

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 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 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 Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ _____ per _____	Prevailing Wage per Alternative Requirements: \$ _____ per _____

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