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State of Colorado Prevailing Wage Request Form for Non-Immigrant & Immigrant Workers


1. **Name of Alien.** (Family name in CAPITAL letters, first name in small letters. Example DOE, john):

2. **Name of Employer** (Full name of organization):

3. **Total Number of Employees:**

4. **Gross Annual Revenue/Sales** (approximately):

5. **Address where alien will work** (including street address, city, county, state and zip code)



6. **Nature of Employer's Business Activity:**

7. **Alien's Job Title:**

8. **Total Hours per week:**

Basic: _____ | Overtime: _____

9. **Work Schedule Hourly:**

10. **Basic rate of pay:**

\$ _____ per _____

11. Describe fully the Job to be performed:



12. Title of Alien's Immediate Supervisor:

13. Number of employees that alien will supervise:

14. Title of Alien's Subordinates:

15. State in detail the minimum education, training, experience and other special requirements for a worker to perform satisfactorily the job duties specified:

Number of Years Education Required:

Pre-college _____ College _____

College Degree Required (specify) _____

Major Field of Study:



Number of Years Training Required:

Years Months

Type of Training



Job Offered:

Years Months

Related Occupation:

Years Months

Related Occupations (specify):

Other Special Requirements:

16. Employer or Employers Representative:

Telephone Number

Fax Number

E-mail Address

Note: we MUST have a valid email from you or we will not receive your request!

17. Address of Employer (if different from #5) or **Employers Representative** (including street address, city, county, state and zip code)

This form, when filled out and electronically submitted will be sent to Jim Shimada (jim.shimada@state.co.us), Labor Certification Unit, 1515 Arapahoe St., Tower 2 Suite 400, Denver, CO 80202-2117, phone 303-318-8831. fax (303)-318-8930

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