**Labor Condition Application for Nonimmigrant Workers**

**Form ETA- 9035 & 9035E**

**U.S. Department of Labor**

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**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**: PROFESSOR OF MATHEMATICS
2. **SOC (ONET/OES) code**: 25-1022
3. **SOC (ONET/OES) occupation title**: MATHEMATICAL SCIENCE TEACHERS, POSTSECONDARY

4. **Is this a full-time position?** *
   - [ ] Yes
   - [x] No

<table>
<thead>
<tr>
<th>Period of Intended Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Begin Date * 09/01/2019</td>
</tr>
<tr>
<td>6. End Date * 09/01/2022</td>
</tr>
</tbody>
</table>

5. **Worker positions needed/basis for the visa classification supported by this application**

   [ ] Total Worker Positions Being Requested for Certification *

   Basis for the visa classification supported by this application  
   *(indicate total workers in each applicable category)*

   - [ ] a. New employment *
   - [ ] b. Continuation of previously approved employment without change with the same employer *
   - [ ] c. Change in previously approved employment *
   - [ ] d. New concurrent employment *
   - [ ] e. Change in employer *
   - [ ] f. Amended petition *

---

**C. Employer Information**

1. **Legal business name**: NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES
2. **Trade name/Doing Business As (DBA)**, if applicable: NYU, COURANT INST. OF MATHEMATICAL SCIENCES
3. **Address 1**: 251 MERCER STREET
4. **Address 2**: N/A
5. **City**: NEW YORK
6. **State**: NY
7. **Postal code**: 10012-1185
8. **Country**: UNITED STATES OF AMERICA
9. **Province**: N/A
10. **Telephone number**: 2129983114
11. **Extension**: N/A
12. **Federal Employer Identification Number (FEIN from IRS)**: 135562308
13. **NAICS code (must be at least 4-digits)**: 611310

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**FOR DEPARTMENT OF LABOR USE ONLY**

**Case Number**: L-200-19149-989931

**Case Status**: CERTIFIED

**Period of Employment**: 09/01/2019 to 09/01/2022
### 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.

<table>
<thead>
<tr>
<th>1. Contact's last (family) name *</th>
<th>2. First (given) name *</th>
<th>3. Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Contact's job title *</th>
<th>5. Address 1 *</th>
<th>6. Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR, HR &amp; ADMINISTRATIVE SERVICES</td>
<td>251 MERCER STREET</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>NEW YORK</td>
<td>NY</td>
<td>10012-1185</td>
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</thead>
<tbody>
<tr>
<td>UNITED STATES OF AMERICA</td>
<td>N/A</td>
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<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2129983114</td>
<td>N/A</td>
<td><a href="mailto:MT41@NYU.EDU">MT41@NYU.EDU</a></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>1. Is the employer represented by an attorney or agent in the filing of this application? *</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &quot;Yes,&quot; complete the remainder of Section E below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Attorney or Agent's last (family) name §</th>
<th>3. First (given) name §</th>
<th>4. Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLROYD</td>
<td>LAURA</td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Address 1 §</th>
<th>6. Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 PARK AVENUE</td>
<td>SUITE 660</td>
</tr>
</tbody>
</table>

<table>
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<th></th>
<th></th>
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<tbody>
<tr>
<td>NEW YORK</td>
<td>NY</td>
<td>10169</td>
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</tbody>
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</thead>
<tbody>
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<td>UNITED STATES OF AMERICA</td>
<td>N/A</td>
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</thead>
<tbody>
<tr>
<td>2126847676</td>
<td>N/A</td>
<td><a href="mailto:ESQ8@ATSUSS.COM">ESQ8@ATSUSS.COM</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Law firm/Business name §</th>
<th>16. Law firm/Business FEIN §</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAW OFFICES OF ERWIN L. ATKINS, PC</td>
<td>412099635</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. State Bar number (only if attorney) §</th>
<th>18. State of highest court where attorney is in good standing (only if attorney) §</th>
</tr>
</thead>
<tbody>
<tr>
<td>2031508</td>
<td>NY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Name of the highest State court where attorney is in good standing (only if attorney) §</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURT OF APPEALS</td>
</tr>
</tbody>
</table>
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

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 C.F.R 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**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enter the estimated number of workers that will perform work at this place of employment under the LCA:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>3. If “Yes” to question 2, provide the legal business name of the secondary entity.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Address 1*</td>
<td>251 Mercer Street</td>
<td></td>
</tr>
<tr>
<td>5. Address 2</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. City*</td>
<td>New York</td>
<td></td>
</tr>
<tr>
<td>7. County*</td>
<td>New York</td>
<td></td>
</tr>
<tr>
<td>8. State/District/Territory*</td>
<td>NY</td>
<td></td>
</tr>
<tr>
<td>9. Postal code*</td>
<td>10012</td>
<td></td>
</tr>
<tr>
<td>10. Wage Rate Paid to Nonimmigrant Workers*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From*: $175000.00 To: $ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Per: (Choose only one)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Prevailing Wage Rate*</td>
<td>$82243.00</td>
<td></td>
</tr>
<tr>
<td>11a. Per: (Choose only one)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>12. ☐ A Prevailing Wage Determination (PWD) issued by the Department of Labor</td>
<td>a. PWD tracking number $</td>
<td></td>
</tr>
<tr>
<td>13. ☑ A PW obtained independently from the Occupational Employment Statistics (OES) Program</td>
<td>b. Source Year $</td>
<td></td>
</tr>
<tr>
<td>a. Wage Level (check one):</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>☑ I ☐ II ☐ III ☐ IV ☐ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. ☐ A PW obtained using another legitimate source (other than OES) or an independent authoritative source</td>
<td>b. Source Year $</td>
<td></td>
</tr>
<tr>
<td>a. Source Type (check one):</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>☑ CBA ☐ DBA ☐ SCA ☐ Other/ PW Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If responded “Other/ PW Survey” in question 14.a, enter the name of the survey producer or publisher $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If responded “Other/ PW Survey” in question 14.a, enter the title or name of the PW survey $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 H-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 personal 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.

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.*

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? §
   - Yes
   - No

2. At the time of filing this LCA, is the employer a willful violator? §
   - Yes
   - 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 ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §
   - Yes
   - 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, §
   - §50,000 or higher annual wage
   - Master's Degree or higher in related specialty
   - Both

H-1B Dependent or Willful Violator Employers - Master's Degree or Higher Exemptions ONLY

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 ONLY on attainment of a Master's Degree or higher in related specialty, §
   - Yes
   - No
   - N/A

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Form ETA-9035A9035E
FOR DEPARTMENT OF LABOR USE ONLY
Page 4 of 6

Case Number: I-200-91949-989831
Case Status: CERTIFIED
Period of Employment: 09/01/2019 to 09/01/2022
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

If you marked “Yes” to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and “No” to question H.a.3 (exempt H-1B nonimmigrant workers), you MUST read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);

B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer’s displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(k). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and

C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department’s regulations at 20 CFR 655 Subpart H. §

[Yes] [No]

I. Public Disclosure Information

/ Important Note: You must select one or both of the options listed in this Section.

☐ Public disclosure information in the United States will be kept at: 

☐ Employer’s principal place of business

☐ Place of employment

J. 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 655.730(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); and
☐ 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 the LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 555.700(d)(4)(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 II).

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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *
TORRES

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

3. Middle initial §
N/A

4. Hiring or designated official title *
DIRECTOR, HR & ADMINISTRATIVE SERVICES

5. Signature *
[Signature]

6. Date signed *
6-13-2019
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.

<table>
<thead>
<tr>
<th>1. Last (family) name §</th>
<th>2. First (given) name §</th>
<th>3. Middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>4. Firm/Business name §</th>
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<td>N/A</td>
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</table>

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<thead>
<tr>
<th>5. E-Mail address §</th>
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<tbody>
<tr>
<td>N/A</td>
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</table>

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 09/01/2019 to 09/01/2022.

