	hat form/section you would	d like to		
view:	<u> </u>	\$		
1205-0466 Expiration Date:	10/31/2027			Print Summary E
1	tion Application for H-1B	, H-1B1 and E-3	Nonimmigrant Workers	
	nent of Labor			
make up the LCA Subpart H. If the fields and items of the response to a once an LCA has LCA or return it to obvious inaccura stamped by the Ereturn it to the encertification. Excel LCA to the Depair who knowingly as	A, Form ETA-9035 and 9035E, with employer plans to file non-electron containing an asterisk (*) must be another required section/field or ite been received from an employer, of the employer not certified. Where cies, the ETA Certifying Officer will Department. If the LCA is not certification, or the employer's authorize the total case of a disqualification of the total case of a disqualification of the willingly furnishes false informatics.	h further information ab nically, which is allowed completed as well as a sem as indicated by the sem as indicated by the sem as indicated by the sem all items on the Form II certify the LCA within fied pursuant to 20 CFF zed agent or representant issued by the Wage Hareated as a new LCA areation in the preparation	full explanations of the questions an about the employer's obligations provided only for certain reasons set out being fields and items where a responsisection (§) symbol. In accordance we made by the ETA Certifying Officer ETA- 9035 or 9035E are complete 7 working days of the date the LCA (655.740(a)(2)(i) or (ii), the ETA Certive, explaining the reason(s) for surface active, explaining the reason(s) for surface active and processed on a "first come, first sof the Form ETA- 9035 or 9035E are ral offense under 18 U.S.C. 1001 or	ided in 20 CFR 655 alow, ALL required se is conditioned on with 20 CFR 655.740, or whether to certify the and do not contain a received and date-partifying Officer will such return without y submit a corrected served" basis. Anyone and any supplement
A: Employm	nent-Based Nonimmigrant V	/isa Information		~
	e the type of visa classification	on H-1B		

B: Temporary Need Information

1 Job Title

Software Engineer

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

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

Title

4 Is this a full-time position?	YES
5 Begin Date	10/1/2025
S End Date	9/30/2028
7 Total Worker Positions Being Requested for Certification	1
a. New Employment	1
o. 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	0
Employer Information	

3 Address 1	175 ADDISON RD. ENTRANCE A
5 City	WINDSOR
6 State	CONNECTICUT
7 Postal Code	06095
8 Country	UNITED STATES OF AMERICA
10 Telephone Number	+14087757667
12 Federal Employer Identification Number	31-1393419
(FEIN from IRS)	
40 NAIOO O	
13 NAICS Code	541330
13 NAICS Description	Engineering consulting services
D: Employer Point of Contact Information	~
1 Contact's Last (family) Name	ALA LIZ

1 Contact's Last (family) Name

NAIK

2 First (given) Name

SHREYAMSHAKUMAR

4 Contact's Job Title	IMMIGRATION SPECIALIST
5 Address 1	175 ADDISON RD. ENTRANCE A
7 City	WINDSOR
8 State	CONNECTICUT
9 Postal Code	06095
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	+14087757667
14 Business e-mail address	USH1B@QUEST-GLOBAL.COM
E: Attorney or Agent Information (if applicable)	→
, , , , , , , , , , , , , , , , , , , ,	
1 Is the employer represented by an attorney or	None
agent in the filing of this application?	Hone
2 Attorney or Agent's Last (family) Name	

3 First (given) Name

4 Middle Name(s)
F. Address 1
5 Address 1
6 Address 2 (apartment/suite/floor and number)
7 City
·
8 State
9 Postal Code
10 Country
<u> </u>
44 Duarings
11 Province
12 Telephone Number
13 Extension
14 Email Address
14 Liliali Addiess
15 Law Firm/Business Name
16 Law Firm/Business FEIN

18 State of highest state court where attorney is in good standing

19 Name of highest state court where attorney is in good standing

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

75920.00

Wage Rate Paid to Nonimmigrant Workers To 88233.00

Wage Rate Paid to Nonimmigrant Workers Per

Year

Prevailing Wage Rate

75920.00

Prevailing Wage Rate Per

Year

Identify the source user for the prevailing wage (PW)

f13_is_oes_prevailing_wage

Wage Level

Source Year

7/1/2024 - 6/30/2025

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

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

Legal Business name of secondary entity	GE Healthcare
Address 1	9900 W Innovation Drive
City	Wauwatosa
County	MILWAUKEE
State/District/Territory	WISCONSIN
Postal Code	53226
Wage Rate Paid to Nonimmigrant Workers From	75920.00
Wage Rate Paid to Nonimmigrant Workers To	93516.00
Wage Rate Paid to Nonimmigrant Workers Per	Year
Prevailing Wage Rate	70949.00
Prevailing Wage Rate Per	Year
Identify the source user for the prevailing wage (PW)	f13_is_oes_prevailing_wage
Wage Level	1
Source Year	7/1/2024 - 6/30/2025
Enter the estimated number of workers that will perform work at this place of employment under the LCA	1
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	GE Healthcare

Address 1	384 N Wright Brothers Dr
City	Salt Lake City
County	SALT LAKE
State/District/Territory	UTAH
Postal Code	84116

G: Employer Labor Condition Statements



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;
- 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 <u>I have read and agree to</u> 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

1 At the time of filing this LCA, is the employer H-1B dependent?

2 At the time of filing this LCA, is the employer a willful violator

I/J: Employer Obligations

~

Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a hard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 655.760) Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.s> or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplemental thereto or to aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).

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

Employer's principal place of business

1 Last (family) name of hiring or designated official

NAIK

	2 First (given) name of hiring or designated official	SHREYAMSHAKUMAR	
	4 Hiring or designated official title	IMMIGRATION SPECIALIST	
K	: LCA Preparer	~	
	1 Last (family) Name	NAIK	
	2 First (given) Name	SHREYAMSHAKUMAR	
	4 Firm/Business Name	QUEST GLOBAL SERVICES NA INC	
	5 Email Address	ush1b@quest-global.com	
Δ	APP A: Appendix A - Educational Attainment Docu	mentation ~	
	Appendix A. Record(s)		