

**Employers' Attestation to Use Alien Crewmembers for  
 Longshore Activities in the State of Alaska  
 Form ETA 9033-A  
 U.S. Department of Labor**



**A. Employer Information**

1. Legal business name		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1		
4. Address 2		
5. City	6. State	7. Postal code
8. Country	9. Province	
10. Telephone number, including area code	11. E-mail address	
12. Employer point of contact name	13. Contact's job title	

**B. Employer's U.S. Agent or Representative Information**

Complete this section if the application is filed by employer's U.S. agent or representative.

1. Name of U.S. Agent or Representative		
2. U.S. Business Address		
3. City	4. State	5. Postal code
6. Telephone number	7. Extension	8. E-Mail address

**C. Location(s) and Job Information at Location(s) in the State of Alaska**

Complete this section for each location in the State of Alaska. Use attachments if additional space is needed or multiple locations are covered.

1. Name of Port and City	
2. Begin date of performance of the first activity by the alien crewmember (mm/dd/yyyy)	3. Is the employer submitting this form less than 30 days from the first date of need?  <input type="checkbox"/> Yes <input type="checkbox"/> No  (If "Yes", include documentation to show that employer could not have reasonably anticipated the need to file an attestation for location in C.1. at that time.)
4. Total number of crewmembers being requested	
5. Identify the longshore activities to be performed by alien crewmembers: (Choose all that apply)	
<input type="checkbox"/> a. Loading cargo <input type="checkbox"/> b. Unloading cargo <input type="checkbox"/> c. Handling of mooring lines <input type="checkbox"/> d. Operation of cargo-related equipment	
6. Enter job qualifications required to perform each activity identified in C.5	

**Employers' Attestation to Use Alien Crewmembers for  
Longshore Activities in the State of Alaska  
Form ETA 9033-A  
U.S. Department of Labor**



**D. Employer Attestation**

- 1. Before using alien crewmen to perform any longshore activity, the employer will make a bona fide request to the parties to whom notice has been provided under Item 4(ii) and (iii) below, for U.S. longshore workers who are qualified and available in sufficient numbers to perform the longshore activities at the particular time and location, except that:
  - (i) whenever two or more contract stevedoring companies have signed a joint collective bargaining agreement with a labor organization described in Item 4(i) below, the request for longshore workers may be made to only one such stevedoring company, and
  - (ii) a request for longshore workers to any operator of a private dock may be made only for longshore work to be performed at that dock and only if the operator meets the requirements of Section 32 of the Longshore and Harbor Workers' Compensation Act.
- 2. During the validity period of this attestation, the employer will employ all U.S. longshore workers made available in response to the request for dispatch as attested in Item 1 above and who are qualified, available in sufficient numbers, and are needed to perform the longshore activity at the particular time and location.
- 3. The employer's use of alien crewmembers in any employ to perform any longshore activity is not intended or designed to influence an election of a bargaining representative for workers in the State of Alaska.
- 4. As of this date, the employer has provided notice of this attestation in compliance with 20 CFR 655.537(a)(1) to (include copies of notices):
  - (i) Labor organizations which have been recognized as exclusive bargaining representatives of the U.S. longshore workers and which make available or intend to make available longshore workers to the particular location(s) where the longshore work is to be performed;
  - (ii) Contract stevedoring companies which employ or intend to employ U.S. longshore workers at the particular location(s) where the longshore work is to be performed; and
  - (iii) Operators of private docks at which workers will perform any longshore activity.

**E. Declaration of Employer**

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the information provided on this form and accompanying documentation is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make this attestation, supporting documentation, and other records, files and documents available to official's request, during any investigation under this attestation or the Immigration and Nationality Act.

\_\_\_\_\_  
Employer Signature (or employer's U.S. agent or representative)

\_\_\_\_\_  
Date

**F. FOR U.S. GOVERNMENT AGENCY USE ONLY**

By virtue of the signature below, the Department of Labor hereby acknowledges that this program attestation for the longshore activities is accepted for filing. The Department of Labor is not the guarantor of the accuracy, truthfulness or adequacy of an attestation accepted for filing.

