

**Attestation by Employers Using Alien
Crewmembers for Longshore Activities
at Locations in the State of Alaska**
U.S. Department of Labor
 Employment and Training Administration
 U.S. Employment Service


1. Full Legal Name of Company	5. Name of U.S. Agent	OMB Approval No. 1205-0352 Expires: 09/30/97
2. Headquarters Address (No., St., City, Town, State, ZIP Code, Country)	6. U.S. Business Address of Agent (No., St., City, State, ZIP Code)	
3. Telephone (Area Code and Number)	7. Telephone (Area Code and Number)	
4. Name of Chief Executive Officer	Fax (Area Code and Number)	

8. EMPLOYER ATTESTATION (Use attachment if additional space is needed or multiple locations are covered.)

- (a) It is anticipated that longshore activities will be performed at the following times and locations in the State of Alaska (Check appropriate box(es) below for each activity of longshore work to be performed):

First Performance of Activity (Month/Day/Year) Location (name of port, city, or other geographical reference point)

- | | |
|---|---|
| <input type="checkbox"/> (i) Loading cargo | <input type="checkbox"/> (ii) Unloading cargo |
| <input type="checkbox"/> (iii) Operation of cargo-related equipment | <input type="checkbox"/> (iv) Handling of mooring lines |

- ☐ (b) Before using alien crewmen to perform any longshore activity, a bona fide request will be made to the parties to whom notice has been provided under item 8(e)(ii) and (iii) below, for United States longshore workers who are qualified and available in sufficient numbers to perform the longshore activity at the particular time and location, except that:

(i) wherever two or more contract stevedoring companies have signed a joint collective bargaining agreement with a labor organization described in 8(e)(i) below, the request for longshore workers may be made to only one such contract stevedoring company, and

(ii) a request for longshore workers to an operator of a private dock may be made only for longshore work to be performed at that dock and only if the operator meets the requirements of section 32 of the Longshore and Harbor Workers' Compensation Act.

- ☐ (c) All United States longshore workers who are made available in response to the request for dispatch as attested at item 8(b) above and who are qualified, available in sufficient numbers, and needed to perform the longshore activity at the particular time and location, will be employed to perform such activity.

- ☐ (d) The use of alien crewmembers in my employ to perform any longshore activity is not intended or designed to influence an election of a bargaining representative for workers in the State of Alaska.

- ☐ (e) As of this date, notice of this attestation has been provided to (include copies of actual notices):

(i) Labor organizations which have been recognized as exclusive bargaining representatives of United States longshore workers and which make available or intend to make available longshore workers to the particular location(s) where the longshore work is to be performed;

(ii) Contract stevedoring companies which employ or intend to employ United States longshore workers at the particular location(s) where the longshore work is to be performed; and

(iii) Operators of private docks at which workers in my employ will perform any longshore activity.

9. DECLARATION OF EMPLOYER: Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the information provided on this form and accompanying documentation is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make this attestation, supporting documentation, and other records, files and documents available to officials of the Department, upon such official's request, during any investigation under this attestation or the Immigration and Nationality Act.

Signature of Chief Executive Officer (or U.S. Agent or Representative)

Date

FOR U.S. GOVERNMENT AGENCY USE ONLY: By virtue of my signature below, I acknowledge that this attestation is accepted for filing on _____ (date) and will be valid for the longshore activities at locations in the State of Alaska herein attested to from _____ (beginning date) through _____ (date twelve months from beginning date).

Signature of Authorized DOL Official

ETA Case No.

Subsequent DOL action: Suspended _____ Invalidated _____ Withdrawn _____

The Department of Labor is not the guarantor of the accuracy, truthfulness or adequacy of an attestation accepted for filing.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of U.S. Employment Service, Department of Labor, Room N-4470 and/or the Office of IRM Policy, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (1205-0352).

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

ETA 9033-A (Dec. 1994)