



Foreign Labor Certification

For information:

<http://www.labor.state.ak.us/alien/flcperm.htm>

raweb@labor.state.ak.us

Telephone: (907) 465-4508

Fax: (907) 465-4506

PERMANENT PREVAILING WAGE DETERMINATION REQUEST

The prevailing wage determination will be issued within 14 working days after receipt of this completed form.

Non completion of any item on this form, may extend the response time beyond the 14 working days.

Input of all items on this form (1-16 –unless otherwise noted as optional) will ensure a prompt response from AKDOLWD.

(Completion Instructions on Reverse)

1. Employer Business Name		2. Job Site Address	
3. Nature of Business Activity		4. <input type="checkbox"/> Non-Profit Research (Attach evidence of Internal Revenue Code tax exemption.) <input type="checkbox"/> Institution of Higher Education	
5. Worker's Name (Optional if H-1B)	6. Job Title of Position Offered		
7. Occupational Title of Worker's Immediate Supervisor	8. Number and Type of Workers Foreign Worker Will Supervise. If none, enter "0."	9. Is the wage subject to union agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach evidence of the negotiated wage amount.	
10. Job Description. Fully describe the duties of the job offered. The description must begin in this space.			
11. College Degree Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify type and major field of study.		12. Experience Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state number of years/months.	13. Training Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state type and years/months.
14. License Required? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state type.		15. Other Special Requirements	
16. Employer Representative Name		Address	
Contact Person Name		Contact Phone	Contact Fax
Contact Email			

INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

Item 1. Employer Business Name. Enter the full name used for legal purposes of the business, firm, organization, or individual who will request labor certification.

Item 2. Job Site Address. The job site address should include the street number, city, state, and ZIP code where the majority of the work will be performed.

Item 3. Nature of Business Activity. Enter a brief non-technical description, i.e., retail trade, manufacturing, software development, biotechnology, school, financial institution, hospital, community service organization.

Item 4. Check the appropriate box to indicate if the business is a non-profit research organization or an institution of higher education.

Item 5. Worker's Name (optional). Enter the name of the foreign worker for whom this prevailing wage form is submitted.

Item 6. Job Title of Position Offered. Enter the job title or payroll title of the job being offered.

Item 7. Occupational Title of Worker's Immediate Supervisor. State the working title of the foreign worker's supervisor.

Item 8. Number and Type of Workers Foreign Worker Will Supervise. If this is a supervisory position, enter the number and type of workers, e.g. "engineering staff," "clerical staff," "nursing assistants," etc. the worker will supervise. If none, enter "0."

Item 9. Indicate whether or not the wage for the position is subject to a collective bargaining agreement and, if so, submit evidence of the negotiated wage amount with the prevailing wage request.

Item 10. Job Description. The Department of Labor requires that the description begin on the form. Fill in the space provided on the form before continuing on an attachment. The form will not be processed if this requirement is not met.

Fully describe the duties of the job offered. The job will be analyzed and categorized based on the employer's job description. Enough information must be given so that an analyst can determine the occupational category and the skill level within that category. Work tasks, work activities, equipment used, work environment, working conditions, complexity of the job duties, level of judgment and understanding required to perform the job, amount and nature of supervision received, and supervisory responsibilities are the elements considered in defining the job's occupational category, skill level and, eventually, prevailing wage rate for the labor market area.

For jobs requiring supervisory duties, describe the activities the worker will supervise, the extent and authority to hire, fire, train, schedule, and evaluate. If applicable, quantify the amount of time the supervisor will spend performing work duties similar to the workers supervised.

Item 11. Indicate whether or not a college degree is required and state the type of degree (AA, BA, BS, Masters, PHD) and field of study.

Item 12. Indicate whether or not experience in the job is required and state the amount of experience required in years and/or months.

Item 13. Indicate whether or not specific training is required and state the type and amount of training in years and/or months.

Item 14. Indicate whether or not a license is required for the position and state the type of license required.

Item 15. Other Special Requirements. Describe any special requirements for any worker to satisfactorily perform the duties described in item 14.

Item 16. Employer Representative Name and Contact Information. Enter the name of the employer's representative, the name of the person who should be contacted if questions arise and the telephone number, FAX number, email, and complete mailing address.

SUBMIT THE COMPLETED REQUEST BY Email, USPO or FAX TO:

Email:

raweb@labor.state.ak.us

Address:

Alaska Department of Labor and Workforce Development
Foreign Labor Certification (R&A)
P.O. Box 25501
Juneau, AK 99802-5501
Phone: (907) 465-4508

FAX:

(907) 465-4506