

**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: 2023  
Reporting Period: October 1, 2022 through September 30, 2023

*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): Employer's Federal Employer Identification Number (FEIN), 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 Valid values include "Certified", "Certified-Withdrawn", "Denied", and "Withdrawn".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ORIGINAL_CERT_DATE	Original Certification Date for a "Certified-Withdrawn" application.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	
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	
AGENT_ATTORNEY_ADDRESS1	Contact information of the Agent/Attorney representing the Employer

FIELD NAME	DESCRIPTION
AGENT_ATTORNEY_ADDRESS2	submitting the Labor Condition Application. Form ETA-9035 Section E, Items 5 through 14
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 paid to nonimmigrant workers at the First Worksite Location. Unit of pay values include "Hour", "Week", "Bi-Weekly", "Month", and "Year". Form ETA-9035 Section F.a., Items 10 and 10a.
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.
PW_WAGE_LEVEL	OES Wage Level, if Employer independently determined the OES

FIELD NAME	DESCRIPTION
	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	