OMB Approval: 1205-0508 Expiration Date: 5/31/2023

PWD Case Number:_

Application for Prevailing Wage Determination Form ETA-9141 – Appendix A, Request for Additional Worksite(s) U.S. Department of Labor

wage. Additional Worksite 1	
1. County: 2. State: OR 3. BLS Area:	
For Official Government Use Only	
SOC Code: SOC Title:	
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ per	Prevailing Wage per Alternative Requirements: \$ per
Additional Worksite 2	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: 2. State: OR	3. BLS Area:
For Official Government Use Only	
SOC Code:	SOC Title:
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ per	Prevailing Wage per Alternative Requirements: \$ per
Additional Worksite 3	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: 2. State: OR 3. BLS Area:	
For Official Government Use Only	
SOC Code:	SOC Title:
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ per	Prevailing Wage per Alternative Requirements: \$ per
FOR DEPARTMENT OF LABOR USE ONLY	

_____Validity Period:____

_to ___

Case Status: