



# Sample Revised PW 9141 Wire Frames



## Step 1 of 7

Portal Home    My Account & Profiles    My Cases    Forms & Instructions

**Form 9141 – Step 1 of 7 Case PW-400-12345-123456 (STATUS)**  

**1** **2** **3** **4** **5** **6** **7**  
**A-B** C D EA EB EC DOC

<sup>Δ</sup>  
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 (if applicable)

12. Telephone number \*

13. Extension \*

14. Fax Number \*

15. E-Mail Address \*



# Sample Revised PW 9141 Wire Frames

## Step 2 of 7

<a href="#">Portal Home</a>	<a href="#">My Account &amp; Profiles</a>	<a href="#">My Cases</a>	<a href="#">Forms &amp; Instructions</a>
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**Form 9141 – Step 2 of 7 Case PW-400-12345-123456 (STATUS)**

1 A-B	<b>2</b> C	3 D	4 EA	5 EB	6 EC	7 DOC
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you are here

**C. Employment Information**

1. Legal business name	*	<input type="text"/>	?
2. Trade name/Doing Business As (DBA), if applicable	§	<input type="text"/>	?
3. Address 1	*	<input type="text"/>	?
4. Address 2	*	<input type="text"/>	?
5. City	*	<input type="text"/>	?
6. State	*	<input style="width: 90%;" type="text"/> ▾	?
7. Postal code	*	<input type="text"/>	?
8. Country	*	<input style="width: 90%;" type="text"/> ▾	?
9. Province (if applicable)	*	<input type="text"/>	?
10. Telephone number	*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	?
11. Extension	*	<input style="width: 30px;" type="text"/>	?
12. Federal Employer Identification Number (FEIN from IRS)	*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	?
13. NAICS code (must be at least 4-digits)	*	<input style="width: 100%;" type="text"/>	?

[Search NAICS Code](#)



<a href="#">← Previous</a>	<a href="#">Void &amp; Exit</a>	<a href="#">Exit</a>	<a href="#">Save</a>	<a href="#">Next →</a>
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# Sample Revised PW 9141 Wire Frames

## Step 3 of 7

Portal Home | My Account & Profiles | My Cases | Forms & Instructions

**Form 9141 – Step 3 of 7 Case PW-400-12345-123456 (STATUS)**  

**1** **2** **3** **4** **5** **6** **7**  
A-B C D EA EB EC DOC  
you are here

**D. Wage Processing Information**

1. Is the employer covered by ACWIA?\*

\*  Yes  No

2. Is the position covered by a Collective Bargaining Agreement (CBA)?\*

\*  Yes  No

3. Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts?\*

\*  Yes  No  DBA  SCA

4. Is the employer requesting consideration of a survey in determining the prevailing wage?\*

\*  Yes  No

4a. Survey Name: \* \$

4b. Survey Date of Publication: \* \$



# Sample Revised PW 9141 Wire Frames

## Step 4 of 7

**Form 9141 – Step 4 of 7 Case PW-400-12345-123456 (STATUS)** 🖨️ 📄 📄

1	2	3	4	5	6	7
A-B	C	D	EA	EB	EC	DOC

you are here

**E. Job Offer Information**

**a. Job Description**

1. Job Title \*  📄

2. SOC (ONET/OES) Code \*   📄

2 a. SOC (ONET/OES) Occupation Title \*  📄

3. Job Title of Supervisor for this position (if applicable) §  📄

4. Does this position supervise The work of other employees? \*  Yes  No

4a. If "Yes", number of employees worker will supervise (if applicable) §  📄

4b. If "Yes", please indicate the level of the employees to be supervised:  Subordinate  Peer 📄

5. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed **MUST** begin in this space. If necessary, add attachment to continue and complete description. \*  📄

6. Will travel be required in order To perform the job duties? \*  Yes  No 📄

6a. If "Yes", please provide details of the travel required, such as area(s), frequency and nature of the travel. §  📄

⬅️ Previous
Void & Exit
Exit
Save
Next ➡️



# Sample Revised PW 9141 Wire Frames

## Step 5 of 7

[Portal Home](#)
[My Account & Profiles](#)
[My Cases](#)
[Forms & Instructions](#)

Form 9141 – Step 5 of 7 Case PW-400-12345-123456 (STATUS)



1 2 3 4 5 6 7  
A-B C D EA EB EC DOC

you are here

**E. Job Offer Information (cont.):**

**b. Minimum Job Requirements**

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

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

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

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

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

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

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

3 b. 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

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

4 b. Indicate the occupation required §  ?

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



# Sample Revised PW 9141 Wire Frames

## Step 6 of 7

Portal Home
My Account & Profiles
My Cases
Forms & Instructions

**Form 9141 – Step 6 of 7 Case PW-400-12345-123456 (STATUS)**

1	2	3	4	5	<b>6</b>	7
A-B	C	D	EA	EB	<b>EC</b>	DOC

you are here

**E. Job Offer Information (cont.)**

**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, identify the geographic place(s) of employment indicating each metropolitan statistical area (MSA) or the independent city(ies)/township(s)/county(ies)/borough(s)/parish(es) and the correspondence state(s) where work will be performed. If necessary, submit an attachment to continue and complete a listing of all anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. §

Select a State/Territory  ?

County/Township  ?

BLS Areas  ?

Other  ?

**Additional Worksite(s)**

<input type="checkbox"/>	State	Area Basis	Area

0 Row(s)



# Sample Revised PW 9141 Wire Frames

## Step 7 of 7

Portal Home
My Account & Profiles
My Cases
Forms & Instructions

**Form 9141 – Step 7 of 7 Case PW-400-12345-123456 (STATUS)** 🖨️ 📄 📄

1  
A-B

2  
C

3  
D

4  
E

5  
Eb

6  
Ec

7  
Doc  
▲

you are here

**Attachments**

Select Browse to search for files. Click Upload to complete uploading the files. Only (.pdf), (.doc), and (.txt) files are supported.

Select Document Type ▼

**Note:** Document can't be deleted once it has been submitted in the system.

**Attachment(s)**

<input type="checkbox"/>	File Name	Document Type	Document
1 Row(s)			

← Previous

Exit

Next →

# Sample Revised PW 9141 Wire Frames

Generated Section F of the Form 9141



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. OES 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"/> 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 (All Industries) <input type="checkbox"/> OES (ACWIA – Higher Education) <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 7, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date