

Application for Prevailing Wage Determination
Form ETA-9141 – General Instructions
U.S. Department of Labor



IMPORTANT: Please read these instructions carefully before completing the Form ETA-9141–Application for Prevailing Wage Determination. These instructions contain full explanations of the questions that make up the Form ETA-9141. If the employer plans to file non-electronically, ALL required fields and items containing an asterisk (*) must be completed as well as any applicable fields and items where a response is conditioned on the response to another required section/field or item as indicated by the section (§) symbol. ANY MANDATORY FIELD LEFT BLANK OR INCOMPLETE WILL RESULT IN THE INABILITY TO SUBMIT THE APPLICATION ELECTRONICALLY AND THE APPLICATION WILL BE RETURNED TO THE REQUESTOR IF MAILED.

Anyone who knowingly and willingly furnishes any false information in the preparation of Form ETA-9141 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fines, imprisonment or both (18 U.S.C. 2, 1001, 1546, 1621).

Public Burden Statement (1205-0508)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average one hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. A response is required to receive the benefit of consideration of this application. Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box P112-200 * Washington, DC * 20210. **Please do not send the completed application to this address.**

Section A

Employment-Based Nonimmigrant Visa Information

1. Enter the following classification symbol to indicate the type of visa supported by this application: “H-2B,” “H-1B,” “H-1B1 Chile,” “H-1B1 Singapore,” “E-3 Australian,” “PERM”

Section B

Employer Point-of-Contact Information

An employer point of contact is an employee of the employer whose position authorizes the employee to provide information and supporting documentation concerning this *Application for a Prevailing Wage Determination* and to communicate with the Department of Labor on behalf of the employer. The employer point of contact should be the individual most familiar with the content of this application and circumstances of the foreign worker’s employment.

Note: The employer point of contact information in this Section, specifically the name, telephone number, and email address, must be different from the attorney/agent information listed in Section D, except when an attorney listed in Section D is an employee of the employer.

1. Enter the last (family) name of the employer’s point of contact.
2. Enter the first (given) name of the employer’s point of contact.
3. Enter the middle name of the employer’s point of contact, if applicable.
4. Enter the job title of the employer’s point of contact.
5. Enter the business street address for the employer’s point of contact.
6. If additional space is needed for the street address, use this line to complete the street address.
7. Enter the city of the employer’s point of contact. If the city and country are the same, the name must still be entered in both fields.
8. Enter the state of the employer’s point of contact.
9. Enter the postal (zip) code of the employer’s point of contact.
10. Enter the country of the employer’s point of contact. If the city and country are the same, the name must still be entered in both fields.
11. Enter the province of the employer’s point of contact, if applicable.

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Section B (cont.)

Employer Point-of-Contact Information (cont.)

12. Enter the area code and business telephone number of the employer's point of contact. Include country code, if applicable.
13. Enter the extension of the telephone number of the employer's point of contact, if applicable.
14. Enter the business e-mail address of the employer's point of contact in the format [name@emailaddress.top-level](#) domain, if applicable.

Section C

Employer Information

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).
2. Enter the full trade name or "Doing Business As" name, if applicable, of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application.
3. Enter the street address of the employer's principal place of business. The place of business must be a physical location and not a Post Office (P.O.) Box.
4. If additional space is needed for the street address, use this line to complete the employer's street address. If no additional space is needed, enter "N/A" or leave blank.
5. Enter the city of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.
6. Enter the state of the employer's principal place of business.
7. Enter the postal (zip) code of the employer's principal place of business.
8. Enter the country of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.
9. Enter the province of the employer's principal place of business, if applicable.
10. Enter the area code and telephone number for the employer's principal place of business. Include country code, if applicable.
11. Enter the extension of the telephone number for the employer's principal place of business, if applicable.
12. Enter the nine-digit Federal Employer identification Number (FEIN) as assigned by the IRS. Do not enter a social security number.

Note: All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at www.irs.gov.

13. Enter the four digit North American Industry Classification System (NAICS) code that best describes the employer's business, not the specific job opportunity being requested for temporary employment certification. A listing of NAICS codes can be found at <http://www.census.gov/epcd/www/naics.html>.

Section D

Attorney or Agent Information (if applicable)

Important Note: The attorney/agent information in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section B, except when an attorney listed in this Section is an employee of the employer.

1. Identify whether the employer is represented by an attorney or agent in the process of filing this application. If an employer is not represented by either an attorney or agent, check "None". Mark only one box.
2. Enter the last (family) name of the attorney or agent.
3. Enter the first (given) name of the attorney or agent.

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Section D (cont.)

Attorney or Agent Information (if applicable) (cont.)

4. Enter the middle name of the attorney or agent.
5. Enter the business street address of the attorney or agent.
6. If additional space is needed for the street address, use this line to complete the attorney or agent's street address.
7. Enter the city of the attorney or agent. If the city and country are the same, the name must still be entered in both fields.
8. Enter the state of the attorney or agent.
9. Enter the postal (zip) code of the attorney or agent.
10. Enter the country of the attorney or agent. If the city and country are the same, the name must still be entered in both fields.
11. Enter the province of the attorney or agent, if applicable.
12. Enter the area code and business telephone number of the attorney or agent. Include country code, if applicable.
13. Enter the extension of the telephone number of the attorney or agent, if applicable.
14. Enter the email address of the attorney or agent in the format [name@emailaddress.top-level](#) domain.
15. Enter the attorney/agent law firm or business name.
16. Enter the attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS.

Section E

Wage Source Information

1. Mark "Yes" if the employer is covered by the American Competitiveness and Workforce Improvement Act (ACWIA) pursuant to 20 CFR 656.40(e) and "No" if it is not. Mark "N/A" only if the Application is for an H-2B application. **Note:** ACWIA coverage does not apply to H-2B applications.
 - a. If "Yes" in question 1, identify which ACWIA provision, as described in 20 CFR 656.40(e)(1), the employer is covered under (choose all that apply):
 - (i) Institution of Higher Education (20 CFR 656.40(e)(1)(i));
 - (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education (20 CFR 656.40(e)(1)(ii));
 - (iii) Nonprofit research organization or Governmental research organization (20 CFR 656.40(e)(1)(iii)).
 - b. Identify whether the employer's ACWIA status has changed since previously receiving a prevailing wage determination (PWD). If the employer was previously not ACWIA covered, mark "Yes" or "No" as to whether the employer has any reason to believe its ACWIA status has changed. For example, mark "Yes" if an employer's affiliation with an institution of higher education has changed. If the answer is "Yes," provide documentation. Mark "N/A" if the employer has not previously received a PWD.
2. Mark "Yes" if the job opportunity is for a professional athlete as defined in 8 U.S.C. 1182(a)(5)(A)(iii)(II) and covered by a professional sports league's rules or regulations and mark "No" if it is not. If you mark "Yes," a copy of the wage provisions from the professional sports league's rules or regulations and relevant organization letters must be submitted with this application. If the job opportunity is covered by a professional sports league's rules or regulations, the employer may not request any other wage source.
3. Mark "Yes" if the position is covered by the wage provisions of a Collective Bargaining Agreement (CBA) and mark "No" if it is not. Mark "N/A" if you marked "Yes" in response to E.2. If you mark "Yes," a copy of the wage provisions from the CBA and relevant organization letters must be submitted with this application.
4. For a non-Occupational Employment Statistics (non-OES) wage source other than those deriving from a CBA or a professional sports league's rules or regulations, the employer may only select one of the three wage source options below:

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Section E (cont.)

Wage Source Information (cont.)

- DBA:** Check the box if the employer is requesting a prevailing wage determination pursuant to the Davis-Bacon Act (DBA). For DBA, indicate in the job duties (Section F.a.2) which one of the four types of construction applies: Building, Residential, Highway, or Heavy. **Note:** DBA is not applicable for H-2B applications.
- SCA:** Check the box if the employer is requesting a prevailing wage determination pursuant to the McNamara-O'Hara Service Contract Act (SCA). **Note:** SCA does not apply to H-2B applications.
- Survey:** Check the box if the employer is requesting consideration of a survey as the wage source in determining the prevailing wage.
 - a. If the survey box is checked, provide the name or title of the survey under which the employer is requesting a determination.
 - b. If the survey box is checked, provide the date of publication of the survey under which the employer is requesting a determination. For unpublished surveys, such as ad hoc or one time surveys, use the date the Form ETA-9141 is being submitted.

