

Labor Certification Request for Prevailing Wage Information
Jackson Employment Center * ATTN: Labor Certification Coordinator
P.O. Box 1003 * Jackson, WY * 83001-1003
Phone: 307-733-4091 * FAX: 307-739-8570

Thank you for your request. In order to avoid delays in receiving the wage determination, please fill out this form as completely as possible. Because wages vary from one location to another, it is important that you complete one form for each occupation or work location of interest. Feel free to make as many copies of the request form as necessary. Unless otherwise requested, one wage determination will be sent to the Company Representative or Agent* based on the following hierarchy: 1. Agent e-mail address 2. Agent fax number 3. Agent address 4. Company representative e-mail 5. Company fax number 6. Company address. Please contact the Jackson Employment Center at the above number if you have any questions.

A. <u>Request Type</u> Permanent ___ Temporary ___ H-1B ___ H-2B ___ Other (please list) _____		Date of Request: _____
B. <u>Company Information</u>		
Company Name:	Mailing Address:	City/State/Zip:
Representative Name:	Representative Phone Number:	Representative E-Mail Address or Web Site:
Representative Title:	Representative FAX Number:	
C. <u>Agent Information*</u>		
Is an agent handling this request? Yes ___ No ___	If yes, Agent Name:	Agent Title:
Agent Company Name:	Mailing Address:	City/State/Zip:
Agent E-mail Address or Web Site:	Agent Phone Number:	Agent FAX Number:
D. <u>Occupation Information</u>		
Occupation Title:	Occupation Description (please provide as much detail as possible; attach additional sheets if necessary):	
1. In which Wyoming county will the individual be employed?		
2. Is this prevailing wage request for an entry-level worker? Yes ___ No ___ (Go to #3 if yes.) a. How many years of relevant job experience must the employee have? ___ years.		
3. Is this prevailing wage request for an experienced-level supervisor? Yes ___ No ___ (Go to #4 if no.) a. How many years of relevant supervisory experience must the employee have? ___ years.		
4. Does this position require a college degree? Yes ___ No ___ (Go to #5 if no.) a. In which field of study and/or at what level (Associate, BA/BS, MA/MS, or PhD)?		
5. Does this job require any special training or certificate? Yes ___ No ___ (Go to #6 if no.) a. Please describe (attach additional sheets if necessary):		
6. Is this occupation covered under a union contract? Yes ___ No ___ (Go to #7 if no.)		
7. Does your prevailing wage request involve federal funding for a construction contract? Yes ___ No ___ (If no, STOP.) a. Does the contract involve funds over \$2,000.00? Yes ___ No ___		
<u>FOR OFFICE USE ONLY</u>		
O*NET/SOC Code:	Date Determination Sent to Company Representative or Agent:	Entered into database

* An agent is a person or firm acting on behalf of the company that is making the request. Agents are usually not directly employed by the company.