

Application for Prevailing Wage Determination
Form ETA-9141
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the Form ETA-9141. A copy of the instructions can be found on the Office of Foreign Labor Certification website at <https://www.dol.gov/agencies/eta/foreign-labor>. For all submissions, either electronic or paper, ALL required fields/items containing an asterisk (*) must be completed as well as any applicable fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

PERM

B. Employer Point-of-Contact Information

Important note: The information contained in this section is for an employee authorized to act on behalf of the employer in labor certification or labor condition application matters. The information in this section must be different from the attorney or agent information listed in Section D, except when an attorney listed in Section D is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) (if applicable) §
Urbano	Jocelyn	Paddayuman
4. Contact's job title *		
Corporate Secretary		
5. Address 1 *		
Room 206 MAC Building		
6. Address 2		
Chalan Kiya		
7. City *	8. State §	9. Postal code *
Saipan	MP	96950
10. Country *	11. Province (if applicable) §	
United States Of America		
12. Telephone number *	13. Extension (if applicable) §	14. Business e-mail address *
+1 (670) 287-0657		admin@mtosaipan.com

C. Employer Information

1. Legal business name *		
MTO MAINTENANCE SAIPAN INC		
2. Trade name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
Room 206 MAC Building		
4. Address 2		
Chalan Kiya		
5. City *	6. State §	7. Postal code *
Saipan	MP	96950
8. Country *	9. Province (if applicable) §	
United States Of America		
10. Telephone number *	11. Extension (if applicable) §	
+1 (670) 287-0657		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code *	
66-0773257	561720	

D. Attorney or Agent Information (if applicable)

1. Indicate the type of representation for the employer in the filing of this application * If D.1 is "Attorney" or "Agent" the remainder of this section is required	<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input checked="" type="checkbox"/> None	
2. Attorney or agent's last (family) name §	3. First (given) name §	4. Middle name(s) §
5. Address 1 §		

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6. Address 2 (apartment/suite/floor and number)		
7. City §	8. State §	9. Postal code §
10. Country §		11. Province (if applicable) §
12. Telephone number §	13. Extension §	14. Law firm/business e-mail address §
15. Law firm/business name §		16. Law firm/business FEIN §

E. Wage Source Information

Refer to instructions for all supporting documents required in this section.

1. Is the employer covered by ACWIA, as described in 20 CFR 656.40(e)(1)? * (Not applicable for H-2B)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
a. If "Yes," identify which ACWIA provision the employer is covered under (choose all that apply): §	
<input type="checkbox"/> (i) Institution of higher education	
<input type="checkbox"/> (ii) Affiliated or related nonprofit entity connected or associated with an institution of higher education	
<input type="checkbox"/> (iii) Nonprofit research organization or Governmental research organization	
b. If the employer has previously been determined not covered under ACWIA, does the employer have any reason to believe that its status has changed? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the position covered by a professional sports league rules or regulations? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Is the position covered by a Collective Bargaining Agreement (CBA)? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
4. Is the employer requesting a prevailing wage based on the Davis-Bacon Act (DBA) or McNamara Service Contract Act (SCA) (Not applicable for H-2B)? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If "Yes," identify which wage source the employer is requesting: §	
<input type="checkbox"/> DBA <input type="checkbox"/> SCA	
5. Is the employer requesting consideration of a survey as a wage source in determining the prevailing wage? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," 5.a and 5.b must be completed. (If this is a request to use a survey in the H-2B program, Form ETA-9165 must also be completed.)	
a. Survey name or title: § 2025 Prevailing Wage Study CNMI	
b. Survey date of publication or, if not published, date of submission to DOL: § 5/31/2025	

F. Job Offer Information

a. Job Description

1. Job title * ACCOUNTANT	
2. Job duties: Description of the specific services or labor to be performed. * (All job duties must be disclosed. A description of the job duties MUST begin in this space. For mail-in applications, an addendum may be used to complete the response fully.)	
Please See Addendum	

