

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 <http://www.foreignlaborcert.doleta.gov/>. 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. Nature of CW-1 Application

1. Type of Application (choose only one) *	<input type="checkbox"/> New employment	<input checked="" 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. §	9/30/2020	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be <u>exempt</u> 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 655.422? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FOR EMERGENCY SITUATIONS ONLY If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.		
6. Is a statement justifying the employer's emergency situation attached to this application? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
7. Is a completed Form ETA-9141C, <i>Application for Prevailing Wage Determination</i> (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

B. Employer Information

1. Legal Business Name *		
TRIPLE ?B? FORWARDERS (CNMI), INC.		
2. Trade Name/Doing Business As (DBA), if applicable §		
N/A		
3. Address 1 *		
SPLC BUILDING 1		
4. Address 2 (apartment/suite/floor and number) §		
LOWER BASE		
5. City *	6. State *	7. Postal Code *
SAIPAN	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America	N/A	
10. Telephone Number *	11. Extension §	
16702345505		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
98-6021547	488510	
14. Type of Employer (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer	<input type="checkbox"/> Job Contractor – Joint Employer
FOR JOB CONTRACTORS ONLY If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items.		
15. A completed Appendix A identifying the employer-client is attached to this application. §		<input type="checkbox"/>
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §		<input type="checkbox"/>

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



C. 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.

1. Contact's Last (family) Name *		2. First (given) Name *		3. Middle Name(s) §	
MANGLONA		PAUL		ANTHONY	
4. Contact's Job Title *					
GENERAL MANAGER					
5. Address 1 *					
SPLC BUILDING 1					
6. Address 2 (apartment/suite/floor and number) §					
LOWER BASE					
7. City *			8. State *		9. Postal Code *
SAIPAN			Northern Mariana Islands		96950
10. Country *			11. Province §		
United States Of America			N/A		
12. Telephone Number *		13. Extension §	14. Business Email Address *		
16702345505			PMANGLONA@TRIPLEB.COM		

D. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.			<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None		
2. Attorney or Agent's Last (family) Name §		3. First (given) Name §		4. Middle Name(s) §	
KING		JANET		H.	
5. Address 1 §					
2ND FLOOR, D' TORRES BUILDING, MIDDLE ROAD					
6. Address 2 (apartment/suite/floor and number) §					
GARAPAN					
7. City §			8. State §		9. Postal Code §
SAIPAN			Northern Mariana Islands		96950
10. Country §			11. Province §		
United States Of America			N/A		
12. Telephone Number §		13. Extension §	14. Law Firm/Business Email Address §		
+16702331209		N/A	JANETHANKING@GMAIL.COM		
15. Law Firm/Business Name §				16. Law Firm/Business FEIN §	
KING LAW OFFICE, LLC				66-0877348	
FOR ATTORNEY USE ONLY					
If "Attorney" is marked in question D.1, complete questions 17 – 19 below.					
17. State Bar Number(s) §			18. State of highest state court where attorney is in good standing §		
F0368			Northern Mariana Islands		
19. Name of the highest state court where attorney is in good standing §					
CNMI SUPREME COURT					
FOR AGENT USE ONLY					
If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.					
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §					<input type="checkbox"/>

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



E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 43-4051.00	2. SOC Occupation Title * Customer Service Representatives
3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	P-500-20204-728239

b. Job Offer and Minimum Requirements

1. Job Title * SERVICE SALES REPRESENTATIVE							
2. Workers Needed * 1		Period of Intended Employment					
3. Begin Date: * 10/1/2020				4. End Date: * 9/30/2023			
5. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.)</i> OFFERS TO CUSTOMERS THE COMPANY'S CARGO FORWARDING AND TRANSPORTATION SERVICES; REACH CUSTOMERS OVER THE TELEPHONE, IN PERSON, AND THROUGH LETTER-WRITING EFFORTS; ANSWERS QUESTIONS REGARDING THE COMPANY AND THE SERVICES IT OFFERS; MAINTAINS PROFESSIONAL AND TECHNICAL KNOWLEDGE ABOUT THE NATURE OF THE COMPANY BUSINESS, INCLUDING MATTERS ON HOW TO EXPEDITE AND ROUTE OUTGOING AND AIR AND OCEAN FREIGHT CARGOES; COORDINATES CUSTOMER SERVICE INCLUDING ARRANGEMENT ON PICK-UP AND DELIVERY OF CARGOES; AND PERFORM SUCH OTHER RELATED DUTIES TO PROMOTE AND CARRY OUT THE NATURE OF THE COMPANY BUSINESS.							
6. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *						7. Hourly work schedule *	
40	a. Total Hours	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday
						a. 8 : 00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
						b. 5 : 00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
8. Education: minimum U.S. diploma/degree required. *							
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)							
9. Training: number of <u>months</u> required. *		0		10. Work Experience: number of <u>months</u> required. *		12	
11. Supervision: does this position supervise the work of other employees? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. If "Yes" to question 11, enter the number of employees worker will supervise. §		0	
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum							

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



e. Recruitment Information

1. Explain <u>how</u> prospective U.S. 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. * Please See Addendum	
2. Telephone Number to Apply * +16702345505	3. Email Address to Apply * PMANGLONA@TRIPLEB.COM
4. Website address (URL) to Apply * N/A	

F. 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 a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix C and have attached a signed and dated copy of Appendix C with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the <u>employer-client</u> identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix C and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

G. Preparer

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.

1. Last (family) Name § KING	2. First (given) Name § JANET	3. Middle Initial § H.
4. Law Firm/Business FEIN § 66-0877348	5. Law Firm/Business Name § KING LAW OFFICE, LLC	
6. Law Firm/Business Email Address § JANETHANKING@GMAIL.COM		

Public Burden Statement (1205-0534)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. 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.**

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



ADDENDUM

Section E.b.12: Special Requirements

MUST HAVE SERVICE SALES EXPERIENCE PREFERABLY IN A CARGO AND FREIGHT FORWARDING BUSINESS; MUST HAVE EXTENSIVE KNOWLEDGE AND EXPERIENCE IN THE FREIGHT FORWARDING BUSINESS; AND PREFERABLY FAMILIAR WITH MS OFFICE APPLICATION, CARGO MATE & WEB FREIGHT PRO.

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



ADDENDUM

ADDENDUM SECTION E.e.1: Recruitment Information

INTERESTED APPLICANTS MAY SUBMIT THEIR APPLICATIONS, RESUME, AND/OR OTHER CREDENTIALS AT THE OFFICE OF TRIPLE B FORWARDERS (CNMI), INC. LOCATED AT: SPLC BUILDING 1, LOWER BASE, SAIPAN, COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS. APPLICANTS MAY ALSO SUBMIT THEIR APPLICATIONS VIA EMAIL AT: PMANGLONA@TRIPLEB.COM. APPLICANTS MAY ALSO CONTACT PAUL A. MANGLONA AT TELEPHONE NUMBERS: 1 (670) 234-5505. APPLICATIONS MAY BE SUBMITTED AT THE OFFICE OF TRIPLE B FORWARDERS (CNMI), INC. FROM MONDAY TO FRIDAY, 8:00 A.M. TO 5:00 P.M.