

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



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section (\$) symbol.

**A. Employment-Based Nonimmigrant Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
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**B. Temporary Need Information**

1. Job Title * SOFTWARE DEVELOPER, APPLICATIONS	
2. SOC (ONET/OES) code * 15-1132.00	3. SOC (ONET/OES) occupation title * Software Developers, Applications
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Period of Intended Employment</b>
	5. Begin Date * 3/13/2020 (mm/dd/yyyy)      6. End Date * 3/12/2023 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="1"/> <b>Total Worker Positions Being Requested for Certification *</b>	
Basis for the visa classification supported by this application (indicate total workers in each applicable category)	
<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="1"/> b. Continuation of previously approved employment without change with the same employer*	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *

**C. Employer Information**

1. Legal business name * HTC GLOBAL SERVICES INC.		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 3270 WEST BIG BEAVER ROAD		
4. Address 2		
5. City * TROY	6. State * Michigan	7. Postal code * 48084
8. Country * United States Of America		9. Province
10. Telephone number * +1 (248) 786-2500		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 38-3056583		13. NAICS code (must be at least 4-digits) * 541511

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 U.S. Department of Labor



**D. Employer Point of Contact Information**

**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.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
SUBRAMANIAN	SURESH	
4. Contact's job title *		
VICE PRESIDENT		
5. Address 1 *		
3270 WEST BIG BEAVER ROAD		
6. Address 2		
7. City *	8. State *	9. Postal code *
TROY	Michigan	48084
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (248) 786-2500	109	IMMIGRATION@HTCINC.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.

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," complete the remainder of Section E below.		
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)
5. Address 1 §		
6. Address 2		
7. City §	8. State §	9. Postal code §
10. Country §		11. Province
12. Telephone number §	13. Extension	14. E-Mail address
15. Law firm/Business name §		16. Law firm/Business FEIN §
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest State court where attorney is in good standing (only if attorney) §		

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**F. Employment and Wage Information**

**Important Note:** The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

**a. Place of Employment Information 1**

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. § American Family Mutual Insurance Company	
4. Address 1 * 2335 City View Dr	
5. Address 2	
6. City * Madison	7. County * Dane
8. State/District/Territory * Wisconsin	9. Postal code * 53718
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>79498</u> . <u>00</u> To: \$ <u>88000</u> . <u>00</u>	10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate * \$ <u>76398</u> . <u>00</u>	11a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
<b>Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *</b>	
12.	<b>A Prevailing Wage Determination (PWD) issued by the Department of Labor</b> a. PWD tracking number §
<input checked="" type="checkbox"/>	<b>A PW obtained independently from the Occupational Employment Statistics (OES) Program</b>
	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
	b. Source Year § 7/1/2019 - 6/30/2020
14.	<b>A PW obtained using another legitimate source (other than OES) or an independent authoritative source</b>
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey
	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §



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 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 expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, 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 filed 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 posting. 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 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. <b>I have read and agree to</b> Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**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**

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. 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. §	<input checked="" type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
<b>H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY</b>	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A





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**K. LCA Preparer**

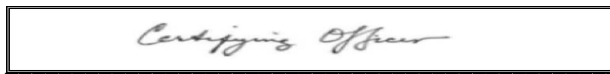
**Important Note:** Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial
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 3/13/2020 to 3/12/2023.



Department of Labor, Office of Foreign Labor Certification

1/14/2020

Certification Date (date signed)

I-200-20007-236584

Case number

Certified

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.dol.gov/whd](http://www.dol.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, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at [www.justice.gov](http://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.**

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**a. Place of Employment Information 2**

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §	
4. Address 1 *	
3270 WEST BIG BEAVER ROAD	
5. Address 2	
6. City *	7. County *
TROY	Oakland
8. State/District/Territory *	9. Postal code *
Michigan	48084
10. Wage Rate Paid to Nonimmigrant Workers *	10a. Per: (Choose only one)*
From* \$ <u>79498</u> . <u>00</u> To: \$ <u>88000</u> . <u>00</u>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate *	11a. Per: (Choose only one)*
\$ <u>79498</u> . <u>00</u>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
<b>Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *</b>	
12.	<b>A Prevailing Wage Determination (PWD) issued by the Department of Labor</b> a. PWD tracking number §
13.	<b>A PW obtained independently from the Occupational Employment Statistics (OES) Program</b>
<input checked="" type="checkbox"/>	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A b. Source Year § 7/1/2019 - 6/30/2020
14.	<b>A PW obtained using another legitimate source (other than OES) or an independent authoritative source</b>
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §