

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 or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name \*

1. County: \_\_\_\_\_ 2. State: \_\_\_\_\_ **OR** 3. BLS Area: \_\_\_\_\_

<i>For Official Government Use Only</i>	
<b>SOC Code:</b>	<b>SOC Title:</b>
<b>Minimum Requirements</b> <b>Prevailing Wage Source:</b>	<b>Alternative Requirements (PERM and H-1B only)</b> <b>Prevailing Wage Source:</b>
<b>Prevailing Wage per Minimum Requirements:</b> \$ _____ per _____	<b>Prevailing Wage per Alternative Requirements:</b> \$ _____ per _____

*Additional Worksite 2*

County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name \*

1. County: \_\_\_\_\_ 2. State: \_\_\_\_\_ **OR** 3. BLS Area: \_\_\_\_\_

<i>For Official Government Use Only</i>	
<b>SOC Code:</b>	<b>SOC Title:</b>
<b>Minimum Requirements</b> <b>Prevailing Wage Source:</b>	<b>Alternative Requirements (PERM and H-1B only)</b> <b>Prevailing Wage Source:</b>
<b>Prevailing Wage per Minimum Requirements:</b> \$ _____ per _____	<b>Prevailing Wage per Alternative Requirements:</b> \$ _____ per _____

*Additional Worksite 3*

County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name \*

1. County: \_\_\_\_\_ 2. State: \_\_\_\_\_ **OR** 3. BLS Area: \_\_\_\_\_

<i>For Official Government Use Only</i>	
<b>SOC Code:</b>	<b>SOC Title:</b>
<b>Minimum Requirements</b> <b>Prevailing Wage Source:</b>	<b>Alternative Requirements (PERM and H-1B only)</b> <b>Prevailing Wage Source:</b>
<b>Prevailing Wage per Minimum Requirements:</b> \$ _____ per _____	<b>Prevailing Wage per Alternative Requirements:</b> \$ _____ per _____