



## HOW TO SUBMIT AN ETA-9142C PREVAILING WAGE APPLICATION ON FLAG.DOL.GOV

1. In the “New Application” tab, click the “Create New” under CW-1 Labor Certification.

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.

Create New

More forms will be available to file through FLAG soon.

2. Fill out Section A “Nature of the CW-1 application.” To transfer over information from your determined ETA-9141C application click “PWD Case Lookup.”

Form ETA-9142C  
CW-1 Application for Temporary Employment Certification

**A Nature of the CW-1 application**

B Employer Information

C Employer Point of Contact Information

D Attorney or Agent Information (if applicable)

E.a Occupational Classification and PWD

E.b Job Offer and Minimum Requirements

E.c Place of Employment and Wage Information

#### Emergency Situation

5: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? \*

☐ Yes

☒ No

Completed Form ETA-9141C

A completed Form ETA-9141C, Application for Prevailing Wage Determination, is attached to this application.

PWD Case Lookup

\* If you are filing in a non-emergency situation, you will need a valid relevant Prevailing Wage Determination. If you do not have one, please complete [Form ETA-9141C](#) and return to this form once you have submitted.

Save & Quit

Continue



3. Search or select the Prevailing Wage Determination (PWD) case number that should be linked to this application. Click "Next."

Emergency Situation

5: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of

**PWD Case Lookup**

Please retrieve the valid PWD Tracking Number obtained for the job opportunity.  
(Use the search below to refine by Case Number, Employer Name, FEIN, Job Title or Determined SOC.)

Type Search Term Here...

	Case Number	Employer Name	FEIN	Job Title	Determined SOC	Determination ...
<input checked="" type="radio"/>	P-500-19084-02...	TEST	123456789	Consultant	13-1111.00	2019-03-25T13:1...

4. Select which information from the PWD 9141C should be used for the 9142C "Employer Point of Contact" or "Attorney/Agent Agreement." Click "Finish" or "Back."

Emergency Situation

5: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of

**Here's your Requestor POC information from your Prevailing Wage determination:**

REQUESTOR POINT OF CONTACT INFORMATION

Contact's Last (family) Name: Maria  
First (given) Name: Test  
Middle Name(s): F  
Contact's Job Title: CONSULTANT

Select how this should populate in your Temporary Labor Certification Application:

☒ **Employer Point of Contact**  
9142C Section C

☐ **Attorney/Agent Agreement**  
9142C Section D



5. The ETA-9141C Application for Prevailing Wage Determination is now attached to the application. Click “Continue” to move to the next milestone.

Form ETA-9142C  
CW-1 Application for Temporary Employment Certification

A

Nature of the CW-1 application

B

Employer Information

C

Employer Point of Contact Information

D

Attorney or Agent Information (if applicable)

E.a

Occupational Classification and PWD

E.b

Job Offer and Minimum Requirements

E.c

Place of Employment and Wage Information

### Emergency Situation

5: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? \*

☐ Yes

☒ No

**Completed Form ETA-9141C**

A completed Form ETA-9141C, Application for Prevailing Wage Determination, is attached to this application.

P-500-19084-028977 [Clear](#)

❗ If you are filing in a non-emergency situation, you will need a valid relevant Prevailing Wage Determination. If you do not have one, please complete [Form ETA-9141C](#) and return to this form once you have submitted.

Save & Quit

Continue

6. Complete Section B “Employer Information” using the tooltips for assistance. Click “Continue” to move to the next milestone.

Form ETA-9142C  
CW-1 Application for Temporary Employment Certification

✓

Nature of the CW-1 application

B

Employer Information

C

Employer Point of Contact Information

D

Attorney or Agent Information (if applicable)

✓

Occupational Classification and PWD

E.b

Job Offer and Minimum Requirements

E.c

Place of Employment and Wage Information

## Employer Information

### Employer Name(s)

1: Legal Business Name \*

TEST

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

TEST

### Employer Address

3: Address 1 \*

901 15th Street, NW

4: Address 2 (apartment/suite/floor and number)



7. Complete Section C “Employer Point of Contact Information” using the tooltips for assistance. Click “Continue” to move to the next milestone.

Form ETA-9142C  
CW-1 Application for Temporary Employment  
Certification

✓ Nature of the CW-1 application

✓ Employer Information

**C Employer Point of Contact Information**

D Attorney or Agent Information (if applicable)

✓ Occupational Classification and PWD

E.b Job Offer and Minimum Requirements

E.c Place of Employment and Wage Information

E.d Other Material Terms and Conditions of the Job Offer

E.e Recruitment Information

Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

**Employer Point of Contact Name & Title**

1: Contact's Last (family) Name \* ⓘ

2: First (given) Name \* ⓘ

3: Middle Name(s) ⓘ

4: Contact's Job Title \* ⓘ

**Employer Point of Contact Address**

8. Complete Section D “Attorney or Agent Information (If applicable)” using the tooltips for assistance. Click “Continue” to move to the next milestone.

