Labor Condition Application for H-1B, H-1B1 and E-3 Nonimmigrant Workers
Form ETA-9035CP

U.S. Department of Labor

IMPORTANT: Please read these instructions carefully before completing the Form ETA-9035 or 9035E – Labor Condition Application (LCA) for Nonimmigrant Workers. These instructions contain full explanations of the questions and attestations that make up the LCA, Form ETA-9035 and 9035E, with further information about the employer’s obligations provided in 20 CFR 655 Subpart H. If the employer plans to file non-electronically, which is allowed only for certain reasons set out below, ALL required fields and items containing an asterisk (*) must be completed as well as any fields and items where a response is conditioned on the response to another required section/field or item as indicated by the section (§) symbol. In accordance with 20 CFR 655.740, once an LCA has been received from an employer, a determination will be made by the ETA Certifying Officer whether to certify the LCA or return it to the employer not certified. Where all items on the Form ETA-9035 or 9035E are complete and do not contain obvious inaccuracies, the ETA Certifying Officer will certify the LCA within 7 working days of the date the LCA is received and dated-stamped by the Department. If the LCA is not certified pursuant to 20 CFR 655.740(a)(2)(i) or (ii), the ETA Certifying Officer will return it to the employer, or the employer’s authorized agent or representative, explaining the reason(s) for such return without certification. Except in the case of a disqualification issued by the Wage Hour Administrator, the employer may submit a corrected LCA to the Department for review, which shall be treated as a new LCA and processed on a “first come, first served” basis. Anyone who knowingly and willingly furnishes false information in the preparation of the Form ETA-9035 or 9035E and any supplement thereto, or aids, abets, or counsels another to do so is committing a Federal offense under 18 U.S.C. 1001 or other provisions of law.

A: Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application

H-1B

B: Temporary Need Information

1. Job Title

Analyst

2/B.3. SOC (ONET/OES) Code and Occupation Title

15-1132.00

Software Developers, Applications

4. Is this a full-time position?

YES

5. Begin Date

2019-10-15
6. End Date | 2022-10-14

7. Total Worker Positions Being Requested for Certification | 3

- a. New Employment | 0
- b. Continuation of previously approved employment without change with the same employer | 0
- c. Change in previously approved employment | 0
- d. New concurrent employment | 0
- e. Change in employer | 0
- f. Amended petition | 3

C: Employer Information

<table>
<thead>
<tr>
<th>1. Legal Business Name</th>
<th>Deloitte Consulting LLP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Address 1</td>
<td>1700 Market Street</td>
</tr>
<tr>
<td>4. Address 2 (apartment/suite/floor and number)</td>
<td>N/A</td>
</tr>
<tr>
<td>5. City</td>
<td>Philadelphia</td>
</tr>
<tr>
<td>6. State</td>
<td>PENNSYLVANIA</td>
</tr>
</tbody>
</table>
7. Postal Code 19103

8. Country UNITED STATES OF AMERICA

9. Province N/A

10. Telephone Number +16179608170

12. Federal Employer Identification Number (FEIN from IRS) 06-1454513

13. NAICS Code 541611

13. NAICS Description General management consulting services

D: Employer Point of Contact Information

1. Contact's Last (family) Name del Campo

2. First (given) Name Kathryn

3. Middle name(s) N/A

4. Contact's Job Title Immigration Manager

5. Address 1 1700 Market Street

6. Address 2 (apartment/suite/floor and number) N/A
7. City: Philadelphia

8. State: PENNSYLVANIA

9. Postal Code: 19103

10. Country: UNITED STATES OF AMERICA

12. Telephone Number: +16179608170

14. Business e-mail address: usdeloitteimmigration@deloitte.com

E: Attorney or Agent Information (if applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? **Attorney**

