

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 * Senior Middleware Administrator		
2. SOC (ONET/OES) code * 15-1242.00	3. SOC (ONET/OES) occupation title * Database Administrators	
4. Is this a full-time position? *	Period of Intended Employment	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Begin Date * 5/22/2024 <small>(mm/dd/yyyy)</small>	6. End Date * 5/21/2027 <small>(mm/dd/yyyy)</small>
7. Worker positions needed/basis for the visa classification supported by this application		
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application <small>(indicate total workers in each applicable category)</small>		
<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *	
<input type="text" value="0"/> b. Continuation of previously approved employment without change with the same employer*	<input type="text" value="1"/> e. Change in employer *	
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="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) * 541513