Note: For H-2B applications, if the survey box is checked, the Form ETA-9165 and the survey under which the employer is requesting a determination must be submitted with this application.

For all other applications, if the survey box is checked, the survey under which the employer is requesting a determination must be submitted with this application.

Section F

Job Offer Information

a. Job Description

1. Enter the title of the job opportunity.
2. Describe the job duties, in detail, to be performed by any worker filling the job opportunity. Specify the field(s) and/or product(s)/industry(ies) involved, any equipment to be used, and pertinent working conditions. The duties provided must be specific enough to be classified under a relevant Standard Occupational Classification (SOC) code pursuant to the O*NET publication at <https://www.onetonline.org/>. All job duties must be submitted on the form; separate attachments will not be accepted.
3. Mark "Yes" or "No", whether the job opportunity supervises the work of other employees.
 - a. If "Yes" in question 3, enter the occupations, i.e., SOC code and title, of the employees to be supervised.

b. Minimum Job Requirements

Note: This section must only include a single set of requirements, the employer's minimum requirements for each question. If the employer will accept alternative requirements, the alternative requirements must be entered in Section F.c.

1. Identify whether the minimum U.S. diploma or degree required by the employer for the job opportunity is None, High School/GED, Associates, Bachelor's, Master's, Doctorate, or Other. Only mark one box indicating the minimum requirement for the job opportunity. Any additional education requirements must be entered with the "Special Skills or Other Requirements" (Section F.b.5).
 - a. If "Other" in question 1, enter the specific U.S. diploma or degree required. (Example: First professional degrees such as J.D., M.D., D.D.S., etc.). If the answer to question 1 is not "Other," leave blank or enter "N/A."
 - b. Enter the major(s) and/or field(s) of study required by the employer for the job opportunity. The major and field of study must be offered by at least one accredited U.S. institution. You may list more than one field and/or more than one related major. If the answer to question 1 is "None" or "High School," leave blank or enter "N/A."
2. If the employer requires a second U.S. diploma or degree for the job opportunity, mark "Yes." Otherwise, mark "No."
 - a. If "Yes" in question 2, enter the specific second U.S. diploma or degree required. If the answer to question 2 is "No," enter "N/A."

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Section F (cont.)

Job Offer Information (cont.)

b. Minimum Job Requirements (cont)

3. If the employer requires training for the job opportunity, mark "Yes." Otherwise, mark "No." Training may include, but is not limited to: programs, coursework, or training experience (other than employment). Do not include on-the-job training required by the employer after the date of hire. When answering this question, do not duplicate requirements that are listed in other fields of this application; the training required must not be counted as education, work experience, or specific skills or other requirements.
 - a. If "Yes" in question 3, enter the number of months of training required by the employer for the job opportunity. If the answer to question 3 is "No," enter "0" (zero). When answering this question, do not duplicate time requirements that are listed in other fields of this application; the training time required is in addition to the required education and experience, and must not be counted as (added to) education or experience time required.
 - b. If "Yes" in question 3, enter the field(s) and/or name(s) of the training required by the employer for the job opportunity. You may list more than one field and/or more than one name. If the answer to question 3 is "No," enter "N/A."
4. If the employer requires employment experience, mark "Yes." Otherwise, mark "No."
 - a. If "Yes" in question 4, enter the number of months of experience required by the employer. If the answer to question 4 is "No", enter "0" (zero).
5. If the employer requires specific skills or other requirements for the job opportunity, mark "Yes." Otherwise, mark "No."
 - a. If "Yes" in question 5, mark all that apply (License/Certification, Foreign Language, Residency/Fellowship, and/or Other Skills or Requirements). Next to each marked item, specify the name or type of requirement. Examples include additional supporting education, such as specific degrees or courses, specific foreign language proficiency, test results. When answering this question, do not duplicate requirements – the specific skills or other requirements must not be counted as education, training, or experience required. For alternative requirements, see Section F.c.

c. Alternative Job Requirements

While an employer may specify alternative requirements, the substantial equivalency of the alternative requirements to minimum requirements will not be evaluated. If there are alternative sets of Education, Training, and/or Experience requirements, all fields in this section (Section F.c.) must be completed. Any specific skills or other requirements entered in Section F.b.5. will be included in the wage determination with the alternative requirements. **Note:** This section is not applicable for H-2B applications.