Form ETA-9142C  
CW-1 Application for Temporary Employment  
Certification

✓ Nature of the CW-1 application

✓ Employer Information

⚠ Employer Point of Contact Information

**D Attorney or Agent Information (if applicable)**

✓ Occupational Classification and PWD

Attorney or Agent Information (if applicable)

**Type of Representation**

1: Indicate the type of representation for the employer in the filing of this application. \* ⓘ

☐ Attorney

☐ Agent

☐ None


Save & Quit


Back

Continue



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







Form ETA-9142C  
CW-1 Application for Temporary Employment  
Certification

- ✓ Nature of the CW-1 application
- ✓ Employer Information
- ✓ Employer Point of Contact Information
- ✓ Attorney or Agent Information (if applicable)
- E.a Occupational Classification and PWD**
- ⚠ Job Offer and Minimum Requirements
- ⚠ Place of Employment and Wage Information

## Occupational Classification and PWD

1 & 2: SOC Code and Occupation Title \* 


3: If "No" is marked in A.5, enter the PWD case number... 


Save & Quit

Back

Continue

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








Form ETA-9142C  
CW-1 Application for Temporary Employment  
Certification


- ✓ Nature of the CW-1 application
- ✓ Employer Information
- ✓ Employer Point of Contact Information
- ✓ Attorney or Agent Information (if applicable)
- ✓ Occupational Classification and PWD
- E.b Job Offer and Minimum Requirements**
- ⚠ Place of Employment and Wage Information


## Job Offer and Minimum Requirements

1: Job Title \* 

2: Workers Needed \* 

3: Begin Date \* 

4: End Date \* 

5: Job Duties - Description of the specific services or labor to be Performed. \* 



11. Complete Section E.c using the tooltips for assistance. Click “Continue” to move to the next milestone.

✓ Employer Point of Contact Information

✓ Attorney or Agent Information (if applicable)

✓ Occupational Classification and PWD

✓ Job Offer and Minimum Requirements

**E.c Place of Employment and Wage Information**

E.d Other Material Terms and Conditions of the Job Offer

E.e Recruitment Information

F Declaration of Employer and Attorney/Agent

G Preparer

✓ Appendix A - Employer Client Application

✓ Appendix B - Additional Worksites

## Place of Employment and Wage Information

### Place of Employment

1: Worksite Address \* ⓘ

2: Worksite Address (apartment/suite/floor and number) ⓘ

3: City \* ⓘ

4: State \* ⓘ

NORTHERN MARIANA ISLANDS

5: Postal Code \* ⓘ

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### Wage Information

6: Basic Wage Rate Paid \* ⓘ

From  To

12. Complete Section E.d using the tooltips for assistance. Click “Continue” to move to the next milestone.

✓ Job Offer and Minimum Requirements

✓ Place of Employment and Wage Information

**E.d Other Material Terms and Conditions of the Job Offer**

E.e Recruitment Information

F Declaration of Employer and Attorney/Agent

G Preparer

✓ Appendix A - Employer Client Application

✓ Appendix B - Additional Worksites

Review & Submit

## Other Material Terms and Conditions of the Job Offer

1: I have read and agree to provide the following terms and conditions with this job offer as fully explained in the Form ETA-9142-C - General Instructions and at 20 CFR 655, Subpart E: ■ **Three-Fourths Guarantee:** Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any. ■ **Transportation and Subsistence:** If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved. \* ⓘ

☐ Yes

☐ No



13. Complete Section E.e using the tooltips for assistance. Click “Continue” to move to the next milestone.

✓ Job Offer and Minimum Requirements

✓ Place of Employment and Wage Information

✓ Other Material Terms and Conditions of the Job Offer

**E.e Recruitment Information**

F Declaration of Employer and Attorney/Agent

G Preparer

✓ Appendix A - Employer Client Application

✓ Appendix B - Additional Worksites

Review & Submit

## Recruitment Information


1: Explain how prospective applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. \*

0 / 880 character limit

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**Recruitment Information**  
(two of three entries required) \*

2: Telephone Number to Apply ?



14. Complete Section F “Declaration of Employer and Attorney/Agent” using the tooltips for assistance. Click “Continue” to move to the next milestone.

