



Please return to:  
Montana Department of  
Labor & Industry

P.O. Box 1728  
Helena MT 59624  
Phone: 800-541-3904  
Fax: 406-444-2638

State of Montana  
Montana Department of Labor and Industry  
**Foreign Labor Certification  
Prevailing Wage Request Form**

Please check one:  
 H-1B  
 H-2B  
 Permanent  
Other (please specify below)  
\_\_\_\_\_

(a) Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

(b) Address where Foreign Worker will work \_\_\_\_\_

(c) Nature of Employer's Business Activity: (d) Title of job being filled (e) Basic hours per week

(f) Basic **rate of Pay** offered: \_\_\_\_\_

(g) Fully describe job duties to be performed (start with most important one first):

---

(h) If worker does multiple jobs or has multiple duties, please give a breakdown of duties by percentage of time performed: (to equal 100%)

---

(i) Please state in detail the MINIMUM education (Specify by the Degree and Major field of Study), Training, Experience, and Other Special Requirements for the job:

---

(j) Date of Request: \_\_\_\_\_

(k) Name of Requestor (person who will receive wage determination) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_