



Foreign Labor Certification Quarterly Activity Report
ETA Form 9127
U.S. Department of Labor

State Name: _____ **Preparer Name:** _____ **Fiscal Year:** _____

Report for (check one): (Q1 - Oct-Dec) (Q2 - Jan-Mar) (Q3 - Apr-Jun) (Q4 - Jul-Sep)

H-2B Workload	H-2B REGULAR	H-2B SPECIAL
1. Total number of active job orders from previous report		
2. Total number of new job orders received		
3. Total number of job orders processed		
4. Total number of SWA staff assisted intrastate referrals		
5. Total number of SWA staff assisted interstate referrals		
6. Total number of interstate job orders transmitted to other SWAs		
7. Total number of interstate job orders received from other SWAs		
8. Total number of active job orders remaining at the end of the quarter		
9. Provide comments or other issues noted during quarter.		

H-2A Workload	H-2A REGULAR	H-2A SPECIAL
1. Total number of active job orders from previous report		
2. Total number of new job orders received		
3. Total number of job orders processed		
4. Total number of SWA staff assisted intrastate referrals		
5. Total number of SWA staff assisted interstate referrals		
6. Total number of interstate job orders transmitted to other SWAs		
7. Total number of interstate job orders received from other SWAs		
8. Total number of active job orders remaining at the end of the quarter		
9. Total number of prevailing wage surveys completed		
10. Total number of employment practice surveys completed		
11. Total number of housing inspections completed by SWA staff		
12. Total number of housing inspections completed by alternative method		
13. Total number of sleeping units inspected		
14. Total capacity of sleeping units inspected		
15. Total number of housing self-certifications received from employers		
16. Provide comments or other issues noted during quarter.		

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain the benefit (See 29 U.S.C. 49(i) and 20 CFR 653.112). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Foreign Labor Certification, 200 Constitution Avenue, NW, Suite PPII 12-200, Washington, D.C. 20210, or by email to ETA.OFLC.Forms@dol.gov and reference the OMB Control Number 1205-0457. **Note:** Please do not return the completed Form ETA-9127 form to this address.