Department of Labor, Office of Foreign Labor Certification

I-200-19149-989931

CERTIFIED

Case number: 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. 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, #1E, NYA 9000, Washington, DC 20530, and additional information can be obtained at 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 (l) 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 PPL 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.
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.dol.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-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

B. Temporary Need Information

1. Job Title * ASSISTANT PROFESSOR OF COMPUTER SCIENCE
2. SOC (ONET/OES) code * 25-1021
3. SOC (ONET/OES) occupation title * COMPUTER SCIENCE TEACHERS, POSTSECONDARY
4. Is this a full-time position? * Yes [□] No [□]
5. Begin Date * (mm/dd/yyyy) 09/01/2019
6. End Date * (mm/dd/yyyy) 09/01/2022

7. Worker positions needed/basis for the visa classification supported by this application

1 [□] Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application
(indicate total workers in each applicable category)

1. New employment *
2. Continuation of previously approved employment without change with the same employer *
3. Change in previously approved employment *
4. New concurrent employment *
5. Change in employer *
6. Amended petition *

C. Employer Information

1. Legal business name * NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES
2. Trade name/Doing Business As (DBA), if applicable NYU, COURANT INST. OF MATHEMATICAL SCIENCES
3. Address 1 * 251 MERCER STREET
4. Address 2 N/A
5. City * NEW YORK
6. State * NY
7. Postal code * 10012-1185
8. Country * UNITED STATES OF AMERICA
9. Province N/A
10. Telephone number * 2129983114
11. Extension N/A
12. Federal Employer Identification Number (FEIN from IRS) * 135562308
13. NAICS code (must be at least 4-digits) * 611310
**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.

<table>
<thead>
<tr>
<th>1. Contact's last (family) name *</th>
<th>2. First (given) name *</th>
<th>3. Middle name(s)</th>
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</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>4. Contact's job title *</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR, HR &amp; ADMINISTRATIVE SERVICES</td>
</tr>
</tbody>
</table>

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<tr>
<th>5. Address 1 *</th>
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<tbody>
<tr>
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<td>N/A</td>
<td><a href="mailto:MT41@NYU.EDU">MT41@NYU.EDU</a></td>
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**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.

<table>
<thead>
<tr>
<th>1. Is the employer represented by an attorney or agent in the filing of this application? *</th>
<th>☑ Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Attorney or Agent's last (family) name §</th>
<th>3. First (given) name §</th>
<th>4. Middle name(s)</th>
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</thead>
<tbody>
<tr>
<td>HOLROYD</td>
<td>LAURA</td>
<td>A</td>
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<tr>
<th>5. Address 1 §</th>
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<tbody>
<tr>
<td>230 PARK AVENUE</td>
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<tr>
<th>6. Address 2 §</th>
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<tr>
<td>SUITE 660</td>
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<td><a href="mailto:ESQS@ATSUSS.COM">ESQS@ATSUSS.COM</a></td>
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<table>
<thead>
<tr>
<th>15. Law firm/Business name §</th>
<th>16. Law firm/Business FEIN §</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAW OFFICES OF ERWIN L. ATKINS, PC</td>
<td>4120999635</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>17. State Bar number (only if attorney) §</th>
<th>18. State of highest court where attorney is in good standing (only if attorney) §</th>
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<tbody>
<tr>
<td>2031508</td>
<td>NY</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>19. Name of the highest State court where attorney is in good standing (only if attorney) §</th>
</tr>
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<tbody>
<tr>
<td>COURT OF APPEALS</td>
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</table>
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 655.720(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

<table>
<thead>
<tr>
<th>No.</th>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the estimated number of workers that will perform work at this place of employment under the LCA.</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>If “Yes” to question 2, provide the legal business name of the secondary entity.</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>Address 1 *</td>
<td>251 MERCER STREET</td>
</tr>
<tr>
<td>5</td>
<td>Address 2</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>City *</td>
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</tr>
<tr>
<td>7</td>
<td>County *</td>
<td>NEW YORK</td>
</tr>
<tr>
<td>8</td>
<td>State/District/Territory *</td>
<td>NY</td>
</tr>
<tr>
<td>9</td>
<td>Postal code *</td>
<td>10012</td>
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<tr>
<td>10</td>
<td>Wage Rate Paid to Nonimmigrant Workers *</td>
<td>$134000.00 To: $N/A</td>
</tr>
<tr>
<td>11</td>
<td>Prevailing Wage Rate *</td>
<td>$81813.00</td>
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**Questions 12-14:** Identify the source used for the prevailing wage (PW) (check and fully complete only one):

<table>
<thead>
<tr>
<th>No.</th>
<th>Information</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>12</td>
<td>A Prevailing Wage Determination (PWD) issued by the Department of Labor</td>
<td>a. PWD tracking number N/A</td>
</tr>
<tr>
<td>13</td>
<td>A PW obtained independently from the Occupational Employment Statistics (OES) Program</td>
<td>a. Wage Level (check one): 1 2 II  III  IV  N/A  b. Source Year 2019</td>
</tr>
</tbody>
</table>
| 14  | A PW obtained using another legitimate source (other than OES) or an independent authoritative source | a. Source Type (check one): CBA  DBA  SCA  Other/ PW Survey  b. Source Year N/A  c. If responded “Other/ PW Survey” in question 14.a, enter the name of the survey producer or publisher N/A  d. If responded “Other/ PW Survey” in question 14.a, enter the title or name of the PW survey N/A
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 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.

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 ☐ No

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? ☐ Yes ☑ No

2. At the time of filing this LCA, is the employer a willful violator? ☐ Yes ☑ 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 ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? ☑ Yes ☐ 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. ☑ $60,000 or higher annual wage ☐ Master’s Degree or higher in related specialty ☐ Both

H-1B Dependent or Willful Violator Employers - Master’s Degree or Higher Exemptions ONLY

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 ONLY on attainment of a Master’s Degree or higher in related specialty. ☑ Yes ☐ No ☐ N/A
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you MUST read Section H - Subsection 2 of the Form ETA 9035CP - General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);

B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(6) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period;

C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wages to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.730.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H - Subsections 1 and 2 of the Form ETA 9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at § 20 CFR 855 Subpart H.

I. Public Disclosure information

/ Important Note: You must select one or both of the options listed in this section.

1. Public disclosure information in the United States will be kept at: *
   - Employer's principal place of business
   - Place of employment

J. 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 655.730(c)(3));
   - Maintain the original signed and certified LCA in the employer's files (20 CFR 655.730(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.730);
   - 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 655.730(c)(2) and 20 CFR 655.730).

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 statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(v));

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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both(18 U.S.C. 2, 1001, 1546, 1621)

<table>
<thead>
<tr>
<th>1. Last (family) name of hiring or designated official *</th>
<th>2. First (given) name of hiring or designated official *</th>
<th>3. Middle initial §</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
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4. Hiring or designated official title *
   DIRECTOR, HR & ADMINISTRATIVE SERVICES

5. Signature *

6. Date signed *
   4-16-2019

Form ETA-9035/9035E
FOR DEPARTMENT OF LABOR USE ONLY
Page 5 of 6

Case Number: 1-200-10062-349658
Case Status: CERTIFIED
Period of Employment: 09/01/2019 to 09/01/2022
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

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 §
   N/A

2. First (given) name §
   N/A

3. Middle initial
   N/A

4. Firm/Business name §
   N/A

5. E-Mail address §
   N/A

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 09/01/2019 to 09/01/2022

Certifying Officer

Department of Labor, Office of Foreign Labor Certification
Certification Date (date signed) 03/09/2019

I-200-19052-349656
CERTIFIED
Case number
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. 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, #1ER, N.YA 0000, Washington, DC, 20530, and additional information can be obtained at 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)(i).

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 (f) 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 the 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.
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 submittals, both electronic (Form ETA- 9035E) or paper (Form ETA- 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

B. Temporary Need Information

1. Job Title * ASSOCIATE PROFESSOR OF MATHEMATICS
2. SOC (ONET/OES) code * 25-1022
3. SOC (ONET/OES) occupation title * MATHEMATICAL SCIENCE TEACHERS, POSTSECONDARY
4. Is this a full-time position? * Yes
5. Begin Date * (mm/dd/yyyy) 09/01/2019
6. End Date * (mm/dd/yyyy) 09/01/2022
Period of Intended Employment
7. Worker positions needed/basis for the visa classification supported by this application

   Total Worker Positions Being Requested for Certification *

   Basis for the visa classification supported by this application
   (Indicate total workers in each applicable category)

   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 *
   e. Change in employer *
   f. Amended petition *

C. Employer Information

1. Legal business name * NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES
2. Trade name/Doing Business As (DBA), if applicable NYU, COURANT INST. OF MATHEMATICAL SCIENCES
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5. City * NEW YORK
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### 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? * | ☑ Yes  ☐ No |
|------------------------------------------------------------------------------------------------|

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<thead>
<tr>
<th>5. Address 1 §</th>
<th>6. Address 2 §</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 PARK AVENUE</td>
<td>SUITE 660</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK</td>
<td>NY</td>
<td>10169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES OF AMERICA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2126947676</td>
<td>N/A</td>
<td><a href="mailto:ESQS@ATSUSS.COM">ESQS@ATSUSS.COM</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Law firm/Business name §</th>
<th>16. Law firm/Business FEIN §</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAW OFFICES OF ERWIN L. ATKINS, PC</td>
<td>412099935</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. State Bar number (only if attorney) §</th>
<th>18. State of highest court where attorney is in good standing (only if attorney) §</th>
</tr>
</thead>
<tbody>
<tr>
<td>2031508</td>
<td>NY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Name of the highest State court where attorney is in good standing (only if attorney) §</th>
</tr>
</thead>
</table>

COURT OF APPEALS
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 a short duration, on the LCA. 29 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the estimated number of workers that will perform work at this place of employment under the LCA.*</td>
</tr>
<tr>
<td>2</td>
<td>Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *</td>
</tr>
<tr>
<td>3</td>
<td>If &quot;Yes&quot; to question 2, provide the legal business name of the secondary entity. §</td>
</tr>
</tbody>
</table>

**N/A**

<table>
<thead>
<tr>
<th>4</th>
<th>Address 1 *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>251 Mercer Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>City *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New York</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>County *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New York</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>8</th>
<th>State/District/Territory *</th>
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<tbody>
<tr>
<td></td>
<td>NY</td>
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<table>
<thead>
<tr>
<th>9</th>
<th>Postal code *</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>10012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>Wage Rate Paid to Nonimmigrant Workers *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From: $155000.00 To: $N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10a</th>
<th>Per: (Choose only one)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Hour ☑ Week ☑ Bi-Weekly ☑ Month ☑ Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>Prevailing Wage Rate *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$82243.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11a</th>
<th>Per: (Choose only one)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ Hour ☑ Week ☑ Bi-Weekly ☑ Month ☑ Year</td>
</tr>
</tbody>
</table>

**Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *  |

<table>
<thead>
<tr>
<th>12</th>
<th>A Prevailing Wage Determination (PWD) issued by the Department of Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ ☑ ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>A PW obtained independently from the Occupational Employment Statistics (OES) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>A PW obtained using another legitimate source (other than OES) or an independent authoritative source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

**a. PWD tracking number §  |

| 12 | N/A  |

<table>
<thead>
<tr>
<th>13</th>
<th>a. Wage Level (check one): §</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ I ☑ II ☑ III ☑ IV ☑ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>a. Source Type (check one): §</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ CBA ☑ DBA ☑ SCA ☑ Other/ PW Survey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>b. Source Year §</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>c. If responded &quot;Other/ PW Survey&quot; in question 14.a, enter the name of the survey producer or publisher §</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>d. If responded &quot;Other/ PW Survey&quot; in question 14.a, enter the title or name of the PW survey §</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
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.

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 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.

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** ☑ **No**

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? ☐ Yes ☑ No

2. At the time of filing this LCA, is the employer a willful violator? ☐ Yes ☑ 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 ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers?

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, ☐ $60,000 or higher annual wage ☐ Master’s Degree or higher in related specialty ☐ Both

H-1B Dependent or Willful Violator Employers - Master’s Degree or Higher Exemptions ONLY

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 ONLY on attainment of a Master’s Degree or higher in related specialty. ☐ Yes ☑ No ☐ N/A

---

Form ETA-9035/9035E
FOR DEPARTMENT OF LABOR USE ONLY
Page 4 of 6
Case Number 1-2000-19080-993206 Case Status CERTIFIED Period of Employment 09/01/2019 to 09/01/2022
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you MUST read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2
A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c).

B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer’s displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period.

C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department’s regulations at 20 CFR 655 Subpart H. §

I. Public Disclosure Information

Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *
   - Employer’s principal place of business
   - Place of employment

J. 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 655.730(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); and
   - 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 statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.770(d)(4)(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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1844, 1821).

1. Last (family) name of hiring or designated official *
   - TORRES

2. First (given) name of hiring or designated official *
   - MARTHA

3. Middle initial §
   - N/A

4. Hiring or designated official title *
   - DIRECTOR, HR AND ADMIN. SERVICES

5. Signature
   - MARTHA TORRES

6. Date signed *
   - 7-16-2019

Form ETA-9035/9035E
FOR DEPARTMENT OF LABOR USE ONLY

Case Number: 1-200-19080-993205
Case Status: CERTIFIED
Period of Employment: 09/01/2019 to 09/01/2022
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.

<table>
<thead>
<tr>
<th>1. Last (family) name §</th>
<th>2. First (given) name §</th>
<th>3. Middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Firm/Business name §</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. E-Mail address §</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

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 09/01/2019 to 09/01/2022

Department of Labor, Office of Foreign Labor Certification

I-200-19080-993205

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 in 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. 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, Immigration and Employee Rights Section, 950 Pennsylvania Avenue, NW, # 1ER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigration and Employee Rights Section at the Department of Justice only if the violation is by an employer who is a 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 P#12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.
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
Labor Condition Application for Nonimmigrant Workers  
ETA Form 9035 & 9035E  
U.S. Department of Labor

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

### B. Temporary Need Information

<table>
<thead>
<tr>
<th>1. Job Title *</th>
<th>ASSISTANT PROFESSOR, COMPUTER SCIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. SOC (ONET/OES) code *</td>
<td>25-1021</td>
</tr>
<tr>
<td>3. SOC (ONET/OES) occupation title *</td>
<td>COMPUTER SCIENCE TEACHERS, POSTSECONDARY</td>
</tr>
<tr>
<td>4. Is this a full-time position? *</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>5. Begin Date *</td>
<td>08/01/2018 (mm/dd/yyyy)</td>
</tr>
<tr>
<td>6. End Date *</td>
<td>08/01/2021 (mm/dd/yyyy)</td>
</tr>
<tr>
<td>7. Worker positions needed/basis for the visa classification supported by this application</td>
<td></td>
</tr>
<tr>
<td>Total Worker Positions Being Requested for Certification *</td>
<td>1</td>
</tr>
</tbody>
</table>

Basis for the visa classification supported by this application  
(indicate the total workers in each applicable category based on the total workers identified above)

| a. New employment * | 0 |
| b. Continuation of previously approved employment * | 0 |
| c. Change in previously approved employment * | 0 |
| d. New concurrent employment * | |
| e. Change in employer * | |
| f. Amended petition * | |

### C. Employer Information

1. Legal business name * | NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES |
2. Trade name/Doing Business As (DBA), if applicable | NYU, COURANT INST. OF MATHEMATICAL SCIENCES |
3. Address 1 * | 251 MERCER STREET |
4. Address 2 | N/A |
5. City * | NEW YORK |
6. State * | NY |
7. Postal code * | 10012-1185 |
8. Country * | UNITED STATES OF AMERICA |
9. Province | N/A |
10. Telephone number * | 2129983114 |
11. Extension | N/A |
12. Federal Employer Identification Number (FEIN from IRS) * | 135562308 |
13. NAICS code (must be at least 4-digits) * | 611310 |
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 * TORRES
2. First (given) name * MARTHA
3. Middle name(s) * N/A

