

Application for Prevailing Wage Determination  
 Form ETA-9141  
 U.S. Department of Labor



Please read and review the filing instructions carefully before completing the Form ETA-9141. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. For all submissions, either electronic or paper, ALL required fields/items containing an asterisk (\*) must be completed as well as any applicable fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application (*Write classification symbol*): \*

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**B. Employer Point-of-Contact Information**

Important Note: The information contained in this section is for an employee authorized to act on behalf of the employer in labor certification matters. The information in this section must be different from the attorney or agent information listed in Section D, except when an attorney listed in Section D is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) (if applicable) §
4. Contact's job title *		
5. Address 1 *		
6. Address 2		
7. City *	8. State *	9. Postal Code *
10. Country *	11. Province (if applicable) §	
12. Telephone number *	13. Extension (if applicable) §	14. Business E-Mail Address *

**C. Employer Information**

1. Legal Business Name *		
2. Trade Name/Doing Business As (if applicable) §		
3. Address 1 *		
4. Address 2		
5. City *	6. State *	7. Postal code *
8. Country *	9. Province (if applicable) §	
10. Telephone number *	11. Extension (if applicable) §	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code *	

**D. Attorney or Agent Information (if applicable)**

1. Indicate the type of representation for the employer in the filing of this application * If D.1 is "Attorney" or "Agent" the remainder of this section is required		<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None
2. Attorney or Agent's Last (family) Name §	3. First (given) Name §	4. Middle Name(s) §
5. Address 1 §		

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6. Address 2 <i>(apartment suite/floor and number)</i>		
7. City §	8. State §	9. Postal Code §
10. Country §		11. Province (if applicable) §
12. Telephone Number §	13. Extension §	14. Law Firm/Business E-Mail Address §
15. Law Firm/Business Name §		16. Law Firm/Business FEIN §

**E. Wage Source Information**

Refer to instructions for all supporting documents required in this section.

1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. If "Yes," identify which ACWIA provision the employer is covered under (choose all that apply): §	
<input type="checkbox"/> (i) Institution of higher education <input type="checkbox"/> (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education <input type="checkbox"/> (iii) Nonprofit research organization or Governmental research organization	
b. If the employer has previously been determined not covered under ACWIA, does the employer have any reason to believe that its status has changed? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the position covered by a Professional Sports League Rules or Regulations? §	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>For non-OES requests, select and fully complete only one of the following:</b> (Davis Bacon Act (DBA) & Service Contract Act (SCA) are not prevailing wage sources for H-2B)	
4. Source Type: §	<input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Survey
a. Complete the following if consideration of a survey is requested above. § (If this is a request to use a survey in the H-2B program, Form ETA-9165 must also be completed.)	
(i) Survey name or title: §	
(ii) Survey date of publication or, if not published, date of submission to DOL: §	

**F. Job Offer Information**

**a. Job Description**

1. Job Title *	
2. Job Duties: Description of the specific services or labor to be performed. <i>(All job duties must be disclosed on this form. Separate attachments will not be accepted) *</i>	
3. Does this position supervise the work of other employees? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "Yes," please indicate the occupation(s) of the employees to be supervised: §	

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**b. Minimum Job Requirements**

1. Education: Minimum U.S. diploma/degree required *		
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)		
a. If "Other degree" in question 1, specify the U.S. diploma/degree required §	b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)	
2. Does the employer require a second U.S. diploma/degree? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §		
3. Is training for the job opportunity required? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 3, specify the number of <u>months</u> of training required §	b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)	
4. Is employment experience required? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §	b. Indicate the occupation required §	
5. Special Skills or Other Requirements: Does the employer require any specific or other requirements? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," check all that apply and specify the requirement(s): §		
<input type="checkbox"/> (i) License/Certification: _____		
<input type="checkbox"/> (ii) Foreign Language: _____		
<input type="checkbox"/> (iii) Residency/Fellowship: _____		
<input type="checkbox"/> (iv) Other Special Skills or Requirements: _____		

