

Attestation by Employers Using Alien Crewmembers for Longshore Activities In U.S. Ports

U.S. Department of Labor

Employment and Training Administration

U.S. Employment Service OMB Approval No. 1205-0309 Exp. 12/31/2016



| | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. Full Legal Name of Company | 5. Name of U.S. Agent |
| 2. Headquarters Address (No., St., City, State, Zip Code, Country) | 6. U.S. Business Address of Agent (No., St., City, State, Zip Code) |
| 3. Telephone (Area Code and Number) | 7. Telephone of Agent (Area Code and Number) |
| 4. Name of Chief Executive Officer | Fax (Area Code and Number) |

8. EMPLOYER ATTESTATION

There is no collective bargaining agreement in effect in the port covering at least 30 percent of the longshore workers.

(If accompanying documentation supporting each one of the following three attestation elements (8(a), 8(b), and 8(c)) is not attached, attestation will be deemed incomplete and will be returned without action.)

(a) Alien crewmember will be used beginning _____ to perform the following activities of longshore work at the port
Month/Day/Year

of _____, and it is the prevailing practice to use alien crewmembers for each of the following activities to be
Name of port, City
performed at this port, i.e., those marked "Yes" (a "Yes" or "No" box must be checked for each activity):

- | | | | |
|--------------------------|--------------------------|-------|-------------------------------------------------------------------------------------------------|
| Yes | No | (i) | Loading cargo |
| <input type="checkbox"/> | <input type="checkbox"/> | (ii) | Unloading cargo |
| <input type="checkbox"/> | <input type="checkbox"/> | (iii) | Operation of cargo-related equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | (iv) | Handling of mooring lines |
| <input type="checkbox"/> | <input type="checkbox"/> | (v) | Check this box if claiming an unanticipated emergency (Include documentation to support claim). |

(b) On the date this attestation is signed and submitted, there is not a strike or lockout in the course of a labor dispute at this port and, during the period of this attestation's validity, I will not use alien crewmember in my employ to perform any longshore activity during a strike or lockout; and the employment of such aliens is not intended or designed to influence an election for a bargaining representative for longshore workers at the port.

(c) As of this date, notice of this attestation has been provided to longshore workers in the port by (check appropriate box);
 (i) Notice of this filing has been provided to the bargaining representative of longshore workers in the port by (include copy of actual notice); or
 (ii) Where there is no such bargaining representative, notice of this filling has been provided to the port authority, and to longshore workers employed at the port through posting in conspicuous locations (include copy of actual notice posted).

9. DECLARATION OF EMPLOYER:

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the information provided on this form and accompanying documentation is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make this attestation, supporting documentation, and other records, files and document available to official's request, during any investigation under this attestation or the immigration and Nationality Act.

Signature of Chief Executive Officer
(or such Officer's U.S Agent or Designee)

Date

FOR U.S GOVERNMENT AGENCY USE ONLY: By virtue of my signature below, I acknowledge that this program attestation is accepted for filing on _____ (date) and will be valid for the longshore activities herein attested to from _____ (beginning date) through _____ (date twelve months from beginning date).

Signature of Authorized DOL Official

ETA Case No.

Subsequent DOL action: Suspended _____ Invalidated _____ Withdrawn _____

The Department of Labor is not the guarantor of the accuracy, truthfulness or adequacy of an attestation accepted for filing.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements are required to obtain or retain benefits (8 U.S.C. 1101 et seq.) Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Foreign Labor Certification, 200 Constitution Avenue, N.W., Room C4312, Washington, D.C. 20210 (Paperwork Reduction Project 1206-0309).