OMB Approval: 1205-0534 Expiration Date: 04/30/2026

## CW-1 Application for Temporary Employment Certification Form ETA-9142C - Appendix B U.S. Department of Labor



1. City *	2. Postal/ZIP Code *	3. Additional Place of Employment Information § (Address—e.g., street address, area, town, village, geographic identification)	4. Additional Work Itinerary Information §						
			Crew ID	Total Workers	Begin Date	End Date	Basic Wage	Rate (in \$)	Per

For the public burden statement, please see the Form ETA-9142C, General Instructions.

Form ETA-9142C -Appendix B		FOR DEPARTMENT OF LABOR USE ONLY			Page B.1 of B.1	
CW-1 Case Number:	Case Status:		Determination Date:	Validity Period:	to	