

Redacted LCA

5276 . Suite

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

ETA Case Number I-04133



**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.

FORM CERTIFIED



A. Employer's Information

1. Return Fax Number

2. Employer's Full Legal Name

3. Employer's Address (Number and Street)

5276

4. Employer's City

State

Zip/Postal Code

5. Employer's Address EIN Number

6. Employer's Phone Number

Extension

B. Rate of Pay

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

\$50,000.00

2. Rate Up To (Optional):

\$0.00

3. Rate is Per:

<input checked="" type="radio"/> Year	<input type="radio"/> Week
<input type="radio"/> Month	<input type="radio"/> Hour
<input type="radio"/> 2 Weeks	

4. Is this position part-time?

<input type="radio"/> Yes
<input checked="" type="radio"/> 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.

C. Period Of Employment and Occupation Information

1. Begin Date

10/01/2004

3. Occupational Code

0 3 0

4. Number of H-1B Nonimmigrants

0 0 1

2. End Date

10/01/2007

5. Job Title

DATABASE ADMINISTRATOR

D. Information relating to Work Location for the H-1B Nonimmigrants

1. City

State

CA

2. Prevailing Wage

\$31,429.00

3. Wage is Per:

<input checked="" type="radio"/> Year	<input type="radio"/> Week
<input type="radio"/> Month	<input type="radio"/> Hour
<input type="radio"/> 2 Weeks	

4. Wage Source

<input type="radio"/> SESA
<input type="radio"/> Collective Bargaining Agreement
<input checked="" type="radio"/> Other

5. Year Source Published

2004

6. Other Wage Source

OES Wage Survey

FORM CERTIFIED



D. Subsection A Information For Additional or Subsequent Work Location

1. City

State

2. Prevailing Wage

3. Wage is Per:

4. Wage Source

<input type="radio"/> Year	<input type="radio"/> Week
<input type="radio"/> Month	<input type="radio"/> Hour
<input type="radio"/> 2 Weeks	

<input type="radio"/> SESA
<input type="radio"/> Collective Bargaining Agreement
<input type="radio"/> Other

5. Year Source Published

6. Other Wage Source

E. 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 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. Additional Employer Labor Condition Statements

FOR GOVERNMENT USE ONLY

FORM CERTIFIED



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 DIRECTOR

Signature box

5. Date

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.

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

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 10/01/2004 and Date Ending 10/01/2007
Signature and Title of Authorized DOL Official: William J. Carls, Chief, Division of Foreign Labor Certification
ETA Case Number: I-04133- /2004 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 of the United States 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 * 10th Street and Constitution Avenue, NW * Washington, DC * 20530.

FORM CERTIFIED