



U.S. Department of Labor  
Employment and Training Administration  
Office of Foreign Labor Certification

# Application for Prevailing Wage Determination

Electronic Version

ETA Form 9141

PLC Version 2 Custom - Microsoft Internet Explorer

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Address http://166.97.4.159/index.cfm?event=ehPWHome.pwSummary Go Links

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Prevailing Wage Portfolio Summary | Prevailing Wage Portfolio Details

You are here: --> iCERT Portal --> Prevailing Wage --> Portfolio Summary

### Prevailing Wage: Portfolio Summary

Case Status	Total Cases	Brief Description
Initiated	24	Applications in draft status
In Process	9	Applications submitted, under review
Determination Issued	4	Wage determination issued
Redetermination	6	Wage redetermination request: under review, affirmed, modified
Voided	0	Applications voided
Withdrawn	4	Applications withdrawn
My Related Cases	0	Cases submitted by Attorneys/Agents using your EIN

Begin New ETA Form 9141

**Prevailing Wage-related alerts requiring resolution**

- There are no Prevailing Wage-related alerts at this time.

Done Internet

Users may submit 9141 forms electronically via the iCERT system. Once logged in, a user selects the Begin New ETA Form 9141 button and the system will navigate the user to the first step of the 9141.

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## Form 9141 - Step 1 of 5 Case NOT YET ASSIGNED (INITIATED)



- 1  
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C
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Dc

You Are Here

### A. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application: \*  ?

### B. Requestor Point-of-Contact Information

- 1. Contact's last (family) name: \*  ?
- 2. First (given) name: \*  ?
- 3. Middle name(s): \*  ?
- 4. Contact's job title: \*  ?
- 5. Address 1: \*  ?
- 6. Address 2:  ?
- 7. City: \*  ?
- 8. State: \*  ?
- 9. Postal code: \*  ?
- 10. Country: \*  ?
- 11. Province:  ?
- 12. Telephone number: \*    Ext.  ?
- 13. Fax number:    ?
- 14. E-Mail address:  ?

Void & Exit Exit Save Next



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## Form 9141 - Step 2 of 5

Case PW-000-10004-787288 (INITIATED)



- 1 A-B
- 2 C
- 3 Da
- 4 Db
- 5 Dc

You Are Here

### C. Employment Information

1. Legal business name:	*	<input type="text"/>	<a href="#">?</a>
2. Trade name/Doing Business As(DBA), if applicable:	§	<input type="text"/>	<a href="#">?</a>
3. Address 1:	*	<input type="text"/>	<a href="#">?</a>
4. Address 2:		<input type="text"/>	<a href="#">?</a>
5. City:	*	<input type="text"/>	<a href="#">?</a>
6. State:	*	Select State <input type="text"/>	<a href="#">?</a>
7. Postal code:	*	<input type="text"/>	<a href="#">?</a>
8. Country:	*	Select Country <input type="text"/>	<a href="#">?</a>
9. Province:		<input type="text"/>	<a href="#">?</a>
10. Telephone number:	*	<input type="text"/> <input type="text"/> <input type="text"/> Ext. <input type="text"/>	<a href="#">?</a>
11. Federal Employer Identification Number (FEIN from IRS):	*	<input type="text"/> - <input type="text"/>	<a href="#">?</a>
12. NAICS code:	*	<input type="text"/> <input type="button" value="Search NAICS Code"/>	<a href="#">?</a>

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## Form 9141 - Step 3 of 5 Case PW-000-10004-659574 (INITIATED)



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Db
- 5  
Dc

You Are Here

### D. Job Offer Information

#### a. Job Description

1. Job title:	*	<input type="text"/>	?
2. SOC (ONET/OES) code:	*	<input type="text"/> <input type="button" value="Search SOC/O*NET (OES) Code"/>	?
2a. SOC (ONET/OES) Occupation Title:	*	<input type="text"/>	?
3. Number of hours of work Per week:	*	Basic: <input type="text"/>	?
		Overtime: <input type="text"/>	?
3a. Hourly Work Schedule:	*	Begin: <input type="text"/> : <input type="text"/> AM (hh:mm AM)	?
		End: <input type="text"/> : <input type="text"/> PM (hh:mm PM)	
4. Job Title of Supervisor for the Workers (if applicable):	§	<input type="text"/>	?
5. Does this position supervise the work of other employees?	*	<input type="radio"/> Yes <input type="radio"/> No <input type="button" value="CLEAR"/>	?
5a. If yes, number of employees worker will supervise (if applicable):	§	<input type="text"/>	?
6. Job duties - a description of the job duties to be performed:	*	<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	?

6. Job duties - a description of the job duties to be performed: \*



Empty text area for job duties description.

(Remaining characters: 2000)

7. Will travel be required in order to perform the job duties? \*  Yes  No



CLEAR

7a. If "Yes", please explain the travel requirements:

9



Empty text area for travel requirements.

