



## Form ETA-9141C

### CW 1 Application for Prevailing Wage Determination – New Application

The screenshot shows the 'FOREIGN LABOR APPLICATION GATEWAY' interface. On the left is a dark blue sidebar with navigation options: 'New Application', 'Cases', 'Profiles', and 'My Network'. At the top right of the main area, there is a notification: 'FLAG works optimally with Google Chrome' and a 'HELP' link. The main content area is titled 'Choose an application' and features several cards for different visa types: H-2B, H-2A, H-1B | H-1B1 | E-3, CW-1, and PERM. Each card lists the visa name, a brief description, a 'Learn more' link, and a list of applicable forms with their descriptions. The CW-1 card is highlighted with a light blue background, indicating it is the selected application.

Application Type	Description	Learn more	Form	Description
H-2B	Temporary Labor Certification for Non-agricultural Workers	<a href="#">Learn more</a>	Form ETA-9141	Prevailing Wage Determination
H-2B	Temporary Labor Certification for Non-agricultural Workers	<a href="#">Learn more</a>	Form ETA-9142B	Temporary Labor Certification
H-2A	Temporary Labor Certification for Agricultural Workers	<a href="#">Learn more</a>	Form ETA-790/790A	Agricultural Clearance Order
H-2A	Temporary Labor Certification for Agricultural Workers	<a href="#">Learn more</a>	Form ETA-9142A	Temporary Labor Certification
H-1B   H-1B1   E-3	Labor Condition Application (LCA) for Specialty Occupations	<a href="#">Learn more</a>	Form ETA-9141	Prevailing Wage Determination
H-1B   H-1B1   E-3	Labor Condition Application (LCA) for Specialty Occupations	<a href="#">Learn more</a>	Form ETA-9035/9035E	Labor Condition for Nonimmigrant Workers
CW-1	Transitional Worker Program in the Commonwealth of the Northern Mariana Islands	<a href="#">Learn more</a>	Form ETA-9141C	Prevailing Wage Determination
CW-1	Transitional Worker Program in the Commonwealth of the Northern Mariana Islands	<a href="#">Learn more</a>	Form ETA-9142C	Temporary Labor Certification
PERM	Permanent Employment Certification for Workers	<a href="#">Learn more</a>	Form ETA-9141	Prevailing Wage Determination

Figure 1: Home Screen to choose an application for CW-1 Form ETA-9141C



Form ETA-9141C  
CW-1 Prevailing Wage Application

- A** **Employment-Based Visa Information**
- B Requestor Point-of-Contact Information
- C Employer Information
- D.a Job Description
- D.b Minimum Job Requirements
- D.c Place of Employment Information
- Review & Submit

## Employment-Based Visa Information

**IMPORTANT:** Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9141C, Application for Prevailing Wage Determination. These instructions contain full explanations of the questions that make up the Form ETA-9141C. *Those items marked with an asterisk (\*) are required and must be completed. Items marked with a section symbol (§) are conditional and must be completed if applicable. Any required fields left blank or incomplete will result in the inability of the requestor to submit the Form ETA-9141C electronically or, if mailed, the Department will return the Form ETA-9141C to the requestor without further review.*

[Read more](#)


1: Indicate the type of visa classification supported by this application \* ?

Save & Quit

Continue

Figure 2: Section A: Employment-Based Visa Information





Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✔ Employment-Based Visa Information
- B**
- C
- D.a
- D.b
- D.c

## Requestor Point-of-Contact Information

### Name & Title

1: Contact's Last (family) Name \* ?

2: First (given) Name \* ?

3: Middle Name(s) ?


4: Contact's Job Title \* ?

---


...

Figure 3: Section B: Requestor Point-of-Contact Information, Name and Title (B1 through B4)





Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✔ Employment-Based Visa Information
- B Requestor Point-of-Contact Information**
- C Employer Information
- D.a Job Description
- D.b Minimum Job Requirements
- D.c Place of Employment Information
-  Review & Submit

### Address

5: Address 1 \* ?

6: Address 2 (apartment/suite/floor and number) ?

7: City \* ?

8: State \* ?

9: Postal Code \* ?

10: Country \* ?

11: Province ?