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3. Does this position supervise the work of other employees? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If "Yes," please indicate the SOC code(s) and SOC title(s) of the occupation(s) of the employees to be supervised: §		

b. Minimum Job Requirements

1. Education: Minimum U.S. degree required *	
<input type="checkbox"/> None <input type="checkbox"/> High school/GED <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (Ph.D.) <input type="checkbox"/> Other degree (J.D., M.D., etc.)	
a. If "Other degree" in question 1, specify the U.S. degree required §	b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
Please See Addendum	
2. Does the employer require a second U.S. degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If "Yes" in question 2, indicate the second U.S. degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
a. If "Yes" in question 3, specify the number of <u>months</u> of training required §	b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § 36	b. Indicate the occupation required § Accounting related experience
5. Special skills or other requirements: Does the employer require any specific or other requirements? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If "Yes," check all that apply and specify the requirement(s): §	
<input type="checkbox"/> (i) License/Certification:	
<input type="checkbox"/> (ii) Foreign language:	
<input type="checkbox"/> (iii) Residency/Fellowship:	
<input checked="" type="checkbox"/> (iv) Other special skills or requirements: Please See Addendum	

c. Alternative Job Requirements

While an employer may specify alternative requirements, the substantial equivalency of the alternative requirements to minimum requirements will not be evaluated. (Not applicable for H-2B)

1. Are alternate sets of education, training, and/or experience accepted? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If c.1 is "Yes," c.2, c.3, and c.4 must be completed.

2. Specify the alternate level of education: U.S. degree accepted §

None High school/GED Associate's Bachelor's Master's Doctorate (Ph.D.) Other degree (J.D., M.D., etc.)

a. If "Other degree" in question 2, specify the U.S.degree accepted §

b. Indicate the major(s) and/or field(s) of study accepted § (May list more than one related major and more than one field)

3. Is alternate training for the job opportunity accepted? §

Yes No

a. If "Yes" in question 3, specify the number of months of alternate training accepted §

b. Indicate the field(s)/name(s) of training accepted § (May list more than one related field and more than one type)

4. Is alternate employment experience accepted? §

Yes No

a. If "Yes" in question 4, specify the number of months of alternate experience accepted §

5. Special skills or other requirements: Does the employer require any specific or other requirements? *

Yes No

a. If "Yes," check all that apply and specify the requirement(s) §

- (i) License/Certification:
- (ii) Foreign language:
- (iii) Residency/Fellowship:
- (iv) Other special skills or requirements:

d. Other Information

1. Suggested SOC (O*NET/OEWS) code * 13-2011.01	a. Suggested SOC (O*NET/OEWS) occupation title * Accountants
2. Job title of the official the employee will report to for this job opportunity (if applicable) §	
3. Will travel be required in order to perform the job duties? *	a. If "Yes," provide geographic location and frequency of the travel § <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

e. Place of Employment Information

1. Worksite address 1 * Room 206 MAC Building		a. Suggested SOC (O*NET/OEWS) occupation title * Accountants	
2. Address 2 Chalan Kiya		b. Suggested SOC (O*NET/OEWS) occupation title * Accountants	
3. City * Saipan	4. State * MP	5. County * Saipan	6. Postal code * 96950
7. Will work be performed in any Bureau of Labor Statistics Area (Metropolitan or Non-Metropolitan Statistical Areas) other than the Bureau of Labor Statistics Area of the address listed above, or, in the case of Bureau of Labor Statistics areas with multiple county-level prevailing wage rates, in a county other than the county of the address listed above? * (If "Yes," a completed Appendix A is required)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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G. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PWD tracking number: P-100-25209-205343	2. PW receipt date: 07/28/2025
3. SOC code: 13-2011	a. SOC occupation title: Accountants and Auditors
While all prevailing wages are issued at the six-digit SOC code level, O*NET includes extended eight-digit occupations. If applicable, the O*NET eight-digit extension code is listed below.	
b. O*NET code: N/A	c. O*NET occupation title: N/A
When the job opportunity represents a combination of occupations, listed below are the other occupations.	
d. O*NET code:	e. O*NET occupation title:
4. Prevailing wage: (based on the primary worksite location. See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only, this wage is based on the minimum job requirements for the position. \$ <u>17</u> . <u>91</u>	
a. Per: (Choose only one) <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	b. OEWS wage level: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OEWS mean <input checked="" type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input type="checkbox"/> OEWS (All Industries) <input type="checkbox"/> OEWS (ACWIA) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input checked="" type="checkbox"/> Alternate survey <input type="checkbox"/> Professional sports league rules or regulations	d. If "Survey" in question 4.c, specify the name of the survey: 2025 Prevailing Wage Study
5. Prevailing wage: (based on the primary worksite location. See Item 6 below for details). For H-1B, H-1B1, E-3, and PERM only. This wage is based on the alternative job requirements for the position (does not apply to H-2B). \$ <u>N/A</u> . <u> </u>	
a. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	b. OEWS wage level: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> OEWS mean <input type="checkbox"/> N/A
c. Prevailing wage source (Choose only one): <input type="checkbox"/> OEWS (All Industries) <input type="checkbox"/> OEWS (ACWIA) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Alternative survey <input type="checkbox"/> Professional sports league rules or regulations	d. If "Survey" in question 5.c, specify the name of the survey:
6. The wage is based on the following BLS area (Metropolitan or Non-Metropolitan Statistical Area): Northern Mariana Islands	
7. The highest PWD out of all H-2B worksites for which a prevailing wage determination was requested: \$ <u>N/A</u> . <u> </u> per hour.	
8. Additional notes regarding wage determination: Please See Addendum	
9. Determination date: 11/6/2025	10. Expiration date: 6/30/2026

For public burden statement information, please see the Form ETA-9141 General Instructions.

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ADDENDUM

Section F.a.2: Job Duties

Addendum for Section F.a.2: Job Duties

Prepare detailed report to the MTO Maintenance Saipan Inc. management regarding the finances of the company. Prepares and submits monthly financial statement to include monthly balance sheet, income statement (with notes to financial report), Cash Flow Statements, ratio and comparative analysis. Performs monthly bank reconciliation. Compute, classify, and record numerical data to keep financial records complete. Perform any combination of routine calculating, posting, and verifying duties to obtain financial data for use in maintaining accounting records. Prepare and analyze accounting records, financial statements, or other financial report to assess accuracy, completeness and in conformity to reporting and procedural US GAAP standards. Analyze business operations, trends, cost, revenue, financial commitments, and obligation to project future revenues and expenses. Compute the taxes owed and prepare tax returns. Ensuring compliance with payment, reporting or other requirements. Prepare and process payroll information. Analyze entries on the General Ledger and prepares adjusting/correcting entries if necessary, prepares payroll computation for employees based on the work hours generated from the time cards and prepares checks for payment of wages, prepares payroll reports, including but not limited to Employer's Federal Tax Return, Employer's Saipan tax Return, W-2 and W-3 at year-end. Maintain fixed assets record with schedules of depreciation or amortization. Prepare CNMI individual & corporate income tax, Federal individual & corporate income tax return and various U.S. states individual & corporate return. Complete and submit tax forms and returns, and other government documents. Prepare trial balances of books.

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ADDENDUM

Section F.b.1.b: Other major(s) and/or fields(s) of study required

Addendum for Section F.b.1.b: Other major(s) and/or fields(s) of study required

BACHELOR DEGREE-MAJOR IN ACCOUNTING

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ADDENDUM

Section F.b.5.a(iv): Special Skills, Other Special Skills or Requirements

Addendum for Section F.b.5.a(iv): Special Skills, Other Special Skills or Requirements

Preferable with knowledge of CNMI Taxes and US Generally Accepted Accounting Principle, Must have knowledge and possess hands-on experience on the use of accounting software, such as Peachtree, Sage 50 and Quickbooks.

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ADDENDUM

Section G.8: Additional Notes

Addendum for Section G.8: Additional Notes

The wage determination was issued based on the employer-submitted survey documents: Accountants and Auditors (13-2011).

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