

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 <https://www.dol.gov/agencies/eta/foreign-labor/>. 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
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B. Temporary Need Information

1. Job Title * System Engineer		
2. SOC (ONET/OES) code * 15-1299.08	3. SOC (ONET/OES) occupation title * Computer Systems Engineers/Architects	
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment	
	5. Begin Date * 4/1/2024 <small>(mm/dd/yyyy)</small>	6. End Date * 3/31/2027 <small>(mm/dd/yyyy)</small>
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 <i>(indicate total workers in each applicable category)</i>		
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 * Citrine Solution LLC		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 600 N Broad Street		
4. Address 2 Suite 5 # 575		
5. City * Middletown	6. State * Delaware	7. Postal code * 19709
8. Country * United States Of America		9. Province
10. Telephone number * +1 (650) 336-4500		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 86-2148962		13. NAICS code (must be at least 4-digits) * 518210