

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 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 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

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Please read and review the filing instructions carefully before completing the ETA Form 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. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, 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 * PROGRAMMER ANALYST	
2. SOC (ONET/OES) code * 15-1131	3. SOC (ONET/OES) occupation title * COMPUTER PROGRAMMERS
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 10/20/2016 (mm/dd/yyyy) 6. End Date * 10/10/2019 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application (Indicate the total workers in each applicable category based on the total workers identified above)	
<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> 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="1"/> f. Amended petition *

C. Employer Information

1. Legal business name * SCINTILLA SOFT INC		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 1300 W WALNUT HILL LN		
4. Address 2 STE # 257		
5. City * IRVING	6. State * TX	7. Postal code * 75038
8. Country * UNITED STATES OF AMERICA		9. Province N/A
10. Telephone number * 9723323083		11. Extension N/A
12. Federal Employer Identification Number (FEIN from IRS) * 473881570		13. NAICS code (must be at least 4-digits) * 541511



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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 * RADHIKA		2. First (given) name * FNU		3. Middle name(s) * N/A	
4. Contact's job title * PRESIDENT					
5. Address 1 * 1300 W WALNUT HILL LN					
6. Address 2 STE # 257					
7. City * IRVING			8. State * TX		9. Postal code * 75038
10. Country * UNITED STATES OF AMERICA			11. Province N/A		
12. Telephone number * 9723323083		13. Extension N/A	14. E-Mail address INFO@SCINTILLASOFT.COM		

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? * If "Yes", complete the remainder of Section E below.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Attorney or Agent's last (family) name § PARVATHANENI		3. First (given) name § D.		4. Middle name(s) § CHAND	
5. Address 1 § 3010 LYNDON B JOHNSON FWY, STE 130					
6. Address 2 N/A					
7. City § DALLAS			8. State § TX		9. Postal code § 75234
10. Country § UNITED STATES OF AMERICA			11. Province N/A		
12. Telephone number § 9723751000		13. Extension N/A	14. E-Mail address CHAND@SPBLAWFIRM.COM		
15. Law firm/Business name § THE LAW FIRM OF SIM, PARVATHANENI, AND BROWN PLLC				16. Law firm/Business FEIN § 461023191	
17. State Bar number (only if attorney) § 2407110			18. State of highest court where attorney is in good standing (only if attorney) § TX		
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME COURT OF TEXAS					