This attestation is valid from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Department of Labor, Office of Foreign Labor Certification

\_\_\_\_\_  
Acceptance Date (date signed)

\_\_\_\_\_  
Case number

\_\_\_\_\_  
Case Status

**GENERAL INSTRUCTIONS  
FOR DEPARTMENT OF LABOR USE ONLY**

Employers' Attestation to Use Alien Crewmembers for  
Longshore Activities in the State of Alaska  
Form ETA 9033-A  
U.S. Department of Labor



**IMPORTANT:** Please read these instructions carefully before completing the form. These instructions contain full explanations of the questions and attestations that make up the Form ETA 9033-A. ***In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be accepted by the Department of Labor.***

Submit the completed original Form ETA 9033-A with accompanying documentation along with two copies of the form and accompanying documentation. Attestation must be received by the Department of Labor no later than 30 days prior to the first performance of the longshore activity (or anytime up to 24 hours before the first performance on the activity upon a showing that the employer could not have reasonably anticipated the need to file an attestation for that location at the time). Attestations which are filed less than 30 days prior to the first performance of the longshore activity must include supporting documentation to show that the employer could not have reasonably anticipated the need to file attestation for that location at that time. Attestations must be submitted to the Office of Foreign Labor Certification, Employment and Training Administration, U.S. Department of Labor, 11 West Quincy Court, Chicago, IL 60604-2105. **An employer may file a single attestation for multiple locations in the State of Alaska.**

Anyone, who knowingly and willingly furnishes any false information in the preparation of Form ETA 9033-A and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fine or imprisonment up to five years or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).

Employers' Attestation to Use Alien Crewmembers for  
Longshore Activities in the State of Alaska  
Form ETA 9033-A  
U.S. Department of Labor



**Section A. Employer Information**

1. Enter the full legal name of a business, firm or organization, or if an individual, enter name used for legal purposes on documents.
2. Enter the full trade name or "Doing Business As" (DBA) 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.
4. If additional space is needed for the street address, use this line to complete the employer's street address.
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.
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 e-mail address of the employer point of contact in the format name@emailaddress.top-level domain.
12. Enter name of the employer point of contact. An employer point of contact is an employee of the employer whose position authorizes the employee to provide information and supporting documentation concerning this Employer's Attestation to Use Alien Crewmembers for Longshore Activities in the State of Alaska 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.
13. Enter the job title of the employer point of contact.

**Section B. Employer's U.S. Agent or Representative Information (if applicable)**

**Note:** The U.S. agent/representative information in this Section, specifically the name, telephone number, and e-mail address, must be different from the employer point of contact information in Section A.

1. Enter the full name of the agent/representative.
2. Enter the street address of the attorney/agent (address must be a U.S. address).
3. Enter the city of the attorney/agent.
4. Enter the state of the attorney/agent.
5. Enter the postal (zip) code of the attorney/agent.
6. Enter the area code and telephone number of the attorney/agent.
7. Enter the extension of the telephone number of the attorney/agent, if applicable.
8. Enter the e-mail address of the attorney/agent in the format name@emailaddress.top-level domain.

**Section C. Location(s) and Job Information in State of Alaska**

Employer may file a single Form ETA 9033-A for multiple locations in the State of Alaska. Use attachments if additional space is needed.

1. Enter the name of the port(s), and the city(ies) in the State of Alaska in which the port is located.
2. Enter the date of the first performance of the longshore activity.
3. Check appropriate box if claiming an unanticipated need.
4. Enter an estimate of the total number of crewmembers that the employer anticipates requesting for the activity specified for this attestation.
5. Longshore work is defined as activity relating to (1) loading of cargo, (2) unloading of cargo, (3) operation of cargo-related equipment, and (4) handling of mooring lines on the dock when a vessel is made fast or let go. The employer must check each activity it intends to perform.

6. Provide the qualifications required to perform each of the job(s) identified in C.5.

**Section D. Employer Attestation**

See 20 CFR § 655.534 through 655.537 of the regulations for guidance on the documentation that must be developed and maintained to meet the employer's burden of proof under the attestation elements.

1. Bona Fide Request for Dispatch of U.S. Longshore Workers.  
The employer must attest that, before using alien crewmen to perform longshore work, it will make a bona fide request for the U.S. longshore workers who are qualified and available in sufficient numbers to perform the activity at the particular times and locations specified. The request for dispatch must be directed to the parties to whom notice of filing is provided under attestation element D.4 (ii) and (iii). Wherever two and more contract stevedoring companies have signed a joint collective bargaining agreement with a labor organization described in attestation element D.1 (i), the employer may request longshore workers from only one of such contract stevedoring company. A request for longshore workers to an operator of a private dock may be made only for longshore work to be performed at that dock and only if the operator meets the requirements of section 32 of the Longshore and Harbor Workers' Compensation Act (33 U.S.C. 932). See § 655.534 of the regulations for a detailed explanation of this attestation element.
2. Employment of U.S. Longshore Workers. The employer must attest that all U.S. longshore workers made available in response to the request for dispatch under the first attestation element, item D.1, who are qualified and available in sufficient number and who are needed to perform the longshore activity at the particular times and locations specified will be employed to perform such activity. See § 655.535 of the regulations for a detailed explanation of this attestation element.
3. No Intention or Design to Influence Bargaining Representative Election. The employer must attest that its use of alien crewmembers to perform longshore activities is not intended or designed to influence an election for a bargaining representative for longshore workers in the State of Alaska. See § 655.536 of the regulations for detailed explanation of this attestation element.
4. Notice of Filing. The employer must attest that at the time of filing the attestation, notice of filing has been provided to labor organizations which have been recognized as exclusive bargaining representatives of U.S. longshore workers and which make available or intend to make available workers to the particular locations where the longshore work is to be performed. Notice must also be provided to contract stevedoring companies which employ or intend to employ U.S. longshore workers at those locations, and to operators of private docks at which the employer will use longshore workers. The copy of such notices must be submitted to ETA along with the Form ETA 9033-A. The notice must comply with 20 CFR 655.537(a)(2).

**Section E. Declaration of Employer**

One copy of this form must bear the original signature of employer or the employer's designated agent or representative unless filing by facsimile transmission. See §655.532(a) of the regulations if filing by facsimile transmission. By signing this form, the chief executive officer is attesting to the conditions listed in item D. 1 through 4 and to the accuracy of the information provided elsewhere on the form and in supporting documentation. False statements are subject to federal criminal penalties, as stated above.

Employers' Attestation to Use Alien Crewmembers for  
Longshore Activities in the State of Alaska  
Form ETA 9033-A  
U.S. Department of Labor



If the attestation bears the necessary entries of information and includes required supporting documentation, the Department of Labor will accept the attestation for filing and shall document such acceptance on each of the three Form ETA 9033-A submitted. The Department will provide a copy of the accepted attestation to the Department of Homeland Security office having jurisdiction over the port where the longshore work will be performed by alien crewmen. A copy of the attestation indicating the Department's acceptance will be provided to the employer. The employer may then use alien crewmembers for longshore work at the port for which this attestation has been accepted in accordance with the Department of Homeland Security regulations, unless the Department subsequently acts to suspend or invalidate the attestation. If the employer's attestation is not accepted because it is incomplete or inaccurate, the Department will return the attestation to the employer.

A copy of this attestation, along with accompanying documentation, will be available for public inspection at the Office of Foreign Labor Certification, 200 Constitution Avenue, N.W., Room C4312, Washington, D.C. 20210 or OFLC website at <http://www.foreignlaborcert.doleta.gov>.

**OMB Public Burden Statement** - Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements are required to obtain or retain benefits (8 U.S.C. 1101 et seq.). Public reporting burden for this collection of information is estimated to average 3 hours 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Foreign Labor Certification, Box 12-200, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (OMB control Number 1205-0309).