



Foreign Labor Certification Quarterly Activity Report  
Instructions for Completing the Form ETA 9127  
**U.S. Department of Labor**

**IMPORTANT:** Form ETA 9127 is to be completed by State Workforce Agency (SWA) grantees, their employees or designated staff, for documentation of foreign labor certification activities for the Department of Labor's Office of Foreign Labor Certification (OFLC). Please read these instructions carefully before completing the Form ETA 9127 – Foreign Labor Certification Quarterly Activity Report. These instructions explain the questions on the Form ETA 9127.

### Definitions

**Approved Alternative Method:** Where the SWA is complying with the requirement to conduct pre-occupancy housing inspection through arrangements such as contracts, memoranda of understanding, or other cooperative agreements with third parties such as State or local organizations. The SWA must request prior approval from OFLC for the use of such alternative methods.

**Interstate:** An agricultural job order for temporary employment, where one SWA requests recruitment assistance from \_\_\_\_\_

**Intrastate:** An agricultural job order for temporary employment, where one SWA requests recruitment assistance from \_\_\_\_\_

**Staff Assisted Referral:** SWA staff discussed terms and conditions of job order with applicant and provided referral instructions and employer contact information

**Special Procedures:** Please refer to the OFLC Policies and Regulations at <https://www.foreignlaborcert.doleta.gov/reg.cfm> for the most current listing of special procedures.

When completing the special procedures items on this form, the responses must reflect activities performed under the OFLC-established special procedures only.

### Instructions

This form is to be completed on a quarterly basis by SWAs responsible for performing foreign labor certification activities and preferably submitted to OFLC by email or fax. Responses must be provided to the OFLC National Office within two weeks of the end of each fiscal year quarter. Responses must be provided by one of the means identified below:

- **E-mail:** [FLC.Grant@dol.gov](mailto:FLC.Grant@dol.gov). ***Electronic submission is strongly recommended.***
- **Facsimile:** 202-693-2768; Attn.: FLC Grants
- **U.S. Mail:** U.S. Department of Labor, Office of Foreign Labor Certification, 200 Constitution Avenue, NW, Box PPII 12-200, Washington, DC 20210; Attn.: FLC Grants

### **H-2B Regular and Special Procedures Workload**

Please enter the correct information for job orders submitted under both regular and special procedures, if applicable.

**Item 1.** Enter the number of job orders that were shown as active on the previous quarterly report; "active" refers to job orders currently open and available for referral activity at the time of submitting this ETA form 9127.

**Item 2.** Enter the number of new job orders received from employers.

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**Item 3.** Enter the number of job orders processed by the SWA; “processed” refers to the acceptance and placement of the job order into your State’s Job Bank or the acceptance of an employer’s self-generated job order into the Job Bank.

**Item 4.** Enter the number of SWA-generated intrastate referrals (e.g. referrals within your state).

**Item 5.** Enter the number of SWA-generated interstate referrals (e.g. referrals to other states).

**Item 6.** Enter the number of interstate job orders transmitted to other SWAs.

**Item 7.** Enter the number of interstate job orders received from other SWAs.

**Item 8.** Enter the number of active job orders remaining at the end of the quarter; “active” refers to job orders currently open at the time of submitting the ETA 9127 that are available for referral activity.

**Item 9.** Enter comments or concerns noted during the quarter. If you require additional space to complete this item, please include an attachment to the form referencing this item number. Your response to this item should indicate that additional information is included in an attachment.

**H-2A Regular and Special Procedures Workload**

Please enter the correct information for job orders submitted under both regular and special procedures, if applicable.

**Item 1.** Enter the number of job orders that were shown as active on the previous report; “active” refers to job orders currently open and available for referral activity at the time of submitting this ETA form 9127.

**Item 2.** Enter the number of new job orders received from employers.

**Item 3.** Enter the number of job orders processed by the SWA; “processed” refers to the acceptance and placement of the job order into your State’s Job Bank.

**Item 4.** Enter the number of SWA-generated intrastate referrals (e.g. within your state).

**Item 5.** Enter the number of SWA-generated interstate referrals (e.g. to other states).

**Item 6.** Enter the number of interstate job orders transmitted to other SWAs.

**Item 7.** Enter the number of interstate job orders received from other SWAs.

**Item 8.** Enter the number of active job orders remaining at the end of the quarter; “active” refers to job orders currently open and available for referral activity.

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**Item 9.** Enter the number of H-2A prevailing wage surveys conducted.

**Item 10.** Enter the number of employment practice (prevailing, normal and common) surveys conducted.

**Item 11.** Enter the number of housing inspections conducted by SWA staff. A housing inspection which includes multiple buildings at one location should be counted as one housing inspection.

**Item 12.** Enter the number of housing inspections conducted by an approved alternative method. A housing inspection which includes multiple buildings at one location should be counted as one housing inspection.

**Item 13.** Enter the total number of sleeping units inspected. Each separate and distinct room should be counted as one sleeping unit.

**Item 14.** Enter the total capacity of sleeping units inspected.

**Item 15.** Enter the total number of housing self-certifications received from employers. SWAs must develop and implement a schedule which ensures that each employer's self-certified housing is inspected no less frequently than at least once every 3 years.

**Item 16.** Enter comments or concerns noted during the quarter. If you require additional space to complete this item, please include an attachment to the form referencing this item number. Your response to this item should indicate that additional information is included in an attachment.