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| 1. **City \***
 | 1. **Postal/ZIP Code \***
 | 1. **Additional Place of Employment Information § (Address—e.g., street address, area, town, village, geographic identification)**
 | 1. **Additional Work Itinerary Information §**
 |
| Crew ID | Total Workers | Begin Date | End Date | Basic Wage Rate (in $) |  Per |
| *From:* | *To:* |
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**For the public burden statement, please see the Form ETA-9142C, General Instructions.**