



HOW TO SUBMIT AN ETA-9141C PREVAILING WAGE APPLICATION ON FLAG.DOL.GOV

1. In the “New Application” tab, click the “Create New” under CW-1 Prevailing Wage.

FOREIGN LABOR APPLICATION GATEWAY

New Application

My Cases

My Profile

Choose Application Type

Form ETA-9141C

CW-1 Prevailing Wage

File an application for a Prevailing Wage Determination to be used for a CW-1 Temporary Labor Certification.

Create New

Form ETA-9142C

CW-1 Labor Certification

Electronically file a CW-1 Application for Temporary Labor Certification with the Chicago National Processing Center.

Coming Soon

More forms will be available to file through FLAG soon.

Microsoft Edge

2. Section A is auto filled for the user. Click “Continue.”

Form ETA-9141C
CW-1 Prevailing Wage Application

A Employment-Based Visa Information

B Requestor Point-of-Contact Information

C Employer Information

D.a Job Description

D.b Minimum Job Requirements

D.c Place of Employment Information

The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

1: Indicate the type of visa classification supported by this application *

CW-1 ?

Continue

Save & Quit



3. Complete Section B using the tooltips for assistance. Click "Continue" to move to the next milestone.

Form ETA-9141C
CW-1 Prevailing Wage Application

Employment-Based Visa Information

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Requestor Point-of-Contact Information

Name & Title

1: Contact's Last (family) Name *
 ?
This field is required

2: First (given) Name *
 ?
This field is required

3: Middle Name(s)
 ?

4: Contact's Job Title *
 ?
Microsoft Edge: This field is required

Tooltips provide further explanation

4. Complete Section C using the tooltips for assistance. Click "Continue" to move to the next milestone.

Form ETA-9141C
CW-1 Prevailing Wage Application

Employment-Based Visa Information

Requestor Point-of-Contact Information

C Employer Information

D.a Job Description

D.b Minimum Job Requirements

D.c Place of Employment Information

Employer Information

Employer Name(s)

1: Legal Business Name *
 ?
This field is required

2: Trade name/Doing Business As(DBA), if applicable
 ?

Address

3: Address 1 *
 ?
This field is required

4: Address 2



5. Complete Section C using the tooltips for assistance. Click "Continue" to move to the next milestone.

Form ETA-9141C
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- C Employer Information**
- D.a Job Description
- D.b Minimum Job Requirements
- D.c Place of Employment Information

Employer Information

Employer Name(s)

1: Legal Business Name *
 ?
This field is required

2: Trade name/Doing Business As(DBA), if applicable
 ?

Address

3: Address 1 *
 ?
This field is required

4: Address 2

6. Complete Section D.a using the tooltips for assistance. Click "Continue" to move to the next milestone.

Form ETA-9141C
CW-1 Prevailing Wage Application

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- ✓ Employer Information
- D.a Job Description**
- D.b Minimum Job Requirements
- D.c Place of Employment Information

Job Description

1: Job Title *
 ?
This field is required

2: SOC Occupational Code (suggested) *
 ?
This field is required

2a: SOC Occupation Title (suggested) *
 ?
This field is required

3: Job Title of Supervisor for this Position
 ?

4: Does this position supervise the work of other employees? *



7. Complete Section D.b using the tooltips for assistance. Click "Continue" to move to the next milestone.

- Employment-Based Visa Information
- Requestor Point-of-Contact Information
- Employer Information
- Job Description
- D.b Minimum Job Requirements**
- D.c Place of Employment Information
- Review & Submit

Minimum Job Requirements

1: Education: minimum U.S. diploma/degree required? *

?

This field is required

1b: Enter the major(s) and/or field(s) of study required by the employer for the job opportunity. You may list more than one field and/or more than one related major. If the answer to question 1 is 'None' or 'High School', enter 'N/A.'

?

2: Does the employer require a second U.S. diploma/degree? *

?

3: Is training for the job opportunity required? *

?

8. Complete Section D.c using the tooltips for assistance. Click "Continue" to move to the next milestone.

- Employment-Based Visa Information
- Requestor Point-of-Contact Information
- Employer Information
- Job Description
- Minimum Job Requirements
- D.c Place of Employment Information**
- Review & Submit

Place of Employment Information

1: Worksite Address 1 *

?

This field is required

2: Address 2

?

3: City *

?

This field is required

4: State *

?

5: Postal code *

?



9. Review application and click "Submit."

- The user will receive an email confirming receipt of the form
- The user will be able to see the submitted form under "My Cases" tab



Review & Submit

OMB Approval: 1205-003X
Expiration Date: XXXXX/XXXX

Application for Prevailing Wage Determination
Form ETA-9141C
U.S. Department of Labor

IMPORTANT: Employers and authorized applicants must read the general instructions carefully before completing the Form ETA-9141C. A copy of the instructions can be found at <https://www.dhs.gov/e-apply/e-apply/apply/apply/apply>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

B. Requestor Point of Contact Information

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
SMITH	JOE	
4. Contact's Job Title *		
MANAGER		
5. Address 1 *		
375 E STREET SW		
6. Address 2 (apartment/suite/room and number) §		
7. City *	8. State *	9. Postal Code *
WASHINGTON D.C.	DC	20240
10. Country *	11. Province §	
UNITED STATES OF AMERICA		
12. Telephone Number *	13. Extension §	14. Business Email Address *
15402298538		CROWDER_RACHEL@BAH.COM

C. Employer Information

