**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:

|  |
| --- |
| ***For Official Government Use Only*** |
| **SOC Code: SOC Title:** |
| **Minimum Requirements Prevailing Wage Source:****Prevailing Wage per Minimum Requirements:**$ per  | **Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:****Prevailing Wage per Alternative Requirements:**$ per  |

*Additional Worksite 2*

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:****Prevailing Wage per Minimum Requirements:**$ per  | **Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:****Prevailing Wage per Alternative Requirements:**$ 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:****Prevailing Wage per Minimum Requirements:**$ per  | **Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:****Prevailing Wage per Alternative Requirements:**$ per  |