4. Contact’s job title * DIRECTOR, HR & ADMIN. SERVICES

5. Address 1 * 251 MERCER STREET

6. Address 2 N/A

7. City * NEW YORK
8. State * NY
9. Postal code * 10012-1185

10. Country * UNITED STATES OF AMERICA
11. Province N/A

12. Telephone number * 2129931114
13. Extension N/A
14. E-Mail address MT41@NYU.EDU

E. Attorney or Agent Information (If applicable)

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

If "Yes", complete the remainder of Section E below:

2. Attorney or Agent’s last (family) name § HOLROYD
3. First (given) name § LAURA
4. Middle name(s) § A

5. Address 1 § 220 FIFTH AVENUE
6. Address 2 § 9TH FLOOR

7. City § NEW YORK
8. State § NY
9. Postal code § 10001

10. Country § UNITED STATES OF AMERICA
11. Province N/A

12. Telephone number § 2126847676
13. Extension N/A
14. E-Mail address ESQS@ATSUSS.COM

15. Law firm/Business name § LAW OFFICES OF ERWIN L. ATKINS, PC
16. Law firm/Business FEIN § 412099635

17. State Bar number (only if attorney) § 2031508
18. State of highest court where attorney is in good standing (only if attorney) § NY

19. Name of the highest court where attorney is in good standing (only if attorney) § COURT OF APPEALS
F. Rate of Pay

1. Wage Rate (Required)
   From: $12500.00 *
   To: $ N/A

2. Per. (Choose only one) *
   □ Hour  □ Week  □ Bi-Weekly  □ Month  ✓ Year

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

a. Place of Employment 1

1. Address 1 *
   251 MERCER STREET

2. Address 2

3. City *
   NEW YORK

4. County *
   NEW YORK

5. State/District/Territory *
   NY

6. Postal code *
   10012

Prevailing Wage Information (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage *
   N/A

7a. Prevailing wage tracking number (if applicable) *
   N/A

8. Wage level *
   ✓ I  □ II  □ III  □ IV  □ N/A

9. Prevailing wage *
   $47860.00

10. Per. (Choose only one) *
    □ Hour  □ Week  □ Bi-Weekly  □ Month  ✓ Year

11. Prevailing wage source (Choose only one) *
    ✓ OES  □ CBA  □ DBA  □ SCA  □ Other

11a. Year source published *
    2017

11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source *
    OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

Important Note: In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Employer Labor Condition Statements" and agree to all four (4) 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 offered to 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: There is no strike, lockout, or work stoppage in the named occupation at the place of employment.

4. Notice: Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

✓ I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *

✓ Yes  □ No
Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

I. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

a. **Subsection 1**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the employer H-1B dependent? §</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>2. Is the employer a willful violator? §</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>3. If “Yes” is marked in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. **Subsection 2**

A. Displacement: Non-displacement of the U.S. workers in the employer’s workforce
B. Secondary Displacement: Non-displacement of U.S. workers in another employer’s workforce; and
C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. **I have read and agree** to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §

J. Public Disclosure Information

**Important Note:** You must select from the options listed in this Section.

<table>
<thead>
<tr>
<th>Disclosure Information</th>
<th>☑</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public disclosure information will be kept at:</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>Employer’s principal place of business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of employment</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

K. 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 sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP 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. 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._

<table>
<thead>
<tr>
<th>Last (family) name of hiring or designated official *</th>
<th>First (given) name of hiring or designated official *</th>
<th>Middle initial *</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

4. Hiring or designated official title *
   DIRECTOR, HR & ADMIN. SERVICES

5. Signature *

6. Date signed *
   Feb. 12, 2018
Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

L. 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 § N/A
2. First (given) name § N/A
3. Middle initial § N/A

4. Firm/Business name § N/A

5. E-Mail address § N/A

M. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

<table>
<thead>
<tr>
<th>This certification is valid from</th>
<th>to</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2018</td>
<td>06/01/2021</td>
</tr>
</tbody>
</table>

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

I-200-19016-251284

Determination Date (date signed) 02/08/2018

CERTIFIED

Case number

Case Status

*The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.*

N. 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 the Department of Labor before it can be submitted to USCIS for further 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, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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).

O. 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. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (l) 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 1 hour 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, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.
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.
Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

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

B. Temporary Need Information

1. Job Title * ASSISTANT PROFESSOR OF COMPUTER SCIENCE
2. SOC (ONET/OES) code * 25-1021
3. SOC (ONET/OES) occupation title * COMPUTER SCIENCE TEACHERS, POSTSECONDARY
4. Is this a full-time position? * Yes
5. Begin Date * 01/19/2019
6. End Date * 01/19/2022
7. Worker positions needed/basis for the visa classification supported by this application

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)

0 a. New employment *
1 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 *

C. Employer Information

1. Legal business name * NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES
2. Trade name/Doing Business As (DBA), if applicable NYU, COURANT INST. OF MATHEMATICAL SCIENCES
3. Address 1 * 251 MERCER STREET
4. Address 2 N/A
5. City * NEW YORK
6. State * NY
7. Postal code * 10012-1185
8. Country * UNITED STATES OF AMERICA
9. Province N/A
10. Telephone number * 2123983114
11. Extension N/A
12. Federal Employer Identification Number (FEIN from IRS) * 135562308
13. NAICS code (must be at least 4-digits) * 611310
D. Employer Point of Contact Information

<table>
<thead>
<tr>
<th>1. Contact's last (family) name</th>
<th>2. First (given) name</th>
<th>3. Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

4. Contact's job title
- DIRECTOR, HR & ADMIN SERVICES

5. Address 1
- 251 MERCER STREET

6. Address 2
- N/A

7. City
- NEW YORK

8. State
- NY

9. Postal code
- 10012-1185

10. Country
- UNITED STATES OF AMERICA

11. Province
- N/A

12. Telephone number
- 2129983114

13. Extension
- N/A

14. E-Mail address
- MT41@NYU.EDU

E. Attorney or Agent Information (If applicable)

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

2. Attorney or Agent's last (family) name
- HOLROYD

3. First (given) name
- LAURA

4. Middle name(s)
- A

5. Address 1
- 230 PARK AVENUE

6. Address 2
- SUITE 660

7. City
- NEW YORK

8. State
- NY

9. Postal code
- 10169

10. Country
- UNITED STATES OF AMERICA

11. Province
- N/A

12. Telephone number
- 2126847676

13. Extension
- N/A

14. E-Mail address
- ESQS@ATSUSS.COM

15. Law firm/Business name
- LAW OFFICES OF ERWIN L. ATKINS, PC

16. Law firm/Business FEIN
- 41209835

17. State Bar number (only if attorney)
- 2031508

18. State of highest court where attorney is in good standing (only if attorney)
- NY

19. Name of the highest court where attorney is in good standing (only if attorney)
- COURT OF APPEALS
F. Rate of Pay

1. Wage Rate (Required)
   - From: $127305.00
   - To: $N/A

2. Per: (Choose only one) *
   - ☐ Hour
   - ☐ Week
   - ☐ Bi-Weekly
   - ☐ Month
   - ☑ Year

G. Employment and Prevailing Wage Information

**Important Note:** It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

a. Place of Employment 1

<table>
<thead>
<tr>
<th>Address 1</th>
<th>251 MERCER STREET</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>NEW YORK</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/District/Territory</th>
<th>NY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>NEW YORK</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Postal code</th>
<th>10012</th>
</tr>
</thead>
</table>

**Prevailing Wage Information** (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage $ N/A
   7a. Prevailing wage tracking number (if applicable) $ N/A

8. Wage level *
   - ☑ I
   - ☑ II
   - ☑ III
   - ☐ IV
   - ☐ N/A

9. Prevailing wage $ 81813.00

10. Per: (Choose only one) *
    - ☑ Hour
    - ☑ Week
    - ☑ Bi-Weekly
    - ☑ Month
    - ☑ Year

11. Prevailing wage source (Choose only one) *
    - ☑ OES
    - ☑ CBA
    - ☑ DBA
    - ☑ SCA
    - ☐ Other

11a. Year source published *

11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source $ OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

**Important Note:** In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Employer Labor Condition Statements” and agree to all four (4) 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 offered to 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:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.

4. **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP.

