



**Wage Library**  
Quick Search  
Search Wizard

**Case Disclosure  
Data Archive**  
H1B Data  
H2A Data  
H2B Data  
Perm Data

Also available:  
File Archive

Skill Level  
Explanation

SVP Explanation

FLC Wage Data  
updated  
July 1, 2016

Job Zones  
updated  
August 26, 2016  
See change  
history

Technical Support  
& Help FAQ page.

**FLC Wage Results New Quick Search New Search Wizard**

You selected the All Industries database for 7/2016 - 6/2017.

Your search returned the following: [Print Format](#)

**Area Code:** 38060  
**Area Title:** Phoenix-Mesa-Scottsdale, AZ MSA  
**OES/SOC Code:** 15-1199  
**OES/SOC Title:** Computer Occupations, All Other  
**GeoLevel:** 1  
**Level 1 Wage:** \$18.93 hour - \$39,374 year  
**Level 2 Wage:** \$27.42 hour - \$57,034 year  
**Level 3 Wage:** \$35.92 hour - \$74,714 year  
**Level 4 Wage:** \$44.41 hour - \$92,373 year  
**Mean Wage (H-2B):** \$35.92 hour - \$74,714 year

This wage applies to the following O\*Net occupations:

**15-1199.00 Computer Occupations, All Other**

All computer occupations not listed separately.

[O\\*Net™ JobZone: NA](#)

[Education & Training Code: No Level Set](#)

**15-1199.01 Software Quality Assurance Engineers and Testers**

Develop and execute software test plans in order to identify software problems and their causes.

[O\\*Net™ JobZone: 4](#)

[Education & Training Code: No Level Set](#)

**15-1199.02 Computer Systems Engineers/Architects**

Design and develop solutions to complex applications problems, system administration issues, or network concerns. Perform systems management and integration functions.

[O\\*Net™ JobZone: 4](#)

[Education & Training Code: No Level Set](#)

**15-1199.03 Web Administrators**

Manage web environment design, deployment, development and maintenance activities. Perform testing and quality assurance of web sites and web applications.

[O\\*Net™ JobZone: 3](#)

[Education & Training Code: No Level Set](#)

**15-1199.04 Geospatial Information Scientists and Technologists**

Research or develop geospatial technologies. May produce databases, perform applications programming, or coordinate projects. May specialize in areas such as agriculture, mining, health care, retail trade, urban planning, or military intelligence.

[O\\*Net™ JobZone: 4](#)

[Education & Training Code: No Level Set](#)

**15-1199.05 Geographic Information Systems Technicians**

Assist scientists, technologists, or related professionals in building, maintaining, modifying, or using geographic information systems (GIS) databases. May also perform some custom application development or provide user support.

[O\\*Net™ JobZone: 4](#)

[Education & Training Code: No Level Set](#)

**15-1199.06 Database Architects**

Design strategies for enterprise database systems and set standards for operations, programming, and security. Design and construct large relational databases. Integrate new systems with existing warehouse structure and refine system performance and functionality.

O\*Net™ JobZone: 4

Education & Training Code: No Level Set

#### **15-1199.07 Data Warehousing Specialists**

Design, model, or implement corporate data warehousing activities. Program and configure warehouses of database information and provide support to warehouse users.

O\*Net™ JobZone: NA

Education & Training Code: No Level Set

#### **15-1199.08 Business Intelligence Analysts**

Produce financial and market intelligence by querying data repositories and generating periodic reports. Devise methods for identifying data patterns and trends in available information sources.

O\*Net™ JobZone: 4

Education & Training Code: No Level Set

#### **15-1199.09 Information Technology Project Managers**

Plan, initiate, and manage information technology (IT) projects. Lead and guide the work of technical staff. Serve as liaison between business and technical aspects of projects. Plan project stages and assess business implications for each stage. Monitor progress to assure deadlines, standards, and cost targets are met.

O\*Net™ JobZone: 4

Education & Training Code: No Level Set

#### **15-1199.10 Search Marketing Strategists**

Employ search marketing tactics to increase visibility and engagement with content, products, or services in Internet-enabled devices or interfaces. Examine search query behaviors on general or specialty search engines or other Internet-based content. Analyze research, data, or technology to understand user intent and measure outcomes for ongoing optimization.

O\*Net™ JobZone: 4

Education & Training Code: No Level Set

#### **15-1199.11 Video Game Designers**

Design core features of video games. Specify innovative game and role-play mechanics, story lines, and character biographies. Create and maintain design documentation. Guide and collaborate with production staff to produce games as designed.

O\*Net™ JobZone: 4

Education & Training Code: No Level Set

#### **15-1199.12 Document Management Specialists**

Implement and administer enterprise-wide document management systems and related procedures that allow organizations to capture, store, retrieve, share, and destroy electronic records and documents.

O\*Net™ JobZone: 4

Education & Training Code: No Level Set

For information on determining the proper occupation and wage level see the new Prevailing Wage Guidance on the [Skill Level page](#).

The prevailing wage must be at, or above the federal or state or local minimum wage, whichever is higher. The federal minimum wage is \$7.25/hr effective July 24, 2009.



Labor Condition Application for Nonimmigrant Workers  
ETA Form 9035 & 9035E  
U.S. Department of Labor



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**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  
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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 * SOFTWARE QUALITY ASSURANCE ANALYST                                                                                                                              |                                                                         |
| 2. SOC (ONET/OES) code *<br>15-1199                                                                                                                                            | 3. SOC (ONET/OES) occupation title *<br>COMPUTER OCCUPATIONS, ALL OTHER |
| 4. Is this a full-time position? *<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                      | <b>Period of Intended Employment</b>                                    |
|                                                                                                                                                                                | 5. Begin Date * 09/09/2017<br><small>(mm/dd/yyyy)</small>               |
| 7. Worker positions needed/basis for the visa classification supported by this application                                                                                     |                                                                         |
| <input type="text" value="1"/> <b>Total Worker Positions Being Requested for Certification *</b>                                                                               |                                                                         |
| Basis for the visa classification supported by this application<br><i>(indicate the total workers in each applicable category based on the total workers identified above)</i> |                                                                         |
| <input type="text" value="1"/> a. New employment *                                                                                                                             | <input type="text" value="0"/> d. New concurrent employment *           |
| <input type="text" value="0"/> b. Continuation of previously approved employment *<br>without change with the same employer                                                    | <input type="text" value="0"/> 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 *<br>TECHNOSOFT GROUP INC                          |                  |                                                        |
| 2. Trade name/Doing Business As (DBA), if applicable<br>N/A               |                  |                                                        |
| 3. Address 1 *<br>2300 VALLEY VIEW LANE                                   |                  |                                                        |
| 4. Address 2<br>SUITE 215                                                 |                  |                                                        |
| 5. City *<br>IRVING                                                       | 6. State *<br>TX | 7. Postal code *<br>75062                              |
| 8. Country *<br>UNITED STATES OF AMERICA                                  |                  | 9. Province<br>N/A                                     |
| 10. Telephone number *<br>6122463372                                      |                  | 11. Extension<br>N/A                                   |
| 12. Federal Employer Identification Number (FEIN from IRS) *<br>260409650 |                  | 13. NAICS code (must be at least 4-digits) *<br>541511 |



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 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 *<br>RAGH | 2. First (given) name *<br>HEMALATHA | 3. Middle name(s) *<br>N/A                 |
| 4. Contact's job title * VICE PRESIDENT   |                                      |                                            |
| 5. Address 1 * 2300 VALLEY VIEW LANE      |                                      |                                            |
| 6. Address 2 SUITE 215                    |                                      |                                            |
| 7. City * IRVING                          | 8. State * TX                        | 9. Postal code * 75062                     |
| 10. Country * UNITED STATES OF AMERICA    |                                      | 11. Province<br>N/A                        |
| 12. Telephone number *<br>6122463372      | 13. Extension<br>N/A                 | 14. E-Mail address<br>SREENI.TSG@GMAIL.COM |

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

|                                                                                                                                                     |                                                                                          |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Is the employer represented by an attorney or agent in the filing of this application? *<br>If "Yes", complete the remainder of Section E below. |                                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Attorney or Agent's last (family) name §<br>LAMBOLEY                                                                                             | 3. First (given) name §<br>HAROLD                                                        | 4. Middle name(s) §<br>JOSEPH                                       |
| 5. Address 1 § ONE EVERGREEN AVENUE, SUITE 20                                                                                                       |                                                                                          |                                                                     |
| 6. Address 2 N/A                                                                                                                                    |                                                                                          |                                                                     |
| 7. City §<br>HAMDEN                                                                                                                                 | 8. State §<br>CT                                                                         | 9. Postal code §<br>06518                                           |
| 10. Country §<br>UNITED STATES OF AMERICA                                                                                                           |                                                                                          | 11. Province<br>N/A                                                 |
| 12. Telephone number §<br>2032878042                                                                                                                | 13. Extension<br>13                                                                      | 14. E-Mail address<br>HAROLD@LAMBOLEYLAWFIRM.COM                    |
| 15. Law firm/Business name §<br>LAMBOLEY LAW FIRM, LLC                                                                                              |                                                                                          | 16. Law firm/Business FEIN §<br>061420488                           |
| 17. State Bar number (only if attorney) §<br>405590                                                                                                 | 18. State of highest court where attorney is in good standing (only if attorney) §<br>CT |                                                                     |
| 19. Name of the highest court where attorney is in good standing (only if attorney) §<br>SUPERIOR COURT                                             |                                                                                          |                                                                     |



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**F. Rate of Pay**

|                                                                            |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Wage Rate (Required)<br>From: \$ <u>65000.00</u> *<br>To: \$ <u>N/A</u> | 2. Per: (Choose only one) *<br><input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> 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 *<br>2021 W RIO SALADO PARKWAY                                                                                                                                                                     |                                                                                                                                                                                                        |
| 2. Address 2<br>N/A                                                                                                                                                                                             |                                                                                                                                                                                                        |
| 3. City *<br>TEMPE                                                                                                                                                                                              | 4. County *<br>MARICOPA                                                                                                                                                                                |
| 5. State/District/Territory *<br>AZ                                                                                                                                                                             | 6. Postal code *<br>85281                                                                                                                                                                              |
| <b>Prevailing Wage Information</b> (corresponding to the place of employment location listed above)                                                                                                             |                                                                                                                                                                                                        |
| 7. Agency which issued prevailing wage §<br>N/A                                                                                                                                                                 | 7a. Prevailing wage tracking number (if applicable) §<br>N/A                                                                                                                                           |
| 8. Wage level *<br><input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A                                      |                                                                                                                                                                                                        |
| 9. Prevailing wage *<br>\$ <u>57034.00</u>                                                                                                                                                                      | 10. Per: (Choose only one) *<br><input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year |
| 11. Prevailing wage source (Choose only one) *<br><input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other |                                                                                                                                                                                                        |
| 11a. Year source published *<br>2016                                                                                                                                                                            | 11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source §<br>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.

|                                                                                                                                                                                                       |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. <b>I have read and agree to</b> 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. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|



Labor Condition Application for Nonimmigrant Workers  
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**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? §                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 2. Is the employer a willful violator? §                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| 3. If “Yes” is marked in questions I.1 and/or I.2, you must answer “Yes” or “No” regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? § | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**If you marked “Yes” to questions I.1 and/or I.2 and “No” to question I.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. <b>I have read and agree</b> 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. § | <input type="checkbox"/> Yes <input type="checkbox"/> 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: * | <input checked="" type="checkbox"/> Employer’s principal place of business<br><input type="checkbox"/> 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 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 *<br>RAGH | 2. First (given) name of hiring or designated official *<br>HEMALATHA | 3. Middle initial *<br>N/A |
| 4. Hiring or designated official title *<br>VICE PRESIDENT       |                                                                       |                            |
| 5. Signature *                                                   |                                                                       | 6. Date signed *           |





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**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 §<br>N/A | 2. First (given) name §<br>N/A | 3. Middle initial §<br>N/A |
| 4. Firm/Business name §<br>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 \_\_\_\_\_ to \_\_\_\_\_.

Department of Labor, Office of Foreign Labor Certification

Determination Date (date signed)

I-200-17069-483237

IN PROCESS

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/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)(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 (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-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**