OMB Approval: 1205-0310
Expiration Date: 10/31/2021

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- 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 (§) 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 * Onsite Software Developer		
2. SOC (ONET/OES) code * 15-1132.00	3. SOC (ONET/OES) occupation title * Software Developers, Applications	
4. Is this a full-time position? * ☑ Yes ☐ No	**Period of Intended Employment**	
	5. Begin Date * 8/13/2021 *(mm/dd/yyyy)*	6. End Date * 8/12/2024 *(mm/dd/yyyy)*

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)

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

C. Employer Information

1. Legal business name * AMERICAN UNIT, INC		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 2901 N. Dallas Pkwy		
4. Address 2 #333		
5. City * Plano	6. State * Texas	7. Postal code * 75093
8. Country * United States Of America	9. Province TX	
10. Telephone number * +1 (972) 398-3350	11. Extension	
12. Federal Employer Identification Number (FEIN from IRS) * 47-0914658	13. NAICS code (must be at least 4-digits) * 541511	

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D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
VENIGALLA	RAMACHANDRA	R.

4. Contact's job title *
VICE PRESIDENT, HUMAN RESOURCES

5. Address 1 *
2901 N. Dallas Pkwy

6. Address 2
#333

7. City *	8. State *	9. Postal code *
Plano	Texas	75093

10. Country *	11. Province
United States Of America	

12. Telephone number *	13. Extension	14. E-Mail address
+1 (972) 398-3350		HR@AMERICANUNIT.COM

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? * If "Yes," complete the remainder of Section E below.	☑ Yes	☐ No

2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)
BOUDIA	JOHN	J

5. Address 1 §
15875 MIDDLEBELT ROAD

6. Address 2
SUITE 200

7. City §	8. State §	9. Postal code §
LIVONIA	Michigan	48154

10. Country §	11. Province
United States Of America	

12. Telephone number §	13. Extension	14. E-Mail address
+1 (248) 354-8440	206	LCA@BOUDIA.COM

15. Law firm/Business name §	16. Law firm/Business FEIN §
JOHN J. BOUDIA & ASSOCIATES PLC	38-3508004

17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §
P58618	Michigan

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