

**Employer-Provided Survey Attestations to Accompany H-2B Prevailing Wage  
 Determination Request Based on a Non-OEWS Survey  
 Form ETA-9165  
 U.S. Department of Labor**



*This form is for use with Non-Occupational Employment and Wage Statistics (Non-OEWS) surveys. Please read and review the Form ETA-9165 form instructions carefully before completing this form and print legibly. A copy of the instructions can be found on the Office of Foreign Labor Certification website at <https://www.dol.gov/agencies/eta/foreign-labor>. Those items marked with an asterisk (\*) are required and must be completed. Items marked with the section symbol (§) are conditional and are to be completed if the required condition is met.*

**A. Employer Point-of-Contact Information**

|                                   |                         |                     |
|-----------------------------------|-------------------------|---------------------|
| 1. Contact's last (family) name * | 2. First (given) name * | 3. Middle name(s) § |
| 4. Telephone number *             | 5. Extension §          | 6. Fax number §     |
| 7. E-Mail address *               |                         |                     |

**B. Employer Information**

|   |   |
|---|---|
| 1. Legal business name *                                    |   |
| 2. Trade name/Doing Business As (DBA), if applicable §      |   |
| 3. Telephone number *                                       | 4. Extension §                              |
| 5. Federal Employer Identification Number (FEIN from IRS) * | 6. NAICS code (must be at least 4-digits) * |

**C. Employer-Provided Survey Information**

|   |  |
|---|--|
| 1. Survey name or title *   |  |
| 2. Is there a collective bargaining agreement (CBA) applicable to the job opportunity? *                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are professional sports league's rules or regulations applicable to the job opportunity? *           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the surveyor an H-2B employer or the agent, representative, or attorney for any H-2B employer? *  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Enter the complete name of the third-party surveyor (individual or organization/association). *      |  |
| 6. Enter the name of the official representative of the third-party surveyor who approved the survey. * |  |
| a. Contact's last (family) name *   | b. First (given) name *                                  |
| 7. Is the survey based on wages paid 24 months or less before the date of survey submission to ETA? *   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is this the most recent edition of the survey? (If this is the only edition, answer "yes".) *        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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**D. Relationship to job opportunity listed on the Form ETA-9141**

|  |  |
|--|--|
| 1. Title(s) of the job(s) included in the survey *   |  |
| 2. Duties of the job(s) included in the survey (attach additional sheets as necessary) *   |  |
| 3. Identify the area of intended employment covered by the survey. *<br>(Please refer to the instructions for the definition of area of intended employment)   |  |
| 4. Was the survey expanded to include workers beyond the area of intended employment? *  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a. If yes to question 4, provide the geographic area surveyed §   |  |
| 4b. If yes to question 4, indicate the reason(s) the survey was expanded beyond the area of intended employment<br>(check all that apply) §<br><input type="checkbox"/> to meet the 30 worker minimum. §<br><input type="checkbox"/> to meet the 3 employer minimum. § |  |

**E. Survey Methodology**

|   |  |
|---|--|
| 1. For the geographic area surveyed, provide the universe (number) of employers determined to employ workers in the occupation, including employers who were not surveyed. *  |  |
| 2. For the geographic area surveyed, provide the sources used to determine the universe (number) of employers who employ workers in the occupation: *   |  |
| 3. For the geographic area surveyed, did the surveyor attempt to contact: ? * (Choose only one)<br><input type="checkbox"/> All employers employing workers in occupation(s) <input type="checkbox"/> A sample of employers in the geographic area <input type="checkbox"/> |  |
| 3a. If a sample, was the sample randomly selected? §  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b. If a sample, provide a brief summary of the procedures used to randomize the sample: §  |  |
| 4. The total number of employers from whom the surveyor attempted to solicit a survey response: *   |  |

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|   |  |
|---|--|
| 5. For each responding employer, the survey includes the wages of all workers in the occupation regardless of skill level or experience, education, and length of employment. *   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. The survey includes data collected across industries that employ workers in the occupation. *  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 7. The survey reflects the mean wage for all workers it covers. *   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 7a. The mean wage is \$ _____   | 7b. Per: (Choose only one) §<br><input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| 8. The survey reflects the median wage for all workers it covers. *   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8a. The median wage is \$ _____   | 8b. Per: (Choose only one) §<br><input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| 9. The hourly, weekly, or monthly wage reported from the survey:  |  |
| a. Is based on data provided by how many employers? *<br>(Minimum of 3 employers)   | b. Is based on wage data from how many workers? * (Minimum of 30 workers)  |
| 10. The hourly, weekly, or monthly wage rate reported by the survey includes all types of wages paid to workers, including base rate of pay, commissions, cost-of-living allowance, deadheading pay, guaranteed pay, hazard pay, incentive pay, longevity pay, piece rate, portal-to-portal rate, production bonus, and tips. * | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 11. Does the survey include wages from workers in the occupation regardless of immigration status? *  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**F. Employer Declaration**

**I declare** under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment or both (18 U.S.C. 2, 1001, 1546, 1621).*

|                         |                         |                     |
|-------------------------|-------------------------|---------------------|
| 1. Last (family) name * | 2. First (given) name * | 3. Middle name(s) § |
| 4. Title *              |                         |                     |
| 5. Signature*           |                         | 6. Date signed*     |

**For public burden statement information, please see the Form ETA-9165 General Instructions.**