

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 <u>or</u> 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 2

County/State <u>or</u> 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 <u>or</u> 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

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