☑ Yes  ☐ No
l. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

a. Subsection 1

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the employer H-1B dependent? §</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the employer a willful violator? §</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If &quot;Yes&quot; is marked in question 1.1 and/or 1.2, you must answer &quot;Yes&quot; or &quot;No&quot; regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

A. Displacement: Non-displacement of the U.S. workers in the employer’s workforce
B. Secondary Displacement: Non-displacement of U.S. workers in another employer’s workforce; and
C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §

J. Public Disclosure Information

! Important Note: You must select from the options listed in this Section.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s principal place of business</td>
</tr>
</tbody>
</table>

K. 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 sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP 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. 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.

1. Last (family) name of hiring or designated official *
   TORRES

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

3. Middle initial *
   N/A

4. Hiring or designated official title *
   DIRECTOR, HR & ADMIN. SERVICES

5. Signature *
   [Signature]

6. Date signed *
   9/10/2018
L. 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.

<table>
<thead>
<tr>
<th>1. Last (family) name §</th>
<th>2. First (given) name §</th>
<th>3. Middle initial §</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Firm/Business name §</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

| 5. E-Mail address § | N/A |

M. 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 01/19/2019 to 01/19/2022.

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

I-200-18240-479874

Certification Date (date signed) 09/04/2018

Case number

Case Status CERTIFIED

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. 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 the Department of Labor before it can be submitted to USCIS for further 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. Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at http://www.dol.gov/wa. 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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)(iii).

O. OMB Paperwork Reduction Act (1205-0310)

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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-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*

B. Temporary Need Information

1. Job Title *PROFESSOR OF MATHEMATICS*

2. SOC (ONET/OES) code *25-1022*

3. SOC (ONET/OES) occupation title *MATHEMATICAL SCIENCE TEACHERS, POSTSECONDARY*

4. Is this a full-time position? *Yes [✓] No [ ]*

5. **Begin Date** *(mm/dd/yyyy)* 09/01/2019

6. **End Date** *(mm/dd/yyyy)* 09/01/2022

7. Worker positions needed/basis for the visa classification supported by this application

<table>
<thead>
<tr>
<th>Total Worker Positions Being Requested for Certification</th>
<th>Period of Intended Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total Worker Positions Being Requested for Certification</td>
<td>09/01/2019 - 09/01/2022</td>
</tr>
</tbody>
</table>

   Basis for the visa classification supported by this application
   (indicate total workers in each applicable category)

   a. New employment *0*

   b. Continuation of previously approved employment without change with the same employer *1*

   c. Change in previously approved employment *0*

   d. New concurrent employment *0*

   e. Change in employer *0*

   f. Amended petition *0*

C. Employer Information

1. Legal business name *NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES*

2. Trade name/Doing Business As (DBA), if applicable
   NYU, COURANT INST. OF MATHEMATICAL SCIENCES

3. Address 1 *251 MERCER STREET*

4. Address 2 *N/A*

5. City *NEW YORK*

6. State *NY*

7. Postal code *10012-1185*

8. Country *UNITED STATES OF AMERICA*

9. Province *N/A*

10. Telephone number *2129983114*

11. Extension *N/A*

12. Federal Employer Identification Number (FEIN from IRS) *135562308*

13. NAICS code (must be at least 4-digits) *611310*

Case Number: 1-200-19060-103354
Case Status: CERTIFIED
Period of Employment 09/01/2019 to 09/01/2022

FOR DEPARTMENT OF LABOR USE ONLY
### 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.

<table>
<thead>
<tr>
<th>1. Contact's last (family) name</th>
<th>2. First (given) name</th>
<th>3. Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Contact's job title</th>
<th>5. Address 1</th>
<th>6. Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR, HR &amp; ADMINISTRATIVE SERVICES</td>
<td>251 MERCER STREET</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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<tr>
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<tbody>
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<td>NEW YORK</td>
<td>NY</td>
<td>10012-1185</td>
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<table>
<thead>
<tr>
<th>10. <strong>Country</strong></th>
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</tr>
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<tbody>
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</thead>
<tbody>
<tr>
<td>2129983114</td>
<td>N/A</td>
<td><a href="mailto:MT41@NYU.EDU">MT41@NYU.EDU</a></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>1. Is the employer represented by an attorney or agent in the filing of this application?</th>
<th>☑ Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Attorney or Agent's last (family) name</th>
<th>3. First (given) name</th>
<th>4. Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLRODY</td>
<td>LAURA</td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Address 1</th>
<th>6. Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>230 PARK AVENUE</td>
<td>SUITE 660</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK</td>
<td>NY</td>
<td>10169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. <strong>Country</strong></th>
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</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2126847676</td>
<td>N/A</td>
<td><a href="mailto:ESQS@ATSUSS.COM">ESQS@ATSUSS.COM</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Law firm/Business name</th>
<th>16. Law firm/Business FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAW OFFICES OF ERWIN L. ATKINS, PC</td>
<td>412099635</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. State Bar number (only if attorney)</th>
<th>18. State of highest court where attorney is in good standing (only if attorney)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2031508</td>
<td>NY</td>
</tr>
</tbody>
</table>

**COURT OF APPEALS**
**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 658.730(c)(3). 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 LCAAs 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

<table>
<thead>
<tr>
<th>1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.</td>
<td></td>
</tr>
<tr>
<td>3. If &quot;Yes&quot; to question 2, provide the legal business name of the secondary entity.</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Address 1</td>
<td>251 Mercer Street</td>
</tr>
<tr>
<td>5. Address 2</td>
<td>N/A</td>
</tr>
<tr>
<td>6. City</td>
<td>New York</td>
</tr>
<tr>
<td>7. County</td>
<td>New York</td>
</tr>
<tr>
<td>8. State/District/Territory</td>
<td>NY</td>
</tr>
<tr>
<td>9. Postal code</td>
<td>10012</td>
</tr>
<tr>
<td>10. Wage Rate Paid to Nonimmigrant Workers</td>
<td>From $255840.00 To $110957.00</td>
</tr>
<tr>
<td>10a. Per: (Choose only one)</td>
<td>Hour</td>
</tr>
<tr>
<td>11. Prevailing Wage Rate</td>
<td>$110957.00</td>
</tr>
<tr>
<td>11a. Per: (Choose only one)</td>
<td>Hour</td>
</tr>
</tbody>
</table>

**Questions 12-14. Identify the source used for the prevailing wage (PW). (check and fully complete only one):**

| 12. A Prevailing Wage Determination (PWD) issued by the Department of Labor | a. PWD tracking number | N/A |
| 13. A PW obtained independently from the Occupational Employment Statistics (OES) Program | a. Wage Level (check one): | I | II | III | IV | N/A |
| 14. A PW obtained using another legitimate source (other than OES) or an independent authoritative source | a. Source Type (check one): | CBA | DBA | SCA | Other/PW Survey |
| b. Source Year | | 2019 | | |
| c. If responded "Other/PW Survey" in question 14.a, enter the name of the survey producer or publisher | N/A |
| d. If responded "Other/PW Survey" in question 14.a, enter the title or name of the PW survey | N/A |
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 filed 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. 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 ☐ No

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? ☐ Yes ☑ No

2. At the time of filing this LCA, is the employer a willful violator? ☐ Yes ☑ 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 ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? ☐ Yes ☐ 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. ☒ $60,000 or higher annual wage ☐ Master's Degree or higher in related specialty ☒ Both

H-1B Dependent or Willful Violator Employers - Master's Degree or Higher Exemptions ONLY

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 ONLY on attainment of a Master's Degree or higher in related specialty. ☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (except H-1B nonimmigrant workers), you MUST read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 855.738(c).

B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 855.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 855.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period, and:

C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as good as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 855.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 855.739.

6. I have read and agree to Additional Employer Labor Condition Statements A. B. and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department’s regulations at 20 CFR 855 Subpart H. §

I. Public Disclosure Information

/ Important Note. You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *
   - Employer’s principal place of business
   - Place of employment

J. 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 855.730(c)(3));
   - Maintain the original signed and certified LCA in the employer's files (20 CFR 855.705(c)(2); 20 CFR 855.730(c)(3); and 20 CFR 855.750); and
   - 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 855.705(c)(2) and 20 CFR 855.750).

