**Acknowledgment of Receipt of LCA**

**by H-1B Nonimmigrant**

By signing this form, I, [H1B Employee's Name], hereby affirm that on or before the day I began working as an H-1B employee at [H1B Employer's Name], I was provided with a copy of the Labor Condition Application as certified by the Department of Labor that was filed in support of my H-1B petition.

I received Certified LCA Number: [Enter LCA Number starts with for example: I-200-16XXX-708XXX]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  
(Employee’s Signature) (Date)