable. Form ETA-9035 Section H.a., Item 5.  |
| PUBLIC_DISCLOSURE        | Location of the required public disclosure information. Valid values include "Disclose Business", "Disclose Employment", "Disclose Business and Employment", or "N/A". Form ETA-9035 Section I, Item 1.   |
| PREPARER_LAST_NAME       | Name of person preparing the Labor Condition Application on behalf of the employer. Form ETA-9035 Section K, Items 1 through 5.   |
| PREPARER_FIRST_NAME      |   |
| PREPARER_MIDDLE_INITIAL  |   |
| PREPARER_BUSINESS_NAME   |   |
| PREPARER_EMAIL           |   |