



New Jersey Department of Labor and Workforce Development
Alien Labor Certification PO Box 053 – Trenton, NJ 08625-0053

Telephone: 609-292-2900

Fax: 609-777-3570

1. Full Legal Name of Employer		2. Federal Employer ID Number (9 digits - optional)		3. Application Type <input type="checkbox"/> PERM <input type="checkbox"/> H-1B	
4. Address (Number, Street, City/Town, State & ZIP code)			5. Type of Business Activity		
6. Contact Person Name		7. Telephone Number ()	8. Fax Number ()	9. E-mail	
10. Job Title of Position Offered		11. Hours per week worked	12. Work Location (City/Town & State)		13. County of Work Location
14. Occupational Title of Alien's Immediate Supervisor		15. # & Title of workers alien will supervise		16. Is wage subject to union contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Job Description (suggested SOC/O*NET Code - optional)					
18. Education & Training Level (min diploma, degree or training required)		19. Training Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state type and years/months.		20. College Degree Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type and major of study	
21. Experience Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state number of years/months.		22. Other Special Skills or Requirements		23. License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state type.	
Name of person requesting prevailing wage			Signature of person		
Title			Telephone number ()		

NOTE: The information provided is to be used to complete the Application for Permanent Employment Certification, Form ETA-9089, as appropriate. The employer is not required to submit this form with the application but is required to retain this document for a period of 5 years from the date of filing.

The rate is valid for filing applications and attestations for at least 90 days and not more that a year from the date of determination.

PREVAILING WAGE DETERMINATION (for SWA use only)

Occupational Code		Occupational title			Skill Level	
Prevailing Wage		Survey Source			Survey Area	
Per <input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> OES <input type="checkbox"/> SCA <input type="checkbox"/> DBA <input type="checkbox"/> CBA <input type="checkbox"/> Other _____				
\$		Determination Date		Tracking Number		
SWA Analyst						

Please indicate mailing name and address:

Mail form to:

NJ Department of LWD
Alien Labor Certification
PO Box 053
Trenton, NJ 08625-0053

- or - Fax to: 609-777-3570