1. Identify whether an alternative set of requirements is accepted for the job opportunity. If your answer is "Yes," you must complete c.2, c.3., and c.4. Any additional education requirements must be entered with the "Special Skills or Other Requirements" (Section F.b.5).
2. Identify what alternative level of education is accepted.
 - a. If "Other" in question 2, enter the specific U.S. diploma or degree accepted. (Example: J.D., M.D., D.D.S., etc.). If the answer to question 2 is not "Other," enter "N/A."
 - b. Enter the major(s) and/or field(s) of study accepted by the employer for the job opportunity. The major and field of study must be offered by an accredited U.S. institution. You may list more than one field and/or more than one related major. If the answer to question 2 is "None" or "High School," enter "N/A."
3. If the employer accepts alternative training for the job opportunity, mark "Yes." Otherwise, mark "No." Training may include, but is not limited to: programs, coursework, or training experience (other than employment). Do not include on-the-job training required by the employer after the date of hire. When answering this question, do not duplicate requirements that are listed in other fields of this application; the training accepted must not be counted as education or work experience entered in this section or specific skills or other requirements entered in Section F.b.5.
 - a. If "Yes" in question 3, enter the number of months of training accepted by the employer for the job opportunity. If the answer to question 2 is "No," enter "0" (zero). When answering this question, do not duplicate time requirements – the training time accepted is in addition to the required education and experience and must not be counted as (added to) education or experience time accepted.

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Section F (cont.)

Job Offer Information (cont.)

c. Alternative Job Requirements

- b. If "Yes" in question 3, enter the field(s) and/or name(s) of the training accepted by the employer for the job opportunity. You may list more than one field and/or more than one name. If the answer to question 2 is "No," enter "N/A."
4. If the employer accepts alternative employment experience, mark "Yes." Otherwise, mark "No."
 - a. If "Yes" in question 4, enter the number of months of experience accepted by the employer. If the answer to question 4 is "No," enter "0" (zero).

d. Other Information

1. Enter the suggested six or eight-digit Standard Occupational Classification (SOC)/Occupational Network (O*NET) code for the occupation, which most clearly describes the work to be performed. The suggested SOC may be used as a tool in the determination process; however, the SOC issued with the determination may differ.
 - b. Enter the suggested occupational title associated with the SOC/O*NET code. The suggested occupational title may be used as a tool in the determination process; however, the SOC and occupational title issued with the determination may differ from the suggested SOC and occupational title.
2. Provide the job title of the official the employee will report to for this job opportunity, if applicable.
3. If travel is required to perform the job duties, mark "Yes." Otherwise, mark "No."
 - a. If "Yes" in question 3, provide details as to the area(s) of travel required, the frequency of the travel required, and the nature of the travel. **Note:** A prevailing wage cannot be provided for unanticipated worksites.
4. If international travel is required to perform the job duties, mark "Yes." Otherwise, mark "No." **Note:** This question is not applicable for H-2B applications.
5. If relocation is required to perform the job duties, mark "Yes." Otherwise, mark "No." **Note:** This question is not applicable for H-2B applications.

e. Place of Employment Information

It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and prevailing wage determinations. **Note:** A prevailing wage determination can only be made for worksites that are identified with enough specificity to determine the applicable Bureau of Labor Statistics (BLS) Area and/or county.

1. Enter the street address of the worksite location identified in question 1, where the work will be performed. The worksite address must be a physical location and cannot be a P.O. Box.
2. If additional space is needed for the street address, use this line. If no additional space is needed, enter N/A.
3. Enter the city of the worksite location.
4. Enter the State, District, or Territory of the worksite location.
5. Enter the county or equivalent entity (borough, municipality, parish, independent city, or island name for islands that do not have county equivalents) of the worksite location. When the city and the county or equivalent have the same name, enter the name in both fields. Since the county or equivalent is used to determine the prevailing wage, the employer must ensure the appropriate county or equivalent is identified based on the worksite location (city and postal code).
6. Enter the postal (zip) code of the worksite location.

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Section F (cont.)

Job Offer Information (cont.)

e. Place of Employment Information (cont.)

7. Indicate whether the employer's job opportunity will be performed in any BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) other than the BLS Area of the address listed in 1-6, or, in the case of BLS Areas with multiple county-level prevailing wage rates, in a county other than the county of the address listed in 1-6 by marking "Yes" or "No."

Important Note: Where work will be performed in any BLS Area other than the BLS Area that includes the worksite address in question 1, the employer must complete Appendix A of the Form ETA-9141 by identifying the additional BLS Area(s) where the services or labor will be performed. In the case of a BLS Area in which there are different county-level prevailing wages, the employer must complete Appendix A when work will be performed in any county other than the county provided as the primary worksite address in question 1. If the employer is unsure whether an additional worksite(s) is in different BLS Area(s) or county(ies) with different wages, the employer must list the additional worksite(s) in Appendix A.

If "Yes" in question 7, the employer must complete and submit Appendix A with this application. See instructions for Appendix A below.

Section G

Prevailing Wage Determination – DO NOT FILL OUT THIS SECTION – FOR GOVERNMENT USE ONLY.

This section will be filled out by the government and returned to you with the appropriate prevailing wage.

If the issued prevailing wage determination will be used in support of a program application, please use the wage determination as follows for each program application:

PERM Labor Certification Applications: The prevailing wage issued in Section G.4 of this form is the wage for the primary worksite location based on the highest wage between the minimum and alternative requirements. When filing a PERM application with this PWD, you must use this prevailing wage as the determined prevailing wage when completing the PERM Labor Certification Application. The offered wage must be equal to or greater than the prevailing wage.

H-2B Labor Certification Applications: The prevailing wage issued in Section G.4 of this form is the wage for the primary worksite location. The prevailing wage issued in Section G.6 of this form is the highest wage out of all worksites for which prevailing wage determinations were requested in this application, including Appendix A.

Labor Condition Applications: The prevailing wage issued in Section G.4 of this form is the wage for the primary worksite location based on the highest wage between the minimum and alternative requirements. When filing a Labor Condition Application with this PWD, you must use this prevailing wage as the determined prevailing wage when completing the Labor Condition Application. The offered wage must be equal to or greater than the prevailing wage.

Addendum to Section G: Request for Additional Worksite(s) – DO NOT FILL OUT THIS SECTION – FOR GOVERNMENT USE ONLY.

This section will be filled out by the government and returned to you with the appropriate prevailing wage for each additional worksite for which the employer requested a wage determination in Appendix A.

Section H

OMB Notice – Please read.

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APPENDIX A – Request for Additional Worksite(s)

Important Note: Employers are required to complete Appendix A if work will be performed in any BLS Area (Metropolitan or Non-Metropolitan Statistical Area) other than the BLS Area provided as the worksite address in Section F.e. In the case of BLS Areas in which there are different prevailing wages in different counties, employers are required to complete Appendix A if work will be performed in any county other than the county provided as the worksite address in Section F.e. If the employer is unsure whether additional worksites are in different BLS Area(s) or counties with different wages, the employer must list the additional worksite in Appendix A. Complete Items 1 (county) and 2 (state), OR alternatively Item 3 (BLS Area), for each worksite for which the employer is requesting a prevailing wage determination. If the employer intends for the workers sought to perform labor or services at more than five (5) worksites that must be reported on Appendix A, the employer must complete additional Appendices A as are necessary to list such worksites for this application. Note that Appendix A is limited to 250 such worksites. If the employer seeks prevailing wage determinations for more than 250 such worksites, the employer must submit another Form ETA-9141 with a listing of the additional worksites for which prevailing wage determinations are sought.

1. Enter the county (or independent city/township(s)/borough(s)/parish(es) as appropriate) of the area of intended employment, and Enter the state of the area of intended employment; OR
2. Enter the name of the BLS Area (Metropolitan or Non-Metropolitan Statistical Area) of the area of intended employment.

Submission of additional worksite information in any other form or format will not be accepted. Only worksites entered on the Form ETA-9141 and Appendix A will be used in the processing of the employer's request for a prevailing wage determination. Appendix A will not be returned to the employer with the wage determination(s). The wage determination(s) will be included in the "Addendum to Section G: Request for Additional Worksite(s)" listing the appropriate prevailing wage for each additional worksite the employer provided in Appendix A.