2. Attorney or Agent's Last (family) Name: Teng

3. First (given) Name: ChiaJui

4. Middle Name(s): Rei

5. Address 1: 2400 N. Glenville Drive

6. Address 2 (apartment/suite/floor and number): Building A, Suite 100

7. City: Richardson
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. State</td>
<td>TEXAS</td>
</tr>
<tr>
<td>9. Postal Code</td>
<td>75082</td>
</tr>
<tr>
<td>10. Country</td>
<td>UNITED STATES OF AMERICA</td>
</tr>
<tr>
<td>11. Province</td>
<td>N/A</td>
</tr>
<tr>
<td>12. Telephone Number</td>
<td>+19727296293</td>
</tr>
<tr>
<td>14. Email Address</td>
<td>#<a href="mailto:RTTEAM@BALGLOBAL.COM">RTTEAM@BALGLOBAL.COM</a></td>
</tr>
<tr>
<td>15. Law Firm/Business Name</td>
<td>Berry Appleman &amp; Leiden LLP</td>
</tr>
<tr>
<td>16. Law Firm/Business FEIN</td>
<td>94-3068076</td>
</tr>
<tr>
<td>17. State Bar Number</td>
<td>286847</td>
</tr>
<tr>
<td>18. State of highest state court where attorney is in good standing</td>
<td>CALIFORNIA</td>
</tr>
<tr>
<td>19. Name of highest state court where attorney is in good standing</td>
<td>California Supreme Court</td>
</tr>
</tbody>
</table>

**F: Employment and Wage Information**

F. Use the fields above to enter the details of each additional place of employment, when applicable.

- **Wage Rate Paid to Nonimmigrant Workers From** 82000
- **Wage Rate Paid to Nonimmigrant Workers Year**
Per
Prevailing Wage Rate

Prevailing Wage Rate Per Year

Identify the source user for the prevailing wage (PW) f13_is_oes_prevailing_wage

Wage Level I

Source Year 7/1/2019 - 6/30/2020

Enter the estimated number of workers that will perform work at this place of employment under the LCA 3

Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment YES

Legal Business name of secondary entity ABM Industries Inc.

Address 1 14141 SOUTHWEST FREEWAY

Address 2 (apartment/suite/floor and number) Suite 400

City Sugarland

County FORT BEND

State/District/Territory TEXAS

Postal Code 77478

Wage Rate Paid to Nonimmigrant Workers From 82000.00

Wage Rate Paid to Nonimmigrant Workers Per Year

Prevailing Wage Rate 46592.00

Prevailing Wage Rate Per Year

Identify the source user for the prevailing wage (PW) f13_is_oes_prevailing_wage

Wage Level I

Source Year 7/1/2019 - 6/30/2020

Enter the estimated number of workers that will perform work at this place of employment under the LCA 3
| Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment | YES |
| Legal Business name of secondary entity | ABM Industries Inc. |
| Address 1 | 1350 Euclid Ave. |
| Address 2 (apartment/suite/floor and number) | Suite 1500 |
| City | Cleveland |
| County | CUYAHOGA |
| State/District/Territory | OHIO |
| Postal Code | 44115 |
| Wage Rate Paid to Nonimmigrant Workers From | 82000 |
| Wage Rate Paid to Nonimmigrant Workers Per | Year |
| Prevailing Wage Rate | 72904.00 |
| Prevailing Wage Rate Per | Year |
| Identify the source user for the prevailing wage (PW) | f13_is_oes_prevailing_wage |
| Wage Level | I |
| Source Year | 7/1/2019 - 6/30/2020 |
| Enter the estimated number of workers that will perform work at this place of employment under the LCA | 3 |
| Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment | YES |
| Legal Business name of secondary entity | ABM Industries Inc. |
| Address 1 | 1150 S. Olive St. |
| Address 2 (apartment/suite/floor and number) | Suite. 1900 |
| City | Los Angeles |
| County | LOS ANGELES |
| State/District/Territory | CALIFORNIA |
G: Employer Labor Condition Statements

1. I have read and agree to 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. YES

H: H-1B Additional Employer Labor Condition Statements

1. At the time of filing this LCA, is the employer H-1B dependent? NO

2. At the time of filing this LCA, is the employer a willful violator NO

I/J: Employer Obligations

Public disclosure information in the United States will be kept at:
(You must select one or both of the options listed in this Section.)

- Place of employment
- Employer’s principal place of business

1. Last (family) name of hiring or designated official DEL CAMPO

2. First (given) name of hiring or designated official KATHRYN

4. Hiring or designated official title IMMIGRATION MANAGER (20534.1580.7)

K: LCA Preparer
1. Last (family) Name  Flores

2. First (given) Name  Darlin

4. Firm/Business Name  BERRY APPLEMAN & LEIDEN LLP

5. Email Address  DARLIN.FLORES@BALGLOBAL.COM

APP A: Appendix A - Educational Attainment Documentation

Appendix A. Record(s)

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.