Figure 4: Section B: Requestor Point-of-Contact Information, Address (B5 through B11)



Form ETA-9141C  
CW-1 Prevailing Wage Application

- Employment-Based Visa Information
- B Requestor Point-of-Contact Information**
- C Employer Information
- D.a Job Description
- D.b Minimum Job Requirements
- D.c Place of Employment Information
- Review & Submit

VIRGINIA

9: Postal Code \* ?  
22102

10: Country \* ?  
UNITED STATES OF AMERICA

11: Province ?  
N/A

**Contact Information**

12: Telephone Number \* ?  
 (571) 490-4089

13: Extension ?

14: Business Email Address \* ?  
test123@gmail.com


Save & Quit

Back

Continue

Figure 5: Section B: Requestor Point-of-Contact Information, Contact Information (B12 through B14)





Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- C **Employer Information**

## Employer Information

**Employer Name(s)**

1: Legal Business Name \* ?


Test ABC Estates

2: Trade Name/Doing Business As (DBA), if applicable ?

Messaging Services LLC


**Figure 6: Section C: Employer Information, Employer Name (s) (C1 and C2)**




  
Form ETA-9141C  
CW-1 Prevailing Wage Application

- Employment-Based Visa Information
- Requestor Point-of-Contact Information
- C Employer Information**
- D.a Job Description
- D.b Minimum Job Requirements
- D.c Place of Employment Information
- Review & Submit


**Address**

3: Address 1 \* 

890 Test Independence Lane

4: Address 2 


Suite 101

5: City \* 


Falls Church

6: State \* 


VIRGINIA

7: Postal Code \* 

22040

8: Country \* 

UNITED STATES OF AMERICA

9: Province 

N/A

Figure 7: Section C: Address (C3 through C9)



Form ETA-9141C  
CW-1 Prevailing Wage Application

- Employment-Based Visa Information
- Requestor Point-of-Contact Information
- C Employer Information**
- D.a Job Description
- D.b Minimum Job Requirements
- D.c Place of Employment Information
- Review & Submit

22040

8: Country \* ?

UNITED STATES OF AMERICA

9: Province ?

N/A

**Contact Information**

10: Telephone Number \* ?

+1 571 898 5656

11: Extension ?

**Employer Identifiers**

12: Federal Employer Identification Number (FEIN from IRS) \* ?

12-1234567

13: NAICS Code \* ?

325130 - Ceramic colors manufacturing

Save & Quit

Back

Continue

Figure 8: Section C: Contact Information (C10 and C11), Employer Identifiers (C12 and C13)





Form ETA-9141C  
CW-1 Prevailing Wage Application

- Employment-Based Visa Information
- Requestor Point-of-Contact Information
- Employer Information
- D.a Job Description**
- Minimum Job Requirements
- D.c Place of Employment Information
- Review & Submit

## Job Description

1: Job Title \* [?](#)

2 & 2a: Suggested SOC Occupational Code [?](#)

3: Job Title of Supervisor for this Position [?](#)


4: Does this position supervise the work of other employees? \* [?](#)  
 Yes  
 No

4a: If 'Yes' to question 4, enter the number of employees worker will supervise. \* [?](#)

4b: If 'Yes' to question 4, indicate the level of the employees to be supervised. \* [?](#)  
 SUBORDINATE  
 PEER

Figure 9: Section D.a: Job Description (D.a.1 through D.a.4b)





Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✔ Employment-Based Visa Information
- ✔ Requestor Point-of-Contact Information
- ✔ Employer Information
- D.a
**Job Description**- ✔ Minimum Job Requirements
- D.c
 Place of Employment Information
- 📄 Review & Submit

4b: If 'Yes' to question 4, indicate the level of the employees to be supervised. \* ?

SUBORDINATE

PEER

5: Job duties - Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space \* ?

Test Role

9 / 4000 character limit

6: Will travel be required in order to perform the job duties? \* ?

Yes

No

---

Save & Quit

Back

Continue

Figure 10: Section D.a: Job Description (D.a.5 and D.A.6)



Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- ✓ Employer Information
- ✓ Job Description
- D.b Minimum Job Requirements**
- D.c Place of Employment Information
- Review & Submit

## Minimum Job Requirements

1: Education: minimum U.S. diploma/degree required? \* ?