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 statement or information is challenged (20 CFR 855.705(c)(5) and 20 CFR 855.700(d)(4)(v)).

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 855.780 and 20 CFR Subpart H).

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 supplement thereto or to aid,abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1821).

1. Last (family) name of hiring or designated official *
   TORRES

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

3. Middle initial §
   N/A

4. Hiring or designated official title *
   DIRECTOR, HR & ADMINISTRATIVE SERVICES

5. Signature *
   [Signature]

6. Date signed *
   3/20/2019

Form ETA-9035/9035E
FOR DEPARTMENT OF LABOR USE ONLY
Page 5 of 6

Case Number: 1-200-19060-103354
Case Status: CERTIFIED
Period of Employment: 09/01/2019 to 09/01/2022
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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Last (family) name</td>
<td>2. First (given) name</td>
<td>3. Middle initial</td>
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<tr>
<td>N/A</td>
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<tr>
<td>4. Firm/Business name</td>
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<tr>
<td>5. E-Mail address</td>
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</tbody>
</table>

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 09/01/2019 to 09/01/2022

Certifying Officer: [Signature]

03/11/2019

Department of Labor, Office of Foreign Labor Certification

I-200-19060-103354

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 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. 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, Immigration and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigration 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)(i).

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 (l) 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.**
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 9035SCP 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 9035SCP 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

---

For Department of Labor Use Only

Case Number: 1-200-17219/818765  Case Status: CERTIFIED  Period of Employment: 09/01/2017 to 09/01/2020
A. Employment-Based Nonimmigrant Visa Information

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

B. Temporary Need Information

1. Job Title * ASSISTANT PROFESSOR OF COMPUTER SCIENCE

2. SOC (ONET/OES) code * 25-1021

3. SOC (ONET/OES) occupation title * COMPUTER SCIENCE TEACHERS, POSTSECONDARY

4. Is this a full-time position? * Yes □ No

5. Begin Date * 09/01/2017

6. End Date * 09/01/2020

7. Worker positions needed/basis for the visa classification supported by this application

   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)

   1. New employment *
   2. Continuation of previously approved employment *
   3. Change in previously approved employment *

   a. New employment *
   b. Continuation of previously approved employment *
   c. Change in previously approved employment *
   d. New concurrent employment *
   e. Change in employer *
   f. Amended petition *

C. Employer Information

1. Legal business name * NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES

2. Trade name/Doing Business As (DBA), if applicable NYU, COURANT INST. OF MATHEMATICAL SCIENCES

3. Address 1 * 251 MERCER STREET

4. Address 2 N/A

5. City * NEW YORK

6. State * NY

7. Postal code * 10012-1185

8. Country * UNITED STATES OF AMERICA

9. Province N/A

10. Telephone number * 2129983114

11. Extension N/A

12. Federal Employer Identification Number (FEIN from IRS) * 135562308

13. NAICS code (must be at least 4-digits) * 611310
**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.

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<th>2. First (given) name *</th>
<th>3. Middle name(s) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Contact’s job title *</th>
<th>DIRECTOR, HR &amp; ADMIN. SERVICES</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Address 1 *</th>
<th>251 MERCER STREET</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Address 2</th>
<th>N/A</th>
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</table>

<table>
<thead>
<tr>
<th>7. City *</th>
<th>NEW YORK</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>8. State *</th>
<th>NY</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>9. Postal code *</th>
<th>10012-1185</th>
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<table>
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<tr>
<th>10. Country *</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Province</th>
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</tr>
</thead>
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<table>
<thead>
<tr>
<th>12. Telephone number *</th>
<th>2129963114</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13. Extension</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14. E-Mail address</th>
<th><a href="mailto:MT41@NYU.EDU">MT41@NYU.EDU</a></th>
</tr>
</thead>
</table>

**E. Attorney or Agent Information (If applicable)**

<table>
<thead>
<tr>
<th>1. Is the employer represented by an attorney or agent in the filing of this application? *</th>
<th>☑ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Attorney or Agent’s last (family) name §</th>
<th>3. First (given) name §</th>
<th>4. Middle name(s) §</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLROYD</td>
<td>I AURA</td>
<td>§</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Address 1 §</th>
<th>220 FIFTH AVENUE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Address 2</th>
<th>9TH FLOOR</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>7. City §</th>
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</table>

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<th>8. State §</th>
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<th>9. Postal code §</th>
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<th>11. Province</th>
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<th>13. Extension</th>
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<table>
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<tr>
<th>14. E-Mail address</th>
<th><a href="mailto:ESQS@ATSUSS.COM">ESQS@ATSUSS.COM</a></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>15. Law firm/Business name §</th>
<th>LAW OFFICES OF ERWIN L. ATKINS, PC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16. Law firm/Business FEIN §</th>
<th>412099635</th>
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<table>
<thead>
<tr>
<th>17. State Bar number (only if attorney) §</th>
<th>2031508</th>
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<table>
<thead>
<tr>
<th>18. State of highest court where attorney is in good standing (only if attorney) §</th>
<th>NY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>19. Name of the highest court where attorney is in good standing (only if attorney) §</th>
<th>COURT OF APPEALS</th>
</tr>
</thead>
</table>
Labor Condition Application for Nonimmigrant Workers  
ETA Form 9035 & 9035E  
U.S. Department of Labor

F. Rate of Pay

<table>
<thead>
<tr>
<th>Wage Rate (Required)</th>
<th>Per: (Choose only one)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: $125000.00</td>
<td>[ ] Hour  [ ] Week  [ ] Bi-Weekly  [ ] Month  [ ] Year</td>
</tr>
<tr>
<td>To: $N/A</td>
<td></td>
</tr>
</tbody>
</table>

G. Employment and Prevailing Wage Information

**Important Note:** It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

**a. Place of Employment**

<table>
<thead>
<tr>
<th>Address 1*</th>
<th>251 MERCER STREET</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>NEW YORK</th>
</tr>
</thead>
</table>

| State/District/Territory* | NY |

<table>
<thead>
<tr>
<th>County</th>
<th>NEW YORK</th>
</tr>
</thead>
</table>

| Postal code* | 10012 |

**Prevailing Wage Information** (corresponding to the place of employment location listed above)

<table>
<thead>
<tr>
<th>Agency which issued prevailing wage*</th>
<th>$N/A</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Wage level*</th>
<th>[ ] I  [ ] II  [ ] III  [ ] IV  [ ] N/A</th>
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<table>
<thead>
<tr>
<th>Prevailing wage*</th>
<th>$79047.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Per: (Choose only one)*</th>
<th>[ ] Hour  [ ] Week  [ ] Bi-Weekly  [ ] Month  [ ] Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prevailing wage source (Choose only one)*</th>
<th>[ ] OES  [ ] CBA  [ ] DBA  [ ] SCA  [ ] Other</th>
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</table>

<table>
<thead>
<tr>
<th>Year source published*</th>
<th>2017</th>
</tr>
</thead>
</table>

| If "OES" and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source* | OFLC ONLINE DATA CENTER |

H. Employer Labor Condition Statements

**Important Note:** In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Employer Labor Condition Statements" and agree to all four (4) 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 offered to 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 Stoppages:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
4. **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP.* [ ] Yes [ ] No
Labor Condition Application for Nonimmigrant Workers  
ETA Form 9035 & 9035E  
U.S. Department of Labor

I. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

   a. Subsection 1

   1. Is the employer H-1B dependent?  
      □ Yes  □ No
   2. Is the employer a willful violator?  
      □ Yes  □ No
   3. If “Yes” is marked in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants?  
      □ Yes  □ No  □ N/A

   If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

   b. Subsection 2

   A. Displacement: Non-displacement of the U.S. workers in the employer’s workforce
   B. Secondary Displacement: Non-displacement of U.S. workers in another employer’s workforce; and
   C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

   4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP.  
      □ Yes  □ No

J. Public Disclosure Information

/ Important Note: You must select from the options listed in this Section.

   1. Public disclosure information will be kept at:  
      □ Employer’s principal place of business  
      □ Place of employment

K. 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 sections H and J of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (29 CFR part 655, Subparts H and J). 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. 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.

