STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

1511 Pontiac Avenue, Cranston, RI 02920-4407

ALIEN CERTIFICATION UNIT

PHONE: (401) 462-8813 FAX: (401) 462-8798

Please check one:
- ☐ H-1B Professional
- ☐ F-1 Student
- ☐ H-1A Nurse
- ☐ Permanent

REQUEST FOR PREVAILING WAGE STATEMENT

NAME OF PERSON REQUESTING WAGE:	DATE:	*Please provide all of the information requested so that we may provide an accurate statement of the prevailing wage.*
ADDRESS:		
FAX NO.:	PHONE NO.:	Reply requested by: FAX ☐ MAIL ☐
NAME AND ADDRESS OF COMPANY WHERE ALIEN WILL WORK:		TOTAL HOURS PER WEEK:
NATURE OF EMPLOYERS BUSINESS:	JOB TITLE:	RATE OF PAY: $ _____ PER _____
FULL DESCRIPTION OF THE JOB TO BE PERFORMED:		

EDUCATION REQUIRED:	EXPERIENCE REQUIRED:	TRAINING REQUIRED:
Years of high school required:	Related Occupation (Specify):	Type of training:
Years of college required:		
Major field of study:	No. Years:	No. Years:
Other education (Specify):		

OTHER SPECIAL REQUIREMENTS:

DEPARTMENT ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

DOT CODE		DOT TITLE
OES Code	Skill Level	Request Number

☐ It is determined that your offered rate meets the prevailing wage.

☐ The prevailing wage for the job described above is _____ per _____ .

Source: Davis Bacon Act _____ Service Contract Act _____ OES _____ Other _____

This rate is valid for filing applications and attestations for ninety days from the date of this letter.

Prevailing Wage Specialist _____ Date _____