1b: Enter the major(s) and/or field(s) of study required by the employer for the job opportunity. You may list more than one field and/or more than one related major. If the answer to question 1 is "None" or "High School", enter "N/A." \* ?

2: Does the employer require a second U.S. diploma/degree? \* ?

- Yes
- No

2a: If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required. \* ?

3: Is training for the job opportunity required? \* ?

- Yes
- No

Figure 11: Section D.b: Minimum Job Requirements (D.b.1 through D.b.3)



Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- ✓ Employer Information
- ✓ Job Description
- D.b Minimum Job Requirements**
- D.c Place of Employment Information
- Review & Submit

4: Is employment experience required? \* ?

Yes  
 No

4a: If "Yes" in question 4, specify the number of months of experience required. \* ?

4b: Indicate the occupation(s) required. \* ?

5: Special Requirements - List specific skills, licenses/certificates/certifications and requirements of the job opportunity. \* ?

3 / 4000 character limit


Save & Quit

Back

Continue

Figure 12: Section D.b: Minimum Job Requirements (D.b.4 and D.b.5)





Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- ✓ Employer Information
- ✓ Job Description
- ✓ Minimum Job Requirements
- D.c Place of Employment Information**
- 📄 Review & Submit

## Place of Employment Information

1: Worksite Address 1 \* [?](#)  
980 Mentor Lane

2: Address 2 [?](#)  
Suite 102

3: City \* [?](#)  
Falls Church

4: State \* [?](#)  
NORTHERN MARIANA ISLANDS

5: Postal Code \* [?](#)  
44567

6: Will work be performed in multiple worksites or locations other than the address listed above? \* [?](#)  
 Yes  
 No

Figure 13: Section D.c: Place of Employment Information (D.c.1 through D.c.6)



Form ETA-9141C  
CW-1 Prevailing Wage Application

- Employment-Based Visa Information
- Requester Point-of-Contact Information
- Employer Information
- Job Description
- Minimum Job Requirements
- D.c. Place of Employment Information**
- Review & Submit

6: Will work be performed in multiple worksites or locations other than the address listed above? ?

- Yes
- No

6a: If "Yes" in question 6, identify the specific geographic place(s) of employment where work will be performed. If necessary, submit a second completed Form ETA-9141C with a listing of the additional anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations.

City \*

Vienna

Postal Code \*

96950

**Add worksite**

2 additional worksite(s) ?


City	Postal Code	Delete
Vienna	96950	
Fairfax	96950	

Save & Quit

**Back** **Continue**

Figure 14: Section D.c: Place of Employment Information (D.c.6a)





Form ETA-9141C  
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requester Point-of-Contact Information
- ✓ Employer Information
- ✓ Job Description
- ✓ Minimum Job Requirements
- ✓ Place of Employment Information
- 📄 **Review & Submit**

## Review & Submit

[Generate PDF Preview](#)

---

[Save & Quit](#) [Back](#) [Submit](#)

Figure 15: Review and Submit



OMB Approval: 1205-0534  
Expiration Date: 10/31/2021

Application for Prevailing Wage Determination  
Form ETA-9141C  
U.S. Department of Labor



**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9141C. A copy of the instructions can be found at <http://www.dhs.gov/e-verify/e-verify-eta>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (\*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	CW-1
--	------

**B. Requestor Point of Contact Information**

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
LAST NAME TEST	FIRST NAME TEST	
4. Contact's Job Title *		
COMPUTER PROGRAMMER		
5. Address 1 *		
TEST 123 LIBERTY LANE		
6. Address 2 (apartment/suite/floor and number) §		
APT#101		
7. City *	8. State *	9. Postal Code *
MCLEAN	VA	22102
10. Country *		11. Province §
UNITED STATES OF AMERICA		N/A
12. Telephone Number *	13. Extension §	14. Business Email Address *
15714904089		TEST123@GMAIL.COM

**C. Employer Information**

1. Legal Business Name *		
TEST ABC ESTATES		
2. Trade Name/Doing Business As (DBA), if applicable §		
MESSAGING SERVICES LLC		
3. Address 1 *		
890 TEST INDEPENDENCE LANE		
4. Address 2 (apartment/suite/floor and number) §		
SUITE 101		
5. City *	6. State *	7. Postal Code *
FALLS CHURCH	VA	22040
8. Country *		9. Province §
UNITED STATES OF AMERICA		N/A
10. Telephone Number *	11. Extension §	
15718985656		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
12-1234567	325130	