   1. Last (family) name of hiring or designated official *  
      TORRES
   2. First (given) name of hiring or designated official *  
      MARTHA
   3. Middle initial *  
      □ N/A
   4. Hiring or designated official title *  
      DIRECTOR, HR & ADMIN. SERVICES

   5. Signature  
      [Signature]
   6. Date signed  
      8/14/2017

EPI Form 9035-9035E  
FOR DEPARTMENT OF LABOR USE ONLY  
Page 4 of 5  
Case Number: 1220-17279-167765  
Case Status: CERTIFIED  
Period of Employment: 09/01/2017 to 09/01/2020
L. 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 §
   N/A

2. First (given) name §
   N/A

3. Middle initial §
   N/A

4. Firm/Business name §
   N/A

5. E-Mail address §
   N/A

M. 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 09/01/2017 to 09/01/2020.

Certifying Officer
Department of Labor, Office of Foreign Labor Certification

Determinations Date (date signed)
Department of Labor, Office of Foreign Labor Certification

I-200-17219-819785
Case number

CERTIFIED
Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. Signature Notification and Complaints

The signatures and dates signed on this form will not be filed 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 the Department of Labor before it can be submitted to USCIS for further 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, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at http://www.dol.gov/esa. 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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)(i).

O. 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. Obligations to reply are mandatory (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 1 hour 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, Room C-6312, 200 Constitution Ave, NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.
A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

   H-1B

B. Temporary Need Information

1. Job Title *
   ASSISTANT PROFESSOR OF COMPUTER SCIENCE

2. SOC (ONET/OES) code *
   25-1021

3. SOC (ONET/OES) occupation title *
   COMPUTER SCIENCE TEACHERS, POSTSECONDARY

4. Is this a full-time position? *
   [ ] Yes  [x] No

5. Begin Date * (mm/dd/yyyy)
   07/01/2019

6. End Date * (mm/dd/yyyy)
   07/01/2022

7. Worker positions needed/basis for the visa classification supported by this application

   1
   Total Worker Positions Being Requested for Certification *

   Basis for the visa classification supported by this application
   (indicate total workers in each applicable category)

   1  a. New employment *
   0  d. New concurrent employment *

   0  b. Continuation of previously approved employment without change with the same employer*
   0  e. Change in employer *

   0  c. Change in previously approved employment *
   0  f. Amended petition *

C. Employer Information

1. Legal business name *
   NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES

2. Trade name/Doing Business As (DBA), if applicable
   NYU, COURANT INST. OF MATHEMATICAL SCIENCES

3. Address 1 *
   251 MERCER STREET

4. Address 2
   N/A

5. City *
   NEW YORK

6. State *
   NY

7. Postal code *
   10012-1185

8. Country *
   UNITED STATES OF AMERICA

9. Province
   N/A

10. Telephone number *
    2129983114

11. Extension
    N/A

12. Federal Employer Identification Number (FEIN from IRS) *
    135562308

13. NAICS code (must be at least 4-digits) *
    611310
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.

<table>
<thead>
<tr>
<th>1. Contact’s last (family) name *</th>
<th>2. First (given) name *</th>
<th>3. Middle name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORRES</td>
<td>MARTHA</td>
<td>N/A</td>
</tr>
</tbody>
</table>

4. Contact’s job title *
DIRECTOR, HR & ADMINISTRATIVE SERVICES

<table>
<thead>
<tr>
<th>5. Address 1 *</th>
<th>6. Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>251 MERCER STREET</td>
<td>N/A</td>
</tr>
</tbody>
</table>

7. City *
NEW YORK

8. State *
NY

9. Postal code *
10012-1185

10. Country *
UNITED STATES OF AMERICA

11. Province
N/A

12. Telephone number *
2129983114

13. Extension
N/A

14. E-Mail address
MT41@NYU.EDU

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? *
   - ✔ Yes
   - ☐ No

2. Attorney or Agent’s last (family) name §
HOLROYD

3. First (given) name §
LAURA

4. Middle name(s)
A

5. Address 1 §
230 PARK AVENUE

6. Address 2 §
SUITE 660

7. City §
NEW YORK

8. State §
NY

9. Postal code §
10169

10. Country §
UNITED STATES OF AMERICA

11. Province
N/A

12. Telephone number §
2126847676

13. Extension
N/A

14. E-Mail address
ESQS@ATSUSS.COM

15. Law firm/Business name §
LAW OFFICES OF ERWIN L. ATKINS, PC

16. Law firm/Business FEIN §
412099635

17. State Bar number (only if attorney) §
2031508

18. State of highest court where attorney is in good standing (only if attorney) §
NY

19. Name of the highest State court where attorney is in good standing (only if attorney) §
COURT OF APPEALS
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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*</td>
<td>1</td>
</tr>
<tr>
<td>2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*</td>
<td>☐ Yes ☑ No</td>
</tr>
<tr>
<td>3. If &quot;Yes&quot; to question 2, provide the legal business name of the secondary entity. §</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Address 1 *</td>
<td>251 Mercer Street</td>
</tr>
<tr>
<td>5. Address 2</td>
<td>N/A</td>
</tr>
<tr>
<td>6. City *</td>
<td>New York</td>
</tr>
<tr>
<td>7. County *</td>
<td>New York</td>
</tr>
<tr>
<td>8. State/District/Territory *</td>
<td>NY</td>
</tr>
<tr>
<td>9. Postal code *</td>
<td>10012</td>
</tr>
<tr>
<td>10. Wage Rate Paid to Nonimmigrant Workers *</td>
<td>From* : $ 150000.00 To: $ N/A</td>
</tr>
<tr>
<td>10a. Per: (Choose only one)*</td>
<td>☐ Hour ☐ Week ☐ Bi-Weekly ☑ Month ☑ Year</td>
</tr>
<tr>
<td>11. Prevailing Wage Rate *</td>
<td>$ 81813.00</td>
</tr>
<tr>
<td>11a. Per: (Choose only one)*</td>
<td>☐ Hour ☐ Week ☐ Bi-Weekly ☑ Month ☑ Year</td>
</tr>
</tbody>
</table>

**Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):**

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. ☐</td>
<td>A Prevailing Wage Determination (PWD) issued by the Department of Labor</td>
</tr>
<tr>
<td>13. ☑</td>
<td>A PW obtained independently from the Occupational Employment Statistics (OES) Program</td>
</tr>
<tr>
<td>13a. Wage Level (check one): §</td>
<td>☐ I ☑ II ☐ III ☐ IV ☐ N/A</td>
</tr>
<tr>
<td>13b. Source Year §</td>
<td>2019</td>
</tr>
<tr>
<td>14. ☐</td>
<td>A PW obtained using another legitimate source (other than OES) or an independent authoritative source</td>
</tr>
<tr>
<td>14a. Source Type (check one): §</td>
<td>☐ CBA ☐ DBA ☐ SCA ☐ Other/ PW Survey</td>
</tr>
<tr>
<td>14b. Source Year §</td>
<td>N/A</td>
</tr>
<tr>
<td>14c. If responded &quot;Other/ PW Survey&quot; in question 14.a, enter the name of the survey producer or publisher §</td>
<td>N/A</td>
</tr>
<tr>
<td>14d. If responded &quot;Other/ PW Survey&quot; in question 14.a, enter the title or name of the PW survey §</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th><strong>1. I have read and agree to</strong></th>
<th><strong>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 &amp; 9035E and the Department’s regulations at 20 CFR 655 Subpart H.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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?** § | ¥Yes ¥No |
| **2. At the time of filing this LCA, is the employer a willful violator?** § | ¥Yes ¥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 ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers?** § | ¥Yes ¥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.** § | ¥$60,000 or higher annual wage ¥Master’s Degree or higher in related specialty ¥Both |

**H-1B Dependent or Willful Violator Employers - Master’s Degree or Higher Exemptions ONLY**

| **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 ONLY on attainment of a Master’s Degree or higher in related specialty.** § |
| Yes | No | N/A |
If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you MUST read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);

B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and

C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department’s regulations at 20 CFR 655 Subpart H, §

---

I. Public Disclosure Information

Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at:
   - Employer’s principal place of business [ ]
   - Place of employment [ ]

J. 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 655.730(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); and
   - 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 statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *
   TORRES

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

3. Middle initial §
   N/A

4. Hiring or designated official title *
   DIRECTOR, HR AND ADMINISTRATIVE SERVICES

5. Signature *
   [Signature]

6. Date signed *
   July 1, 2019

Form ETA- 9035/9035E FOR DEPARTMENT OF LABOR USE ONLY

Case Number: F-200-19171-355087 Case Status: CERTIFIED Period of Employment: 07/01/2019 to 07/01/2022 Page 5 of 6
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.

