|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:* |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**For the public burden statement, please see the Form ETA-9142C, General Instructions.**