**D. Job Opportunity Information**

**a. Job Description**

1. Job Title *	
SOFTWARE ANALYST	
2. Suggested SOC Occupational Code *	2a. Suggested SOC Occupation Title *
17-2141.02	Automotive Engineers





PDF Form (Page 2 of 4)

OMB Approval: 1205-0534  
Expiration Date: 10/31/2021

Application for Prevailing Wage Determination  
Form ETA-9141C  
U.S. Department of Labor



a. Job Description (continued)

3. Job Title of Supervisor for this Position § ANALYST MANAGER	
4. Does this position supervise the work of other employees? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a. If "Yes" to question 4, enter the number of employees worker will supervise. §	6
4b. If "Yes" to question 4, indicate the level of the employees to be supervised: §	<input checked="" type="checkbox"/> Subordinate <input type="checkbox"/> Peer
5. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed <b>MUST</b> begin in this space. *	
Test Role	
6. Will travel be required in order to perform the job duties? *	6a. If "Yes" to question 6, please provide details of the travel required, such as area(s), frequency and nature of the travel. §
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required. *	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the U.S. diploma/degree required. §	1b. Indicate the major(s) and/or field(s) of study required. § (May list more than one related major and more than one field)
	N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required. §	
Associate	

Form ETA-9141C    FOR DEPARTMENT OF LABOR USE ONLY    Page 2 of 4  
PW Tracking Number:    Case Status: INITIATED    Determination Date:    Validity Period:    to



OMB Approval: 1205-0534  
Expiration Date: 10/31/2021

Application for Prevailing Wage Determination  
Form ETA-9141C  
U.S. Department of Labor



**b. Minimum Job Requirements (continued)**

3. Is training for the job opportunity required? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required. §	3b. Indicate the field(s)/name(s) of training required. § (May list more than one related field and more than one type)	
4. Is employment experience required? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required. §	4b. Indicate the occupation(s) required. § Analyst	
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. * N/A		

**c. Place of Employment Information**

1. Worksite Address *		
980 MENTOR LANE		
2. Worksite Address		
SUITE 102		
3. City *	4. State *	5. Postal Code *
FALLS CHURCH	MP	44567
6. Will work be performed in multiple worksites or locations other than the address listed above? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6a. If "Yes" in question 6, identify the specific geographic place(s) of employment where work will be performed. If necessary, submit a second completed Form ETA-9141C with a listing of the additional anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. §		
CITY	STATE	POSTAL CODE
VIENNA	NORTHERN MARIANA ISLANDS	96950
FAIRFAX	NORTHERN MARIANA ISLANDS	96950

Form ETA-9141C

FOR DEPARTMENT OF LABOR USE ONLY

Page 3 of 4

PW Tracking Number: \_\_\_\_\_ Case Status: INITIATED Determination Date: \_\_\_\_\_ Validity Period: \_\_\_\_\_ to \_\_\_\_\_



OMB Approval: 1205-0534  
Expiration Date: 10/31/2021

Application for Prevailing Wage Determination  
Form ETA-9141C  
U.S. Department of Labor



E. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PW tracking number	2. Date PW request received
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title
4. Prevailing wage \$ _____ . _____	4a. OES Wage level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
5. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	
5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*	
6. Prevailing wage source (Choose only one) <input type="checkbox"/> CNMI Governor's Survey <input type="checkbox"/> OES (Guam) <input type="checkbox"/> OES (National Adjusted)	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

Public Burden Statement (1205-0534)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 46 minutes to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor \* Employment and Training Administration \* Office of Foreign Labor Certification \* 200 Constitution Ave., NW \* Box PPII 12-200 \* Washington, DC \* 20210 or by email to [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

Form ETA-9141C

FOR DEPARTMENT OF LABOR USE ONLY

Page 4 of 4

PW Tracking Number: \_\_\_\_\_ Case Status: INITIATED Determination Date: \_\_\_\_\_ Validity Period: \_\_\_\_\_ to \_\_\_\_\_