

VERMONT DEPARTMENT OF LABOR

Alien Certification Prevailing Wage Request

Employer's Name: _____

Address: _____

Job Location: _____

Job Title: _____ Employer's Industry: _____

Job Description:

Education Required: _____

Experience Needed: _____

Name and Address of Person Requesting Prevailing Wage:

Return Form to: **Terry LaManna**
Vermont Department of Labor
PO Box 488
Montpelier, VT 05601-0488

or FAX to: (802)828-4374

For Questions: call (802)828-4362
or email: tlamanna@labor.state.vt.us