

REQUEST FOR PREVAILING WAGE FORM Authorized by Wagner-Peyser Act (as amended)		Foreign Labor Certification Program Nebraska Workforce Development Department of Labor
Representative Firm Requesting P.W. Information (include address):		Phone Number: () -
Contact Person:		FAX Number: () -
Employer Name:		
City and State where Applicant Will Work:		
Nature of Employer's Business Activity:	Job Title:	Offered Rate of Pay: \$ Per
Job Duties to be Performed (describe fully):		
College Education (# of years):	Special Requirements:	
College Degree Required (specify):	DOT/O*NET Occupational Code (Optional):	
Specific Specialty:	Experience: Job Offered = ___years ___months Related Job = ___years ___months Job Title:	
Training (type and length of training):		
Occupational Title of Person Who Will Be Applicant's Immediate Supervisor:		# of Employees Applicant Will Supervise:
↓ TO BE COMPLETED BY NEBRASKA FOREIGN LABOR CERTIFICATION PROGRAM ↓		
Prevailing Wage Assigned:		S.O.C.
Coordinator:		Date Issued:
NOTE: This determination is valid for applications and attestations for a period of 90 days from the date issued.		
Please MAIL or FAX to:	Madhavi Bhadbhade Foreign Labor Certification Program Nebraska Workforce Development, Department of Labor P.O. Box 94600 Lincoln, NE 68509-4600	Phone: (402) 471-2693 FAX: (402) 471-9917
Additional Information:	http://www.dol.state.ne.us	