**c. Alternative Job Requirements**

While an employer may specify alternative requirements, the substantial equivalency of the alternative requirements to minimum requirements will not be evaluated. (Not applicable for H-2B)

1. Are alternate sets of Education, Training, and/or Experience accepted? §		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If c.1 is "Yes," c.2, c.3, and c.4 must be completed.</b>		
2. Specify the alternate level of education: U.S. diploma/degree accepted §		
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)		
a. If "Other degree" in question 2, specify the U.S. diploma/degree accepted §	b. Indicate the major(s) and/or field(s) of study accepted § (May list more than one related major and more than one field)	
3. Is alternate training for the job opportunity accepted? §		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 3, specify the number of <u>months</u> of alternate training accepted §	b. Indicate the field(s)/name(s) of training accepted § (May list more than one related field and more than one type)	
4. Is alternate employment experience accepted? §		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" in question 4, specify the number of <u>months</u> of alternate experience accepted §		

**d. Other Information**

1. Suggested SOC (O*NET/OES) code *	a. Suggested SOC (O*NET/OES) occupation title *	
2. Job title of the official the employee will report to for this job opportunity (if applicable) §		
3. Will travel be required in order to perform the job duties? * <input type="checkbox"/> Yes <input type="checkbox"/> No	a. If "Yes," provide geographic location and frequency of the travel. §	
4. Will international travel be required in order to perform the job duties (not applicable to H-2B)? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will relocation be required in order to perform the job duties (not applicable to H-2B)? *		<input type="checkbox"/> Yes <input type="checkbox"/> No

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**e. Place of Employment Information**

1. Worksite address 1 *			
2. Address 2 § (apartment suite floor and number)			
3. City *	4. State *	5. County *	6. Postal Code *
7. Will work be performed in any Bureau of Labor Statistics (BLS) Area (Metropolitan or Non-Metropolitan Statistical Areas) other than the BLS Area of the address listed above, or, in the case of BLS Areas with multiple county-level prevailing wage rates, in a county other than the county of the address listed above? * (If "Yes," a completed Appendix A is required)			<input type="checkbox"/> Yes <input type="checkbox"/> No

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**G. Prevailing Wage Determination**

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PWD Tracking Number	2. PWD Receipt Date
3. SOC Code:	a. SOC Occupation Title:
<i>While all prevailing wages are issued at the six digit SOC code level, O*NET includes extended eight digit occupations. When the six digit SOC code is assigned based on the extension, listed below is the O*NET extension code.</i>	
b. O*NET Code:	c. O*NET Occupation Title:
<i>When the job opportunity represents a combination of occupations, listed below are the other occupations.</i>	
d. O*NET Code:	e. O*NET Occupation Title:
4. Prevailing wage: (based on the primary worksite location. See Item 5 below for details.) For H-1B and PERM only, this wage is based on the highest wage based on the minimum and alternate job requirements of the position. \$ _____.	
a. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	b. OES Wage level: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OES Mean <input type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input type="checkbox"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA, does not apply to H-2B) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Alternate Survey <input type="checkbox"/> Professional Sports League Rules or Regulations	d. If "Survey" in question 4c, specify the name of the survey:
e. Not applicable to H-2B: Prevailing wage and wage level based on (Choose only one): <input type="checkbox"/> Minimum Requirements <input type="checkbox"/> Alternative Requirements Education: _____ Training: _____ Experience: _____	
5. The wage is based on the following BLS Area (Metropolitan or Non-Metropolitan Statistical Area):	
6. The highest PWD out of all H-2B worksites for which a prevailing wage determination was requested: \$ _____ per hour.	
7. Additional Notes Regarding Wage Determination:	
8. Determination date:	9. Expiration date:

**H. OMB Paperwork Reduction Act (1205-0508)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Your response is required to receive the benefit of consideration of this application. (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The burden estimate is as follows: 9141- 47 minutes, Appendix A- 3 minutes, and recordkeeping- 10 minutes. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Box PPII 12 - 200 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. **Do NOT send the completed application to this address.**