(Remaining characters: 220)

8. Are there any other working conditions that affect the rate of pay? \*  Yes  No



CLEAR

8a. If "Yes", please explain the working conditions:

9



Empty text area for working conditions.

(Remaining characters: 220)

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Form 9141 - Step 4 of 5

Case PW-000-10004-659574 (INITIATED)



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You Are Here

D. Job Offer Information

b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required \*  ?

1a. If "Other degree", specify the diploma/degree required §  ?

1b. Indicate the major(s) and/or field(s) of study required (May list more than one related major and more than one filed) §  ?

2. Does the employer require a second U.S. diploma/degree? \*  Yes  No ?

2a. If "Yes", indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §  ?  
(Remaining characters: 192)

3. Is training for the job opportunity required? \*  Yes  No ?

3a. If "Yes", specify the number of months of training required §  ?

3b. Indicate the field(s)/name(s) of training required (May list more than one related field and more than one type) §  ?

4. Is employment experience required? \*  Yes  No ?

related major and more than one filed)

2. Does the employer require a second U.S. diploma/degree? \*  Yes  No ?

2a. If "Yes", indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §  ?

(Remaining characters: 192)

3. Is training for the job opportunity required? \*  Yes  No ?

3a. If "Yes", specify the number of months of training required §  ?

3b. Indicate the field(s)/name(s) of training required (May list more than one related field and more than one type) §  ?

4. Is employment experience required? \*  Yes  No ?

4a. If "Yes", specify the number of months of experience required §  ?

4b. Indicate the occupation required §  ?

5. Special Requirements - List specific skills, licenses/certificates/ certifications, and requirements of the job opportunity \*  ?

(Remaining characters: 500)



**Form 9141 - Step 5 of 5** Case PW-000-10004-112987 (INITIATED)

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- 4  
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- 5  
Dc  
You Are Here

**D. Job Offer Information**

**c. Place of Employment Information**

1. Worksite address 1 \*  ?

2. Address 2:  ?

3. City: \*  ?

4. County \*  ?

5. State/District/Territory \*  ?

6. Postal Code \*  ?

7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? \*  Yes  No ?

7 a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. ?

Select a State/Territory: §

County/Township: §

BLS Areas:

Other:

**Additional Worksite(s) 0 Row(s)**

	State	Area Basis	Area
❑			

4. County \*

5. State/District/Territory \*  ?

6. Postal Code \*

7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? \*  Yes  No ?

7 a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. ?

Select a State/Territory:

County/Township:

BLS Areas:

Other:

Additional Worksite(s) 0 Row(s)


<input type="checkbox"/>	State	Area Basis	Area
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 **iCIRT Portal** Welcome, BRIANH SMITH2 (logout)

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You are here: --> iCIRT Portal

### Case was successfully submitted!

**Case Number:** P-201-09273-127436

**Employer Name:**

This is a confirmation that the above referenced ETA Form 9141 Application for Prevailing Wage Determination has been received and submitted for processing by the the U.S. Department of Labor (Department). In the interest of fairness and equity, all prevailing wage determination requests are processed by the Department on a first-in-first-out (FIFO) basis.

**Important Notice:** If you have submitted a request for a prevailing wage determination using the H-2B visa classification, the Department will make every effort to process your request in FIFO order within thirty (30) calendar days of receipt (20 CFR 655.10).

Done Internet

After a user completes the electronic Form 9141 online, they submit it and receive the above confirmation.

Application for Prevailing Wage Determination  
ETA Form 9141  
U.S. Department of Labor



Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application (*Write classification symbol*): \*

H-1B1 Chile

**B. Requestor Point-of-Contact Information**

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BRIAN	SMITH	N/A
4. Contact's job title *		
Tester		
5. Address 1 *		
TEST		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
WASHINGTON	DC	20004

Once a user completes the electronic Form 9141 submittal, they can view a printable PDF file with the data they entered. The PDF is nearly identical to the actual paper Form 9141. In the top left of each page of the PDF 9141, the OMB Approval # and Expiration Date is displayed.

Application for Prevailing Wage Determination  
 ETA Form 9141  
 U.S. Department of Labor



**E. Prevailing Wage Determination**

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PW tracking number	2. Date PW request received
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title
4. Prevailing wage \$	4a. Wage level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
5. Per. (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	
5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*	
6. Prevailing wage source (Choose only one) <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/Alternate Survey	
6a. If "Other/Alternate Survey" in question 6, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

This is the last page from the viewable Form 9141 that is created following electronic submittal.

Users are able to view this printable PDF once they complete the submission process.

**F. OMB Paperwork Reduction Act (1205-0466)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. Do NOT send the completed application to this address.

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**F. OMB Paperwork Reduction Act (1205-0466)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. Do NOT send the completed application to this address.

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ETA Form 9141

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PW Tracking Number: P-201-09358-633600 Case Status: IN PROCESS Validity Period: N/A to N/A

At the bottom of the last page of the viewable PDF, the OMB Paperwork Reduction Act is displayed for review, exactly as it is on the actual paper Form 9141.