<table>
<thead>
<tr>
<th>1. Last (family) name §</th>
<th>2. First (given) name §</th>
<th>3. Middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Firm/Business name §</th>
<th>5. E-Mail address §</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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 **07/01/2019** to **07/01/2022**.

[Signature]

Department of Labor, Office of Foreign Labor Certification

Certification Date (date signed) **06/26/2019**

I-200-19171-355087

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. 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. 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)(i).

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 PP2 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**
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-data.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 (g) symbol.

A. Employment-Based Nonimmigrant Visa Information

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

B. Temporary Need Information

<table>
<thead>
<tr>
<th>1. Job Title *</th>
<th>ASSOCIATE PROFESSOR OF MATHEMATICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. SOC (ONET/OES) code *</td>
<td>25-1022</td>
</tr>
<tr>
<td>3. SOC (ONET/OES) occupation title *</td>
<td>MATHEMATICAL SCIENCE TEACHERS. POSTSECONDARY</td>
</tr>
<tr>
<td>4. Is this a full-time position? *</td>
<td>Yes</td>
</tr>
<tr>
<td>Period of intended Employment</td>
<td></td>
</tr>
<tr>
<td>5. Begin Date *</td>
<td>09/01/2019 (mm/dd/yyyy)</td>
</tr>
<tr>
<td>6. End Date *</td>
<td>09/01/2022 (mm/dd/yyyy)</td>
</tr>
<tr>
<td>7. Worker positions needed/basis for the visa classification supported by this application</td>
<td></td>
</tr>
</tbody>
</table>

Total Worker Positions Being Requested for Certification *

| 1 | a. New employment * | 0 | d. New concurrent employment * |
| 0 | b. Continuation of previously approved employment without change with the same employer* | 0 | e. Change in employer * |
| 0 | c. Change in previously approved employment * | 0 | f. Amended petition * |

C. Employer Information

1. Legal business name *
NEW YORK UNIVERSITY, COURANT INSTITUTE OF MATHEMATICAL SCIENCES

2. Trade name/Doing Business As (DBA), if applicable
NYU, COURANT INST. OF MATHEMATICAL SCIENCES

3. Address 1 *
251 MERCER STREET

4. Address 2
N/A

5. City *
NEW YORK

6. State *
NY

7. Postal code *
10012-1185

8. Country *
UNITED STATES OF AMERICA

9. Province
N/A

10. Telephone number *
2129983114

11. Extension
N/A

12. Federal Employer Identification Number (FEIN from IRS) *
135562308

13. NAICS code (must be at least 4-digits) *
611310
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
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 *
   TORRES
2. First (given) name *
   MARTHA
3. Middle name(s)
   N/A
4. Contact's job title *
   DIRECTOR, HR & ADMINISTRATIVE SERVICES
5. Address 1 *
   251 MERCER STREET
6. Address 2
   N/A
7. City *
   NEW YORK
8. State *
   NY
9. Postal code *
   10012-1185
10. Country *
    UNITED STATES OF AMERICA
12. Telephone number *
    2129983114
13. Extension
    N/A
14. E-Mail address
    MT41@NYU.EDU

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? *
   [ ] Yes [ ] No
   If Yes,* complete the remainder of Section E below.
2. Attorney or Agent's last (family) name *
   HOLROYD
3. First (given) name *
   LAURA
4. Middle name(s)
   A
5. Address 1 *
   230 PARK AVENUE
6. Address 2
   SUITE 660
7. City *
   NEW YORK
8. State *
   NY
9. Postal code *
   10169
10. Country *
    UNITED STATES OF AMERICA
12. Telephone number *
    2126847676
13. Extension
    N/A
14. E-Mail address
    ESQS@ATSUSS.COM
15. Law firm/Business name *
    LAW OFFICES OF ERWIN L. ATKINS, PC
16. Law firm/Business FEIN *
    412099635
17. State Bar number (only if attorney) *
    2031508
18. State of highest court where attorney is in good standing (only if attorney) *
    NY
19. Name of the highest State court where attorney is in good standing (only if attorney) *
    COURT OF APPEALS
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 C.F.R 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. |
|---|---|
| 2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. |
| Yes | No |
| 3. If "Yes" to question 2, provide the legal business name of the secondary entity. |

N/A

<table>
<thead>
<tr>
<th>4. Address 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>251 Mercer Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. City</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. County</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. State/District/Territory</th>
</tr>
</thead>
<tbody>
<tr>
<td>NY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td>10012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Wage Rate Paid to Nonimmigrant Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: $ 145000.00 To: $ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10a. Per: (Choose only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Prevailing Wage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 82243.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11a. Per: (Choose only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour</td>
</tr>
</tbody>
</table>

**Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):**

<table>
<thead>
<tr>
<th>12.</th>
<th>A Prevailing Wage Determination (PWD) issued by the Department of Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PWD tracking number</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.</th>
<th>A PW obtained independently from the Occupational Employment Statistics (OES) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Wage Level (check one):</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>II</td>
</tr>
<tr>
<td>b. Source Year</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14.</th>
<th>A PW obtained using another legitimate source (other than OES) or an independent authoritative source</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Source Type (check one):</td>
<td></td>
</tr>
<tr>
<td>CBA</td>
<td>DBA</td>
</tr>
<tr>
<td>b. Source Year</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. If responded &quot;Other/PW Survey&quot; in question 14.a, enter the name of the survey producer or publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. If responded &quot;Other/PW Survey&quot; in question 14.a, enter the title or name of the PW survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>
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 inform 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.

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.

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?  § □ Yes □ No

2. At the time of filing this LCA, is the employer a willful violator?  § □ Yes □ 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 ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers?  § □ Yes □ 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.  § □ $60,000 or higher annual wage □ Master’s Degree or higher in related specialty □ Both

H-1B Dependent or Willful Violator Employers - Master’s Degree or Higher Exemptions ONLY

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 ONLY on attainment of a Master’s Degree or higher in related specialty.  § □ Yes □ No □ N/A
Labor Condition Application for Nonimmigrant Workers
Form ETA 9035 & 9035E
U.S. Department of Labor

If you marked “Yes” to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and “No” to question H.a.3 (exempt H-1B nonimmigrant workers), you MUST read Section H - Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c).

B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer’s displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and

C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H - Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department’s regulations at 20 CFR 655 Subpart H.

I. Public Disclosure Information

Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at:
   - Employer’s principal place of business [✓]
   - Place of employment [ ]

J. Notice of Obligations

A. Upon receipt of the certified LCA, the employer must take the following actions:

   o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
   o 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); and
   o 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 statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(v)).

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 supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *
   TORRES

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

3. Middle initial §
   N/A

4. Hiring or designated official title *
   DIRECTOR, HR & ADMINISTRATIVE SERVICES

5. Signature *
   [Signature]

6. Date signed *
   3/15/2019
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 §
   N/A
2. First (given) name §
   N/A
3. Middle initial
   N/A
4. Firm/Business name §
   N/A
5. E-Mail address §
   N/A

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 09/01/2019 to 09/01/2022.

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

I-200-19052-329867
Case number

Certification Date (date signed)

03/09/2019

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. 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. Office of the Attorney General, 20th Floor, 1100 Pennsylvania Avenue, NW, Box PPII 12-200, Washington, DC, 20024, and additional information can be obtained at 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(g) and (t) and 241(c)). Public reporting burden for this collection of information, which is to assist in 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., N.W., Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.