✓ Job Offer and Minimum Requirements

✓ Place of Employment and Wage Information

✓ Other Material Terms and Conditions of the Job Offer

✓ Recruitment Information

**F Declaration of Employer and Attorney/Agent**

G Preparer

✓ Appendix A - Employer Client Application

✓ Appendix B - Additional Worksites

Review & Submit


## Declaration of Employer and Attorney/Agent

*In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances and obligations as a condition for receiving temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.*

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**Document Upload - Appendix C**  
Step 1: Download [Appendix C](#) PDF  
Step 2: Review and Sign  
Step 3: Upload below

Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded.

 Drop files here or [Browse](#)



15. Complete Section G “Preparer” using the tooltips for assistance. Click “Continue” to move to the next milestone.

The screenshot shows the 'Preparer' section of the application form. On the left is a vertical sidebar with a list of milestones: 'Job Offer and Minimum Requirements', 'Place of Employment and Wage Information', 'Other Material Terms and Conditions of the Job Offer', 'Recruitment Information', 'Declaration of Employer and Attorney/Agent', 'Preparer' (highlighted with a blue circle and 'G'), 'Appendix A - Employer Client Application', 'Appendix B - Additional Worksites', and 'Review & Submit'. The main content area is titled 'Preparer' and contains a text box with instructions: 'Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or section D (attorney or agent) of this application.' Below this are four input fields: '1: Last (family) name', '2: First (given) name', '3: Middle Initial', and '4: Law Firm/Business FEIN'. Each field has a tooltip icon (a question mark in a circle). A close button 'X' is in the top right corner.

16. Complete Section Appendix A – Employer Client Application using the tooltips for assistance. Click “Continue” to move to the next milestone.

The screenshot shows the 'Appendix A - Employer Client Application' section of the application form. On the left is a vertical sidebar with a list of milestones: 'Job Offer and Minimum Requirements', 'Place of Employment and Wage Information', 'Other Material Terms and Conditions of the Job Offer', 'Recruitment Information', 'Declaration of Employer and Attorney/Agent', 'Preparer', 'Appendix A - Employer Client Application' (highlighted with a blue circle and 'APX A'), 'Appendix B - Additional Worksites', and 'Review & Submit'. The main content area is titled 'Appendix A - Employer Client Application' and contains a green box with a checkmark icon and the text: 'Section complete. Because you are filing as an Individual Employer per Field B.14, no Appendix A is necessary for this application.' Below this are three buttons: 'Save & Quit', 'Back', and 'Continue'. A close button 'X' is in the top right corner.





17. Complete Section Appendix B – Additional Worksites using the tooltips for assistance. Click “Continue” to move to the next milestone.

✓ Job Offer and Minimum Requirements

✓ Place of Employment and Wage Information

✓ Other Material Terms and Conditions of the Job Offer

✓ Recruitment Information

✓ Declaration of Employer and Attorney/Agent

✓ Preparer

✓ Appendix A - Employer Client Application

**APX B** **Appendix B - Additional Worksites**

Review & Submit

Appendix B - Additional Worksites

✓ **Section complete**

Because work is only being performed at one worksite per Field E.c.9, no Appendix B is necessary for this application.

Save & Quit

Back

Continue

18. 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

✓ Job Offer and Minimum Requirements

✓ Place of Employment and Wage Information

✓ Other Material Terms and Conditions of the Job Offer

✓ Recruitment Information

✓ Declaration of Employer and Attorney/Agent

✓ Preparer

✓ Appendix A - Employer Client Application

✓ Appendix B - Additional Worksites

**Review & Submit**

9142C 1/5

OMB Approval: 1205-003X  
Expiration Date: 06/06/2009

CW-1 Application for Temporary Employment Certification  
Form ETA-9142C  
U.S. Department of Labor

**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at [dhs.gov/e-verify/cw-1](http://dhs.gov/e-verify/cw-1). If you are not submitting this electronically, please complete ALL required fields/sections containing an asterisk (\*) and any fields/sections where a response is conditional as indicated by the section (S) symbol.

**A. Nature of CW-1 Application**

1. Type of Application (choose only one) *	<input checked="" type="checkbox"/> New employment	<input type="checkbox"/> Renewal of approved employment			
2. CW-1 Permit Renewal: If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. §					
3. Long-Term Worker: Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.402? *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>FOR EMERGENCY SITUATIONS ONLY</b>					
If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.					
6. A statement justifying the employer's emergency situation is attached to this application. §					<input type="checkbox"/>
7. A completed Form ETA-9141, Application for Prevailing Wage Determination, is attached to this application. §					<input type="checkbox"/>
1. Legal Business Name *	TEST				
2. Trade Name/Doing Business As (DBA), if applicable §	TEST				
3. Address 1 *	001 15TH STREET, NW				
4. Address 2 (apartment/suite/floor and number) §					