

Please return to:
Alien Labor Certification
1100 N. Eutaw Street
Room 201
Baltimore, Maryland 21201
Fax: (410) 767-2060

**STATE OF MARYLAND
DEPARTMENT OF LABOR
LICENSING AND REGULATION
Baltimore, Maryland 21201**

Please Check One:
 H-1B Professionals
 H-2B Temporary
 Perm. Labor Certification

PREVAILING WAGE REQUEST FORM

If the job is unionized and covered by a negotiated wage, use the negotiated wage and do not complete this form.

1. Name of Employer : _____ Telephone No: _____
2. Employer Address (including City, County and Zip): _____
A. Employer Contract Person: _____ B. FEIN _____
C. Address Where Alien Will Work (including City, County and Zip): _____
D. Alien's Name (Optional): _____

3. Nature of Employer's Business Activity	4. Title of job being filled (Dot code, if known)	5. Basic Hours Per Week	6. Basic Rate of Pay Offered \$ Per
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7. Describe Fully the Job Duties to be Performed (Start with the Most Important One First):

8. Working Conditions the Affect The Rate of Pay:

9. State in Detail the MINIMUM Education (Specify the Degree and Major Field of Study), Training, Experience, and Other Special Requirements for the Job:

College Degree Required: _____ Major Field of Study: _____

Experience Required (in years) _____

Name of Requestor: _____ Date: _____

Address (Number, Street, City or Town, Zip Code): _____

Telephone: () _____ Fax: () _____

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

Request Number _____

Dot Title _____

RATE IS VALID FOR 90 DAYS FROM DATE OF ISSUE

Dot Code _____

Skill Level _____

The prevailing wage for the job described above is _____ per _____

Source: Davis Bacon Act Service Contract Act Other: _____

Agency Official: _____ Date _____