



D.C. Department of Employment Services  
Prevailing Wage Survey Unit  
77 P Street, NE Room 3056  
Washington, D.C. 20002  
(202) 671-1643 (Voice)  
(202) 673-3796 (Fax)

**PREVAILING WAGE REQUEST FORM**

Determination for: Labor Certification Application \_\_\_\_\_  
Labor Condition Application \_\_\_\_\_

**EMPLOYER INFORMATION**

NAME OF FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
JOB LOCATION: \_\_\_\_\_  
NO.OF EMPLOYEES: \_\_\_\_\_ ANNUAL GROSS INCOME: \$ \_\_\_\_\_

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**APPLICANT INFORMATION**

ALIEN'S NAME: \_\_\_\_\_  
EMPLOYEE JOB TITLE: \_\_\_\_\_  
D.O.T. CODE: \_\_\_\_\_  
D.O.T. TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If necessary include attachments

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**JOB REQUIREMENTS**

HOURS OF WORK PER WEEK: \_\_\_\_ YR (S) OF EXPERIENCE REQUIRED: \_\_\_\_yr./\_\_mo.  
EDUCATION: \_\_\_\_\_  
NUMBER OF EMPLOYEES ALIEN WILL SUPERVISE: \_\_\_\_\_  
TITLE OF ALIEN'S IMMEDIATE SUPERVISOR: \_\_\_\_\_

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**[FOR OFFICIAL USE ONLY]**

\$ \_\_\_\_\_ Per \_\_\_\_\_

Source of Funding: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Wage and Salary Specialist