OMB Approval: 1205-0508 Expiration Date: XX/XX/XXXX

PWD Case Number:

Application for Prevailing Wage Determination Form ETA-9141 – Appendix A, Request for Additional Worksite(s) U.S. Department of Labor



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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 A	rea:				
For Official Government Use Only					
SOC Code: SOC Title:					
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:				
Prevailing Wage per Minimum Requirements:	Prevailing Wage per Alternative Requirements:				
\$per	\$per				
Additional Worksite 2					
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *					
1. County:2. State: OR 3. BLS A	roa				
1. County					
For Official Co.	ernment Use Only				
SOC Code:	SOC Title:				
	i e e e e e e e e e e e e e e e e e e e				
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:				
Prevailing Wage per Minimum Requirements:	Prevailing Wage per Alternative Requirements:				
\$per	\$per				
Additional Worksite 3					
County/State or 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 (PERM and H-1B only) Prevailing Wage Source:				
Prevailing Wage per Minimum Requirements: Prevailing Wage per Alternative Requirement					
\$per	\$per				
	ı				

FOR DEPARTMENT OF LABOR USE ONLY

Validity Period:

Case Status:

OMB Approval: 1205-0508 Expiration Date: XX/XX/XXXX

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