

NEW MEXICO PREVAILING WAGE INFORMATION REQUEST

For use by employers requesting prevailing wage rates for H-1B labor condition applications

Instructions: Please complete all items and fax or mail your completed form to the address in item 18.

1. Name of Employer (full name of organization)		2. Telephone Number	
3. Address (Number, Street, City or Town, County, State, Zip Code)			
4. Name of Alien (if known)			4a. Current Visa Type
5. Address where alien will work (if different from item 3)			
6. Nature of Employer's business	7. Alien's job title	8. Work hours	9. Rate of pay
10. Describe fully the job to be performed (Duties)			
10a. _____ Enter wage rate if this job is covered by a union contract or a collective bargaining agreement.			
10b. Does the alien have job related experience? No _____ Yes _____ (if yes number of years) _____			
11. College Degree Required (specify) _____ Year Graduated _____ Educational Specialty _____		14. Other Special Requirements	
12. State Licence Required Yes _____ No _____			
13. Experience Required Years _____ Months _____			
15. Occupational title of alien's immediate supervisor		16. Number of employees alien will supervise _____	
17. If this information is to be sent to an address other than the employer's (i.e. attorney) please list name, address, phone and fax number below: _____ _____ _____ _____		18. Send this request to: New Mexico Department of Labor Attn: ER& A - Wage Info - Herb Greenwall P.O. Box 1928 Albuquerque, NM 87103 Telephone (505) 841-8643 Fax (505) 841-9007	

FOR NMDOL USE - - - - - PLEASE DO NOT WRITE IN THIS AREA

O*NET TITLE AND CODE _____

Wage Source: OES Wage Survey _____ Service Contract Act (SCA) _____ Davis-Bacon Act (DBA) _____ Outside _____

Wage Rate _____
calendar year, whichever is longer. SCA, DBA or Outside wage sources are valid for 90 days from the date below.

WAGE ANALYST _____ DATE _____