

H. Public Disclosure Information

You must choose one of the two options listed in this Section.

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

I. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read the sections E and F of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act.

1. First Name of Hiring or Other Designated Official

[illegible]

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2. Last Name of Hiring or Other Designated Official

[illegible]

- ### 3. Hiring or Other Designated Official Title

[illegible]

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5. Date Signed

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

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.

J. Contact Information

- ### 1. Contact First Name

[illegible]

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- ## 2. Contact Last Name

[illegible]

- ### 3. Contact Phone Number

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Extension

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K. U.S. Government Agency Use Only

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting _____ and Date Ending _____

Signature and Title of Authorized DOL Official

ETA Case Number

Date _____

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

Page Link

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If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

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