

Foreign Labor Certification Quarterly Activity Report  
Instructions for Completing the Form ETA-9127  
U.S. Department of Labor



**IMPORTANT:** Please read these instructions carefully before completing the ETA Form 9127 – Foreign Labor Certification Quarterly Activity Report. These instructions contain full explanations of the questions that make up the ETA Form 9127.

### Definitions

**Approved Alternative Method:** Where the SWA is complying with the requirement to conduct pre-occupancy housing inspection through arrangements such as contracts, memoranda of understanding, or other cooperative agreements with third parties such as State or local organizations. The SWA must request prior approval from the Office of Foreign Labor Certification (OFLC) for the use of such alternative methods.

**Staff Assisted Referral:** SWA staff discussed terms and conditions of job order with applicant and provided referral instructions and employer contact information

### Special Procedures: 20 CFR §§ 655.3 and 655.102

The Administrator of the Office of Foreign Labor Certification has the authority to establish or devise, continue, or revoke special procedures in the form of variances for the processing of certain H-2A and H-2B applications where employers can demonstrate, upon written application to the OFLC Administrator, that special procedures are necessary. Special procedures are currently established for several occupations/industries for purposes of the H-2B and H-2A programs. Please refer to the OFLC Policies and Regulations at <http://www.foreignlaborcert.doleta.gov/reg.cfm#H-2A> for the most current listing of special procedures.

When completing the special procedures items on this form, your responses must reflect activities performed under the OFLC-established special procedures only.

### Instructions

This form is to be completed on a quarterly basis by SWAs responsible for performing foreign labor certification activities and preferably emailed or faxed. Responses must be provided to the OFLC National Office within two weeks after the end of each quarter. Responses should be provided by one of the means identified below:

- **E-mail:** [FLC.Grant@dol.gov](mailto:FLC.Grant@dol.gov). Electronic submission is strongly recommended.
- **Facsimile:** 202-693-2768; Attn.: FLC Grants
- **U.S. Mail:** U.S. Department of Labor, Office of Foreign Labor Certification, 200 Constitution Avenue, NW, Room C-4312, Washington, DC 20210; Attn.: FLC Grants

### H-2B Regular and Special Procedures Workload

Please enter the correct information for job orders submitted under both regular and special procedures, if applicable.

**Item 1.** Enter the number of job orders that were shown as active on the previous report; “active” refers to job orders currently open and available for referral activity.

**Item 2.** Enter the number of new job orders received from employers.

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**Item 3.** Enter the number of job orders processed by the SWA; “processed” refers to the acceptance and placement of the job order into your State’s Job Bank including employers’ self-generated job orders..

**Item 4.** Enter the number of intrastate referrals of U.S. workers made by SWA staff.

**Item 5.** Enter the number of interstate referrals of U.S. workers made by SWA staff.

**Item 6.** Enter the number of interstate job orders transmitted to other SWAs.

**Item 7.** Enter the number of interstate job orders received from other SWAs.

**Item 8.** Enter the number of union contacts made.

**Item 9.** Enter the number of active job orders remaining at the end of the quarter; “active” refers to job orders currently open and available for referral activity.

**Item 10.** Enter the most frequently noted deficiencies and/or reasons for not accepting a job order. If you require additional space to complete this item, please include an attachment to the form referencing this item number. Your response to this item should indicate that additional information is included in an attachment.

**Item 11.** Enter comments or other issues noted during the quarter. If you require additional space to complete this item, please include an attachment to the form referencing this item number. Your response to this item should indicate that additional information is included in an attachment.

**H-2A Regular and Special Procedures Workload**

Please enter the correct information for job orders submitted under both regular and special procedures, if applicable.

**Item 1.** Enter the number of job orders that were shown as active on the previous report; “active” refers to job orders currently open and available for referral activity.

**Item 2.** Enter the number of new job orders received from employers.

**Item 3.** Enter the number of job orders processed by the SWA; “processed” refers to the acceptance and placement of the job order into your State’s Job Bank including employers’ self-generated job orders..

**Item 4.** Enter the number of intrastate referrals of U.S. workers made by SWA staff.

**Item 5.** Enter the number of interstate referrals of U.S. workers made by SWA staff.

**Item 6.** Enter the number of interstate job orders transmitted to other SWAs.

**Item 7.** Enter the number of interstate job orders received from other SWAs.

**Item 8.** Enter the number of active job orders remaining at the end of the quarter; “active” refers to job orders currently open and available for referral activity.

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**Item 9.** Enter the number of H-2A prevailing wage surveys conducted.

**Item 10.** Enter the number of employment practice (prevailing, normal and common) surveys conducted.

**Item 11.** Enter the number of housing inspections conducted by SWA staff. A housing inspection which includes multiple buildings at one location should be counted as one housing inspection.

**Item 12.** Enter the number of housing inspections conducted by an approved alternative method. A housing inspection which includes multiple buildings at one location should be counted as one housing inspection.

**Item 13.** Enter the total number of sleeping units inspected. Each separate and distinct room should be counted as one sleeping unit.

**Item 14.** Enter the total capacity of sleeping units inspected.

**Item 15.** Enter the total number of housing self-certifications received from employers. SWAs must develop and implement a schedule which ensures that each employer's self-certified housing is inspected no less frequently than at least once every 3 years.

**Item 16.** Enter the most frequently noted deficiencies and/or reasons for not accepting the job order. If you require additional space to complete this item please include an attachment to the form referencing this item number. Your response to this item should indicate that additional information is included in an attachment.

**Item 17.** Enter comments or other issues noted during the quarter. If you require additional space to complete this item, please include an attachment to the form referencing this item number. Your response to this item should indicate that additional information is included in an attachment.