

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

Important Note: Identify any additional worksite(s) for which the employer is requesting issuance of an additional prevailing wage.

Additional Worksite 1

County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *
1. County: _____ 2. State: _____ OR 3. BLS Area: _____

<i>For Official Government Use Only</i>	
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: _____

<i>For Official Government Use Only</i>	
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: _____

<i>For Official Government Use Only</i>	
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

PWD Case Number: _____ Case Status: _____ Validity Period: _____ to _____