

NEW HAMPSHIRE EMPLOYMENT SECURITY
Labor Certification Unit
32 South Main Street
Concord, NH 03301-4857
Telephone # (603) 228-4083
Fax # (603) 229-4321

PREVAILING WAGE REQUEST FORM

If the job is unionized and covered by a negotiated wage, use the negotiated wage and do not complete this Prevailing Wage Request Form.

Please read the instructions carefully before completing this form. Send by fax or mail.

1. Name of Employer _____ Telephone Number () _____
2. a. Address where Alien will work (including City, County and Zip) _____
 _____ b. FEIN: _____
- c. Alien's Name (Optional) _____

3. Nature of employer's business activity	4. Title of job being filled	5. Basic hours per week	6. Basic rate of pay offered \$ Per
---	------------------------------	-------------------------	---

7. Describe fully the job duties to be performed (start with the most important one first, continue on separate sheet if necessary)

8. College education (enter # of years) _____ College degree required (specify)	9. Special requirements (state license required, or training, other)
--	--

10. Experience	Job Offered		Related Occupation		11. Number of employees Alien will supervise
	Years	Months	Years	Months	
	O R				

12. Name of requestor _____ Date _____
- Address (Number, Street, City or Town, State, Zip Code) _____

Telephone () _____ Fax () _____

DEPARTMENT ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION This wage determination rate is valid for filing applications and attestations for 90 days from the date of the response. <input type="checkbox"/> The prevailing wage for the job described above is _____ Per _____ Source _____ Davis Bacon Act _____ Service Contract Act _____ OES _____	Request Number _____ Title _____ DOT Code _____ Skill Level _____
Agency Official _____ Date _____	