



PREVAILING WAGE DETERMINATION FORM

Foreign Labor Certification Program

Virgin Islands Department of Labor

Representative Firm/Employer Requesting P.W. Information (include address):	Phone Number:
	FAX Number:
Contact Person:	

Employer Name:

City and State where Applicant Will Work:

Nature of Employer's Business Activity:	Job Title:	Offered Rate of Pay:
		\$ Per

Job Duties to be Performed (describe fully here):

College Education (# of years):	Special Requirements (skills, licenses or certifications):
College Degree Required (specify):	O*NET Occupational Code (optional):
Specific Specialty:	# Years of Experience Required for the Position:

Training Required (type and length of training):

Occupational Title of Person Who Will Be Applicant's Immediate Supervisor:	# of Employees Applicant Will Supervise:
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Check here if you are submitting an: **Alternate Survey** - Survey Name: _____
Collective Bargaining Agreement

↓ TO BE COMPLETED BY VIDOL FOREIGN LABOR CERTIFICATION PROGRAM ↓

Prevailing Wage Assigned:	Level:	S.O.C. Code:	S.O.C. Title:
\$	1 2 3 4		

Coordinator: _____ **Date Issued:** _____

NOTE: This rate is valid for filing applications and attestations for at least 90 days but not more than one year from the date of the determination.

Please MAIL or FAX to: Jacqueline Blyden
Foreign Labor Certification Program
Virgin Islands Department of Labor
P.O. Box 302608
St. Thomas, VI 00803

Phone: (340) 776-3700
FAX: (340) 715-5742

Additional Information: <http://www.vidol.gov>