

**IDAHO DEPARTMENT OF LABOR
PREVAILING WAGE INFORMATION REQUEST
FOR NONAGRICULTURAL ALIEN LABOR PROGRAMS**

Note: It is not necessary to use this form to obtain a prevailing wage determination for positions covered by the Davis-Bacon or McNamara-O'Hara pay scales or by a collective bargaining agreement. The wages that are indicated in those pay scales or contracts are the prevailing wage.

1. Visa Type <input type="checkbox"/> Permanent <input type="checkbox"/> H-1B -- Specialty Occupations (Check One) <input type="checkbox"/> H-2B -- Temporary Nonagricultural Labor		2. Name of Alien (if known)	
3. Name of Employer (Full name of organization)		4. FAX Number (if response is to be sent to employer) ()	
5. Name of Contact Person (if questions arise regarding this request)		6. Telephone Number of Contact Person () Extension: _____	
7. Address Number and Street City or Town State Zip Code		8. Address Where Alien Will Work (if different from item 7) City or Town County State	
9. Nature of Employer's Business Activity	10. Job Title (Name of job offered)	11. Pay Rate Offered \$ _____ per _____	
12. Describe the Job to be Performed (i.e., Tasks performed, purpose of actions, tools or equipment used, products made, services rendered, etc. If possible, avoid extremely technical terminology.) Indicate the Minimum Skill Levels Required (i.e., degree of independent decision making required; distinguish between routine tasks and more complex or diversified work; describe the level of work guidance, monitoring and review that will be exercised by the supervisor of the position, etc.)			
13. DOT Code from Dictionary of Occupational Titles (if known)		14. State License Required	
15. Minimum College Education or Training Required by Employer ____ months ____ years ____ Certificate ____ Degree: _____ Field of Study: _____		16. Minimum Experience Required By Employer (In job offered occupation) ____ months ____ years	
17. Other Special Requirements			
18. Job Title of Person Who Will be Alien's Immediate Supervisor		18. Number of Employees Alien Will Supervise	

MAIL TO: OR **FAX TO:**
 Prevailing Wage Specialist (208) 334-6455
 Research and Analysis Bureau
 Idaho Department of Labor
 317 Main Street
 Boise, ID 83735

Direct Questions Regarding This Form To:
 Prevailing Wage Specialist OR Toll Free
 (208) 332-3570 ex 3219 1-800-772-2553

If the information is to be sent to an address other than the employer's, i.e., an attorney, please list Name, Address, Telephone Number and FAX number below:

Phone: FAX: