



DEPARTMENT OF LABOR
Alien Labor Processing & Certification Division

APPLICATION FOR REGISTRATION

Pursuant to 17 GAR §7105, we are requesting registration of our Temporary Foreign Workers (H-2B). Further, we also request the issuance of a Temporary Foreign Worker ID Card as evidence of successful registration. **We understand that the Registration Fee will be payable at the time of ID Card issuance in the form of a Cashier's check or Money order payable to the Treasurer of Guam.**

TEMPORARY FOREIGN WORKER INFORMATION

Name (as shown on Visa): (Last) (First) (Middle.)					Certified Occupation
Weight (lbs)	Height (inches)	Eye Color	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth
Worker's Mailing Address in Country of Origin				email address	Name: Contact Info: Emergency Contact in Home Country
I-94 Number	Passport Number	Social Security Number		DHS - WAC Number	
<input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other - Specify: Ethnicity				Arrival Date	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Marital Status		Number in Household (including self)	Employment Start Date	Hourly Wage	
Number of years in school: Highest Education Achieved		Name of School		Degree/Diploma/License Type	

EMPLOYER INFORMATION

Employer/Company Name		
	Office Phone	
	Fax #	
	Cell #	
	Other Contact	
Company President/Responsible Management Contact: Name and Title		Company Contact Numbers
Business Address		Foreign Manpower Agency Name & Contact Person

CERTIFICATION

I hereby certify that the above information is true and correct. I also agree to abide by the assurances listed on the back of this application. I attest to the accuracy of information contained in this application and to any and all attachments thereto. I understand that knowingly furnishing false or inaccurate information on this application may result in fines and/or the revocation of this registration.

_____ Employer Signature / Date	_____ Employee Signature / Date
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ALPCD USE ONLY

<input type="checkbox"/> EXT <input type="checkbox"/> IMP	Processed by:	Valid for the period of:	Thru:
Date Received:	GDOL ID Number:	Case Number:	Date Processed:
		GES Job Order Number:	
Fee Waiver: <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Civilian Projects	<input type="checkbox"/> Pre-increase Contract/Bid	<input type="checkbox"/> Affidavit & Supporting Docs
Extension Temp Issued <input type="checkbox"/> NO <input type="checkbox"/> YES Exp:	<input type="checkbox"/> Full Pay	6 Month Pay: \$ _____	<input type="checkbox"/> Fee Waiver Rec #: _____
	<input type="checkbox"/> 6 Month Pay	Final Pay: Prorated for _____ Mos.	Payment Due: \$ _____

Note to Employers:

This form must be 2 sided.

The application will be rejected if it does not meet this standard.

EMPLOYER'S ASSURANCES

I hereby make the following assurance to the Department of Labor:

- (i) That we will comply with all applicable laws and regulations of Guam and the United States for the duration of the Temporary Alien Worker's stay in Guam;
- (ii) That we will continue to attempt to recruit U.S.-resident workers for its Employment Positions filled by a Temporary Alien Worker for the duration of the Temporary Worker's stay in Guam;
- (iii) That we participate and will continue to participate in the Apprenticeship Program, as prescribed by the Guam Community College, or such other Apprenticeship Program(s) as may be approved by the Director of Labor;
- (iv) That the employer will obtain an Exit Clearance from the Department of Labor prior to the departure of the Temporary Alien Worker from Guam; and,
- (v) That no employment contract other than the employment contract submitted with the Application for Registration is in force, either in the U.S. or in any foreign country, that covers the Job Opportunity for which the Temporary Alien Worker is being employed in Guam, and that two copies of the employment contract have been provided to the Temporary Worker, one in English and the other in the language of literacy of the Temporary Worker.

NOTICE

In cases of extension, you must obtain a Temporary ID from ALPCD for each worker, which will be valid for no more than 3 months. Once you receive your approval notice (form I-797) from USCIS, you must immediately notify ALPCD. Your workers must continue to properly display their expired ID on the worksite and produce the temporary ID upon request for inspectors.

Temp ID Issued Until:	/ /	80 Day Mark: