



H-2B Application for Temporary Employment Certification

Form ETA-9142B and Appendices



June 2019

**Office of Foreign Labor Certification
Employment and Training Administration
U.S. Department of Labor**

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H-2B Application for Temporary Employment Certification (Form ETA-9142B)

- OMB approval issued on May 17, 2019
- The new H-2B forms:
 - ✓ Align information collection requirements with the Department's 2015 H-2B Interim Final Rule;
 - ✓ Provide greater clarity to employers on existing regulatory requirements;
 - ✓ Standardizes information collection to reduce “paper-based” attachments and employer burden preparing applications; and
 - ✓ Promotes greater efficiency issuing labor certification decisions under the H-2B program.

Transition Schedule for Submitting the New H-2B Application Forms

- **Beginning July 3, 2019**
 - ✓ Applications can be submitted electronically using OFLC's FLAG System at <https://flag.dol.gov/>.
 - ✓ OFLC will only accept H-2B applications submitted using the new Form ETA-9142B (i.e., containing an expiration date of May, 2022).
 - ✓ All H-2B applications will be assigned for review in accordance with the procedures announced by the Department on February 26, 2019.
 - ✓ OFLC will continue accepting iCERT System submissions of the current H-2B forms until 11:59 p.m. Eastern Time on July 2, 2019.

About This Presentation

- The  symbol next to a section indicates information must be the same as the information provided on the Form ETA-9141, Application for Prevailing Wage Determination, issued by the Department.



Section A: Cap Exemption

A. Nature of H-2B Application

1. Is the employer seeking to employ any H-2B workers under this application who will be exempt from the statutory numerical limit, or “cap,” on the total number of foreign nationals who may be issued an H-2B visa or otherwise granted H-2B status? *

Yes

No

- Identifies whether any H-2B workers who may be employed will be exempt from the statutory cap.

★ More information on H-2B cap exemptions can be found on USCIS’s web site at www.uscis.gov.

Section B: Temporary Need Information



- Job Title
- Standard Occupational Classification (SOC) Code
- SOC Occupational Title
- Number of Workers Requested
- Period of Employment (Begin Date/ End Date)
- Nature of Temporary Need
- Statement of Temporary Need

Section B (1): Temporary Need Information

- **B.1 Job Title**



- Title of the job opportunity to be filled by the worker(s).
- Must be the same for all nonimmigrant workers employed under the application.
- Employer may file additional applications as needed for different jobs
- Must be the same as the job title on the Form ETA-9141.



Section B (2-3): Temporary Need Information



● B.2 SOC Code

- Six or eight-digit code.
- Use the code which most clearly describes the work to be performed.



Must be the same as the SOC code on the Form ETA-9141.

● B.3 SOC Occupational Title

- The occupational title associated with the SOC code.



Must be the same as the SOC title on the Form ETA-9141.

More information on SOC codes can be found at <http://www.bls.gov/soc/>

Section B (4-8): Temporary Need Information

- **B.4 Worker Positions Needed**
 - Total number of worker positions being requested in Box 4.
- **B.5/B.6 Period of Employment**
 - Beginning Date and Ending Date of the position.
- **B.7 Nature of Temporary Need**
 - Select only one standard
- **B.8: Statement of Temporary Need**
 - Must include at least: (a) nature of business; (b) why the job, number of workers and dates are temporary; (c) how the job qualifies as seasonal, peakload, one-time occurrence, or intermittent (statement must begin in the form space; and **only one clearly-marked attachment is permitted for completion**).

Section B: Temporary Need Information (Example)

B. Temporary Need Information

1. Job Title * Tree Planter		
2. SOC Code * 45-4011	3. SOC Occupation Title * Forest and Conservation Worker	
4. Number of Workers* 15	5. Begin Date * <small>(mm/dd/yyyy)</small> 06/01/2020	6. End Date * <small>(mm/dd/yyyy)</small> 10/01/2020
7. Nature of Temporary Need <i>(Choose only one)</i> *		
<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent		
8. Statement of Temporary Need * <i>(Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i>		
<p>Provide a brief statement clearly describing:</p> <p>(a) the nature of the employer's business or operations;</p> <p>(b) why the job opportunity, period of employment, and number of workers being requested for certification reflect a temporary need; and</p> <p>(c) how the employer's request for the services or labor to be performed meets the chosen standard of a seasonal, peak load, one-time occurrence, or an intermittent basis. If the period of employment (e.g., begin date of work) and/or number of workers have changed from previous filings, please briefly explain the circumstances or reason(s) for the change.</p> <p>Attachment for additional explanation accepted if unable to complete in the space provided.</p>		

Section B: Temporary Need Information

(Helpful Hints)

- Agents/Attorneys filing for multiple employers often mistakenly include temporary need statements that relate to a different case; please ensure that the temporary need statement relates to the application at hand.
- Please also double-check your dates of need located in B.5 and B.6 against the dates of need in your temporary need statement to ensure accuracy and consistency.



Section C: Employer Information

- Legal Business Name
- Trade Name/Doing Business As (DBA)
- Address, City, State, Postal Code, Country, Province, Telephone Number, Extension
- Federal Employer Identification Number (FEIN)
- North American Industry Classification System (NAICS) Code

Section C (1-11): Employer Information

- **C.1 Legal Business Name**

Full legal name of the employer (e.g. business, person, association, firm, corporation, partnership, or organization) filing the application as reported to the Internal Revenue Service (IRS).

- **C.2 Trade Name**

Employer's assumed full trade name or "Doing Business As" (DBA) name, if applicable.

- **C.3 Address**

Enter the street address of the employer's principal place of business. The place of business must be a physical location and not a Post Office (P.O.) Box.

- **C.4 – C.11** See example on slide 17 for additional contact information.

Section C.12: Employer Information



- **C.12 Federal Employer Identification Number (FEIN)**
 - Unique 9-digit number in the following format 99-9999999
 - Used by employers in connection with business activities
 - Used to identify the business entity
- ★ All employers, including private households, **MUST** obtain an FEIN from the IRS before completing the application
- ★ Do **NOT** enter a social security number in lieu of an FEIN
- ★ The FEIN is obtained through the IRS at www.irs.gov

Section C.13: Employer Information



- **C.13 NAICS code**

- Standard used by Federal statistical agencies in classifying business establishments to collect, analyze, and publish statistical data related to the U.S. business economy.
- A business can be assigned one NAICS code based on its primary business activity.
- A listing of NAICS codes can be found at:
<http://www.census.gov/epcd/www.naics.html>

(Content taken from the U.S. Census Bureau, <http://www.census.gov>)

Section C: Employer Information

(Example)



C.1 – C.13

C. Employer Information

1. Legal Business Name * First Rate Landscaping Service		
2. Trade Name/Doing Business As (DBA), if applicable § First Rate, Inc.		
3. Address 1 * 123 Main Street		
4. Address 2 (apartment/suite/floor and number) § N/A		
5. City * USA	6. State * VA	7. Postal Code * 22201
8. Country * Anytown	9. Province § N/A	
10. Telephone Number * 888-555-1212	11. Extension § N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 12-3456789	13. NAICS Code * 561730	

Section D: Employer Point of Contact Information



- The Point of Contact must be an employee of the employer.
- The position of the employee both:
 - Authorizes the employee to provide information and supporting documentation concerning the application; and
 - Allows the employee to communicate with the Department on behalf of the employer.
- The employer point of contact should be the individual most familiar with the content of the application and circumstances of the temporary employment offered through this application.
- Information in this section must be different from the attorney/agent information listed in Section E, unless the attorney is an employee of the employer.

Section D (1-14): Employer Point of Contact Information

- **D.1-13 Employer Contact Information**
 - See example on slide 20 for contact information
 - Section D.5 must be a physical address, not a Post Office (P.O.) Box.
- **D.14 Email Address**
 - Email of the employer's point of contact in the format name@emailaddress.top-level domain.
 - The email must be the same as the one regularly used by the employer's point of contact for its business operations and capable of sending and receiving electronic communications from the Department with respect to the processing of this application.

Section D: Employer Point of Contact Information (Example)



D.1 – D.14

D. 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 E, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name * Smith	2. First (given) Name * Jane	3. Middle Name(s) § Ann
4. Contact's Job Title * Human Resources Manger		
5. Address 1 * 123 Main Street		
6. Address 2 (apartment/suite/floor and number) § N/A		
7. City * Anytown	8. State * VA	9. Postal Code * 22201
10. Country * USA	11. Province § N/A	
12. Telephone Number * 888-555-1212	13. Extension § 123	14. Business Email Address * JaneASmith@firstrate.com

Section E: Attorney or Agent Information (if applicable)



- Must be different from the employer's point of contact information in Section D, unless the attorney is an employee of the employer.



Section E (1-14): Attorney or Agent Information

- **E.1 Type of Representation**

- Identify whether the employer is represented by an attorney or agent in the process of filing this application. Only mark one box.
- If “Attorney” or “Agent” is selected, complete the remainder of Section E. If not applicable, skip questions 2 to 21 in this section and continue to Section F.

- **E.2 to E.14 Contact Information**

- Standard point of contact information similar to Sections C & D.
- The street address in E.5 must be a physical location and not a Post Office (P.O.) Box.

Section E (15-16): Attorney or Agent Information

- **E.15 Law Firm/ Business Name**

- Attorney/agent's law firm or business name.
- Must be the exact name that is reported to the IRS.

- **E.16 FEIN**

- Attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS.
- Do not enter a social security number.

Section E (17-19): Attorney or Agent Information

Note: Questions E.17-19 must be completed if “Attorney” is selected in E.1

- **E.17 State Bar Number(s)**
 - Attorney’s State Bar number.
 - If the attorney is licensed in more than one State, enter only one State Bar number.
- **E.18-19 State and Name of highest court where the attorney is in good standing**
 - The answers should correspond to the same State for which a Bar number was provided in question 17, if any.

Section E (20-21): Attorney or Agent Information

Note: Questions E.20 to E.21 must be completed if “Agent” is selected in E.1

- **E.20 Current agreement or other documentation**
 - Indicate whether a copy of the current agreement or other documentation demonstrating the agent’s authority to represent the employer is attached (if agent representation, agreement is required).
- **E.21 MSPA Registration**
 - Indicate whether a copy of the current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform is attached. (MSPA registration required for farm labor contracting activities).
 - “N/A”, if MSPA does not apply.

Section E: Attorney or Agent Information (if applicable) (Example)



E.1 – E.14

E. 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 § Smith		3. First (given) Name § John		4. Middle Name(s) § James	
5. Address 1 § 100 Constitution Avenue					
6. Address 2 (apartment/suite/floor and number) § Suite 300					
7. City § Washington			8. State § DC		9. Postal Code § 20211
10. Country § United States			11. Province § N/A		
12. Telephone Number § 202-555-1212		13. Extension § 200	14. Law Firm/Business Email Address § James.Jones@JJSLegal.com		
15. Law Firm/Business Name § Law Offices of James J Smith			16. Law Firm/Business FEIN § 12-3456789		
If "Attorney" is marked in question E.1, complete questions 17 to 19 below.					
17. State Bar Number(s) § 55-78969		18. State of highest court where attorney is in good standing § District of Columbia			
19. Name of the highest state court where attorney is in good standing § Superior Court of DC					
If "Agent" is marked in question E.1, complete questions 20 and 21 below.					
20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? §					<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform attached to this application? §					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Section F: Employment and Wage Information



- Job Duties
- Education, Training and Special Requirements
- Worksites
- Wage Rates
- Additional Place(s) of Employment and Wage Information
- Other Material Terms and Conditions of the Job Offer
- Recruitment Information

Section F.a (1-5): Job Opportunity and Minimum Requirements

- **F.a.1 Copy of the Job Order**
 - Indicate whether a copy of the job order submitted to the SWA is attached.
- **F.a.2 Name of the State**
 - Name of the State to which the job order was submitted.
- **F.a.3 Date Job Order Submitted**
 - Date Job Order was submitted to the SWA (mm/dd/yyyy).
- **F.a.4 Job Duties**
 - Detail job duties to be performed by H-2B workers, including any equipment to be used, any supervisory responsibilities, and other pertinent work tasks. (Must begin completion in form space; one attachment is permitted for completion).
- **F.a.5a-5h Work Hours**
 - Anticipated days and hours of work per day and per week, in a numerical (99.99) format. Entry in 5a must be at least 35.00 hours per week and cannot be less than the sum of the entries in Items 5b through 5h.



Section F.a (6-7): Job Opportunity and Minimum Requirements (cont'd)

- **F.a.6 Hourly Work Schedule**

- Normal daily work schedule for the job opportunity using the standard time in the area of intended employment (e.g., 9 a.m. to 5 p.m.).

Helpful Tip: If the job requires multiple shifts, please include those in section F.a.4 in the free text box provided.

- **F.a.7 Education**

- Minimum U.S. diploma or degree required: None, High School/GED, Associate's, Bachelor's, Master's, Doctorate (PhD), or Other degree (JD, MD, etc.)
- Only make one selection.



Section F.a (8-9): Job Opportunity and Minimum Requirements (example)

● F.a.8 Training

- Minimum number of months of training required, “0” if none.
- Include: programs, coursework, or training experience (other than employment).
- Do not include on-the-job training required by the employer after the date of hire.
- Do not duplicate time requirements that are listed in other fields; the training required should be excluded from fields in Sections F.a.7 and F.a.9.

● F.a.9 Work Experience

- Minimum number of months of work experience required, “0” if none.



Section F.a (10-11): Job Opportunity and Minimum Requirements (cont'd)

● F.a.10 Supervision

- Identify whether the worker(s) employed under the job opportunity will be required to perform supervision of other employees.
- If “Yes” is marked in question 10, enter the total number of employees the job opportunity will supervise in 10a.



● F.a.11 Special Requirements

- Job-related skills, minimum qualifications, field(s) of training, and other special requirements (can be more than one, N/A/ if none)
- Examples: licenses (valid driver’s license); certifications; specific foreign language fluency; proficiency with specific tools, equipment, software, machinery, or methods; travel or relocation requirements; shorthand and typing speeds; ability to pass drug and/or background checks.
- If Section F.a.8 includes training, enter here specific field(s) and/or name(s) of the training required.



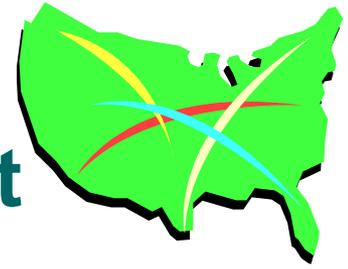
Section F.a: Job Opportunity and Minimum Requirements (Example)



F.a.4,
Fa.7-a.11

F. Employment and Wage Information a. Job Opportunity and Minimum Requirements

1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. *		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					
2. Name of the State * Virginia			3. Date Job Order Submitted * 6/1/2020						
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i>									
<p>Describe, in detail, the job duties to be performed by any worker filling the job opportunity, including any equipment to be used, any supervisory responsibilities, and other pertinent work tasks. The entry in this field must be the same as the job duties issued by the Department for the employer's job opportunity of the PWD Form ETA-9141.</p> <p>All job duties must be disclosed in the space allotted on the form. The employer may include one separate attachment where the space allotted is insufficient to fully respond to this collection item. For employers filing electronically, the Department's electronic filing system will automatically provide the employer with an addendum if the entry exceeds the allotted space on the form. For employers filing applications by mail, the employer must begin its description on the job duties in the allotted space on the form and include on clearly-marked and easy-to-locate separate attachment, if necessary, to fully respond to this collection item.</p>									
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *				6. Hourly work schedule *					
40	a. Total Hours	8	c. Monday	8	e. Wednesday	8	g. Friday	a. <u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM	
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday	<input type="checkbox"/> PM	
								b. <u>4</u> : <u>30</u> <input type="checkbox"/> AM	
								<input checked="" type="checkbox"/> PM	
7. Education: minimum U.S. diploma/degree required. *									
<input checked="" type="checkbox"/> None						<input 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.)									
8. Training: number of <u>months</u> required. *			9. Work Experience: number of <u>months</u> required. *						
0			6						
10. Supervision: does this position supervise the work of other employees? *				10a. If "Yes" to question 10, enter the number of employees worker will supervise. \$					
<input type="checkbox"/> Yes				<input checked="" type="checkbox"/> No				N/A	
11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. *									
Must be able to lift 50lbs, good with customers, able to take direction									



Section F.b: Place of Employment and Wage Information

- Area of intended employment must be defined with as much geographic specificity as possible.
- Information is used for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and PWDs.

Important: Where multiple worksites are involved, the employer must complete *Appendix A* by identifying the location(s) where the services or labor is expected to be performed.

Section F.b (1-8): Place of Employment and Wage Information



- **F.b.1-2 Worksite Address**

- Street address of the worksite location where work will be performed.
- Must be a physical location and cannot be a P.O. Box.



- **F.b.3-7 City, State, Postal Code, County, MSA/OES Area Title**

- **F.b.8 Basic Wage Rate Paid**

- Rate of pay to be paid to worker(s). If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the “From:” line and enter the top of the wage range on the “To:” line.

- **F.b.8.a Overtime Wage Rate Paid**

- Rate of overtime to be paid to worker(s), if available.

Section F.b (9): Place of Employment and Wage Information

- **F.b.9 Unit of Pay**

- Indicate whether the rate of pay is per hour, week, bi-weekly, month, year, or based on a piece rate. (only one selection).

- **F.b.9a Additional Wage Conditions**

- Bonuses, fringe benefits, subsidized housing or meals, or any other benefits associated with this job opportunity.
- If the answer to question 9 is “Piece Rate,” enter the units that govern how the piece rate is paid (e.g., 5/8 bushel, 90 pound bag or box, 10 box bin).

Section F.b (10-11): Place of Employment and Wage Information

- **F.b.10 First PWD Case Number**

- Enter the 14-digit PWD number assigned by the National Prevailing Wage Center for the valid PWD used for the job opportunity listed on the application only. Example: P-400-xxxxx-xxxxxx.

- **F.b.10 a-b Second and Third PWD Case Numbers**

- Enter any 2nd and 3rd PWD numbers for valid PWDs used for this application, only if applicable, e.g. itinerant work, such as reforestation, entertainers, etc. (do not enter a PWD that was obtained, but not used for the H-2B application filing).

- **F.b.11 Emergency Situation PWD**

- If the employer is requesting emergency situation processing for this application and has not yet received a PWD, indicate whether the employer has attached to its Application a completed Form ETA-9141.

Section F.b: Place of Employment and Wage Information (Example)



(F.b.1 – F.b.7)

b. Place of Employment and Wage Information

1. Worksite Address * 123 Main Street		
2. Worksite Address § (apartment/suite/floor and number)		
3. City * Anytown	4. State * VA	5. Postal Code * 22222
6. County * Washington	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Washington-Arlington-Alexandria, DC-MD-WV Metropolitan	
8. Basic Wage Rate Paid *		8a. Overtime Wage Rate Paid §
From: \$ 15 . 35 * To: \$ 17 . 00		From: \$ 23 . 03 To: \$ 25 . 50
9. Per (Choose only one) *		9a. Additional conditions about the wage rate to be paid. § Please describe here any piece rates, bonuses, fringe benefits, subsidized housing or meals, or any other benefits associated with this job opportunity. Enter "N/A" if there are no additional conditions about the wage rate to be paid.
<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly		
<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> PieceRate		
DOL Prevailing Wage Determination (PWD) Information		
10. 1st PWD Case Number *	10a. 2nd PWD Case Number §	10b. 3rd PWD Case Number §
P-400-12345123456		
11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. §		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

Section F.c Additional Place of Employment and Wage Information

- **F.c.1** Indicate whether the employer’s job opportunity will be performed at worksite locations other than the one identified in Section F.b. by marking “Yes” or “No.”
- **F.c.2** If the answer to question F.c.1 is “Yes,” indicate whether the employer has attached a completed *Appendix A*.

c. Additional Place of Employment and Wage Information

1. Will work be performed at worksite locations other than the one identified in Section F.b.? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If “Yes” is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

APPENDIX A. Additional Place of Employment and Wage Information

- Employers are required to complete *Appendix A* when supplying information about additional worksites.
- **Submission of additional worksite information in any other form or format will not be accepted.**
- Only worksites entered on the Form ETA-9142B and *Appendix A* will be used in the processing of the employer's request for temporary labor certification.
- If the employer intends for the workers sought to perform labor or services at more than ten (10) worksite locations, the employer must complete as many additional worksite location *Appendix A* entries as are necessary to list all intended worksite locations for the application.

APPENDIX A (1-5): Additional Place of Employment and Wage Information

- **A.1 City**
 - Enter the city covering the worksite location.
 - If the work to be performed is located outside a city or in a rural or isolated geographic area, enter the nearest city in the geographic area.
 - If the work to be performed covers multiple cities and towns within the geographic area, enter “Multiple Cities and Towns”.
- **A.2-4 State, County and MSA Name/OES Area Title**
 - Enter the two-letter postal abbreviation for the State, the county, and the name of the Metropolitan Statistical Area (MSA) or Occupational Employment Statistics (OES) Area Title or Territory of the worksite location.
- **A.5 Additional Place of Employment Information**
 - Enter any additional details or information about the place of employment where work will be performed, if applicable.

APPENDIX A (6): Additional Place of Employment and Wage Information

- **A.6 Additional information based on the requirements of the employer’s work itinerary, as applicable:**
 - **Crew ID** – Single-digit number or letter to identify each crew of workers.
 - **Total Workers** – Whether associated with a distinct work crew or not, enter the total number of workers expected to perform work at the worksite location.
 - **Begin Date** - Expected start date at this worksite location.
 - **End Date** – Enter the expected end date for the period of employment.
 - **Basic Wage Rate** - Enter the basic rate of pay to be paid for the period of employment at this worksite location, if applicable and if different from the basic wage rate disclosed on Item F.b.8 of the Form ETA-9142B. If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the “From:” line and enter the top of the wage range on the “To:” line.
 - **Per** – “**HR**” – hourly; “**WK**” – weekly; “**BW**” –biweekly; “**MH**” – monthly; “**YR**” year; or “**PR**” piece rate.

APPENDIX A (Landscaping Example)

City *	State *	County *	MSA Name/OES Area Title *	Additional Place of Employment Information §	Additional Work Itinerary Information §						
					Crew	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple Cities and Towns	VA	Fredericksburg City	Washington-Arlington-Alexandria MSA	Various client worksites. Centralized pick-up point in Stafford, VA.	1	25	n/a	n/a	n/a	n/a	n/a
Multiple Cities and Towns	VA	Stafford	Washington-Arlington-Alexandria MSA	Various client worksites. Centralized pick-up point in Stafford, VA.	1	25	n/a	n/a	n/a	n/a	n/a
Multiple Cities and Towns	VA	Culpepper	Washington-Arlington-Alexandria MSA	Various client worksites. Centralized pick-up point in Stafford, VA.	1	25	n/a	n/a	n/a	n/a	n/a
Multiple Cities and Towns	VA	Loudon	Washington-Arlington-Alexandria MSA	Various client worksites. Centralized pick-up point in Leesburg, VA.	2	25	n/a	n/a	n/a	n/a	n/a
Multiple Cities and Towns	VA	Fairfax	Washington-Arlington-Alexandria MSA	Various client worksites. Centralized pick-up point in Leesburg, VA.	2	25	n/a	n/a	n/a	n/a	n/a

APPENDIX A (Seafood Example)

City *	State *	County *	MSA Name/OES Area Title *	Additional Place of Employment Information *	Additional Work Itinerary Information §						
					Crew	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Sitka	AK	Sitka	Southeast Alaska Nonmetropolitan Area	Plant located on the west coast of Baranof Island.	1	25	04/01/19	10/01/19	n/a	n/a	n/a
Naknek	AK	Bristol Bay	Balance of Alaska Nonmetropolitan Area	Plant located on Peninsula Highway in Naknek, AK 99633	2	25	04/01/19	10/01/19	n/a	n/a	n/a
Naknek	AK	Bristol Bay	Balance of Alaska Nonmetropolitan Area	Same as above	3	450	06/01/19	10/01/19	n/a	n/a	n/a

APPENDIX A (Reforestation Example)

City *	State *	County *	MSA Name/OES Area Title *	Additional Place of Employment Information §	Additional Work Itinerary Information §						
					Crew	Total Workers	Begin Date	End Date	Basic Wage Rate		
									From:	To:	Per
Clinton	AR	Van Buren	North Arkansas Nonmetropolitan Area	Forest tracks located in close proximity to 1313 Pine Bluff Road, Clinton, MS 99999	1	25	10/01/18	10/16/18	\$12.87	n/a	HR
Winfield	LA	Winn	Central Louisiana Nonmetropolitan Area	33°0'44.47 N, 94°°21 55.7' W	1	25	10/17/18	11/17/18	\$16.56	n/a	HR
Carthage	MS	Leake	Southeast Mississippi Nonmetropolitan Area	SEC 18-T11-R7, 27-11-7, 3-10-9, 14-11-8	1	25	11/18/18	12/31/18	\$15.00	n/a	HR
Hector	AR	Pope	West Arkansas Nonmetropolitan Area	SEC 2-TSN-R15E	2	10	10/01/18	10/16/18	\$12.84	n/a	HR
Clarkesville	AR	Johnson	West Arkansas Nonmetropolitan Area	SEC 30-6N-12E	2	10	10/17/18	10/29/18	\$12.84	n/a	HR
Ruston	LA	Lincoln	Northeast Louisiana Nonmetropolitan Area	SEC 30-3N-11E	2	10	10/30/18	11/10/18	\$16.39	n/a	HR
Waynesboro	MS	Wayne	Southeast Mississippi Nonmetropolitan Area	SEC 13-4S-4W	2	10	11/11/18	12/15/18	\$15.00	n/a	HR
Grove Hill	AL	Clarke	Southwest Alabama Nonmetropolitan Area	SEC 15-5S-4 W	2	10	12/16/18	12/31/18	\$15.00	n/a	HR
Leslie	AR	Searcy	North Arkansas Nonmetropolitan Area	31.352938, -82.505713	3	15	10/01/18	10/25/18	\$12.87	n/a	HR
Taylor	LA	Bienville	Northeast Louisiana Nonmetropolitan Area	31.211019, -82.846429	3	15	10/26/18	11/29/18	\$16.39	n/a	HR
Oakdale	LA	Allen	Central Louisiana Nonmetropolitan Area	31.541549, -82.667846	3	15	11/30/18	12/31/18	\$16.56	n/a	HR

APPENDIX A (Reforestation Helpful Hint)

Reforestation Helpful Hint

- When work locations cover different states, the states listed in the itinerary must be contiguous or located within close geographic proximity to one another.

Section F.d (1-3): Other Material Terms and Conditions of the Job Offer

Note: This form section captures current Job Order disclosure requirements, as applicable. If applicable, detailed explanations for each section must be described in the Job Order.

- **F.d.1 Daily Transportation**

Indicate whether workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State, and local laws and regulations.

- **F.d.2 Overtime**

Indicate whether overtime hours will be available to the workers.

- **F.d.3 On-the-Job Training**

Indicate whether workers will be provided with on-the-job training to perform the duties assigned.

Section F.d (4-6): Other Material Terms and Conditions of the Job Offer

- **F.d.4 Employer-Provided Tools and Equipment**

Indicate workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned.

- **F.d.5 Board, Lodging, or Other Facilities**

Indicate whether workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities.

- **F.d.6 Deductions from Pay**

State all deduction(s) from pay not required by law and, if known, the amount(s). If no deductions other than those required bylaw will be made from the workers' pay, enter "None".

Section F.d: Other Material Terms and Conditions of the Job Offer (Example)

d. Other Material Terms and Conditions of the Job Offer

1. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
2. Overtime Available: Overtime hours will be available to the workers and payable at the rate disclosed in Section F.b.8a of this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
3. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
5. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
6. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). *	
Optional Room and Board at \$400/ week	

Section F.e (1-3): Recruitment Information

Note: Enter at least two (2) verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity. These three entries ARE REQUIRED for submission of this application. “N/A” may be manually entered for F.e.2 or F.e.3.

- **F.e.1 Telephone Number to Apply**

Enter telephone number by which prospective U.S. workers can contact the employer and apply for the job opportunity.

- **F.e.2 Email Address to Apply**

Enter the email address by which prospective U.S. workers can contact the employer and apply for the job opportunity. The format must be name@emailaddress.top-level domain.

- **F.e.3 Website Address (URL) to Apply**

Enter the website address by which prospective U.S. workers can contact the employer and apply for the job opportunity.

Section F.e: Recruitment Information

(Example)

e. Recruitment Information

1. Telephone Number to Apply * 703-555-1212	2. Email Address to Apply * Vacancies@thisemployer.com
3. Website address (URL) to Apply * www.Thisemployer.com	



Section G(1-4): Other Supporting Documentation

- **G.1 Enter the type of employer application** (choose one)
- **G.2 Copy of MSPA Registration**
If an employer is obligated to obtain a Certificate of Registration under MSPA, it must submit a copy of its valid Certificate of Registration. Otherwise, enter “N/A”.
- **Note:** Sections G.3 and G.4 are completed by “Job-Contractor – Joint Employer” ONLY.
- **G.3 Appendix D**
- **G.4 Contract or Agreement**

APPENDIX D. Job Contractor: Employer-Client Information

- Job contractors must file as a joint employer with an employer-client in order to use the H-2B program.
- Job contractor employers are required to complete *Appendix D* to supplying information about the employer-client and its point of contact.
- Submission of this information in any other form or format will not be accepted and will result in the application being rejected for processing by the Department.

APPENDIX D: Job Contractor: Employer-Client Information (Example)

A. Employer-Client Information

1. Legal Business Name * Small Landscaping Company II		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 * 321 First Street		
4. Address 2 § <i>(apartment/suite/floor and number)</i>		
5. City * Anytown	6. State * VA	7. Postal Code * 22333
8. Country * USA	9. Province §	
10. Telephone Number * 745-131-1313	11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS) * 12-9876543	13. NAICS Code * 561730	

B. Employer-Client Point of Contact Information

1. Contact's Last (family) Name * Doe	2. First (given) Name * Jim	3. Middle Name(s) §
4. Contact's Job Title * Hiring Manager		
5. Address 1 * 321 First Street		
6. Address 2 § <i>(apartment/suite/floor and number)</i>		
7. City * Anytown	8. State * VA	9. Postal Code * 22333
10. Country * USA	11. Province §	
12. Telephone Number * 745-131-1313	13. Extension § 8456	14. Business Email Address * jimdoeHR@landscaping.com

Section G(5-7): Other Supporting Documentation

- **G.5 Engaging Agents or Recruiters**
 - Indicate whether the employer and its attorney or agent (as applicable) are engaging or plan to engage any agents or recruiters to recruit H-2B workers.
 - Agent(s) or recruiter(s) may be located in the U.S. or abroad.
- **G.6 Copy of all Agent/Recruiter Agreements**
 - Submit copies of all agreements with any agent or recruiter identified in G.5.
 - Include agreements that the employer itself has entered into and agreements the employer's agent or attorney has entered into with such entities.
- **G.7 Appendix C**
 - Check the box to indicate whether a completed *Appendix C* is attached.

Section G: Other Supporting Documentation (Example)

G. Other Supporting Documentation

1. Type of Employer Application (<i>Choose only one</i>) *	<input type="checkbox"/> Individual Employer <input checked="" type="checkbox"/> Job Contractor – Joint Employer
2. Is a copy of the employer’s current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If “Job Contractor – Joint Employer” is marked in question G.1, complete questions 3 and 4 below.	
3. Indicate whether a completed Appendix D identifying the employer-client has been completed. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Labor Recruiter Information	
5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Indicate whether a completed Appendix C providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

APPENDIX C: Foreign Labor Recruiter Information

- Complete items 1 through 9 with the identity and location of each person/recruiter who the employer has engaged or plans to engage, directly or indirectly, to recruit foreign workers for the job opportunities in this application.
- If the employer has more than five (5) persons and entities to identify, the employer must complete as many additional *Appendix C* forms as are necessary to disclose all persons or entities engaged in foreign worker recruitment for this application.

Important Note: Employers are required to complete *Appendix C* to supply information about foreign labor recruiter(s). Submission of this information in any other form or format (e.g., a list included in a Foreign Labor Recruitment Agreement) will not be considered as satisfying this disclosure requirement and will result in OFLC issuing a Notice of Deficiency (NOD) that requests a completed *Appendix C*.

APPENDIX C (Example)

OMB Approval: 1205-0509
Expiration Date: XXXXXX



H-2B Application for Temporary Employment Certification Form ETA-9142B – Appendix C U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name * Smith	2. First (given) Name * John	3. Middle Name(s) § N/A
4. Name of Employer/Recruiting Organization * South African Recruiters		
5. City * Cape Town	6. State * N/A	7. Postal Code * 7784
8. Country * South Africa	9. Province § N/A	

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name * Rodriquez	2. First (given) Name * Martin	3. Middle Name(s) § N/A
4. Name of Employer/Recruiting Organization * Monterrey Jobs		
5. City * Monterrey	6. State * Nuevo Leon	7. Postal Code * 64000
8. Country * Mexico	9. Province § N/A	

Section H: Declaration of Employer and Attorney/ Agent

- Employer(s) and its attorney or agent (if applicable) must attest to abide by all terms, assurances, and obligations contained in the *Appendix B*.
- Employers must provide a signed and dated copy of *Appendix B* to OFLC, retaining the original.
- Applications that fail to attach *Appendix B* will not be certified by the Department.

APPENDIX B. Employer and Attorney/Agent Declarations

- **B.A1-6 Attorney or Agent Declaration**

- Name of the attorney/agent.
- Firm or business name as reported to the IRS.
- Read and verify all information on the form prior to signing
- Sign and date application.

- **B.B 1-6 Employer Declaration**

- Name and job title of the person with authority to sign on behalf of the employer.
- The person with authority to sign on behalf of the employer must sign the application and provide his or her initials next to each condition of employment.
- Read and verify all information on the form prior to signing.
- Sign and date application.

Note: *The employer provides a copy of Appendix B with its application package to OFLC, retaining the original.*

APPENDIX B. Employer and Attorney/Agent Declarations

A. Attorney or Agent Declaration

I hereby declare under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9142B, and that I have been designated by that employer in accordance with 20 CFR 655.8 to act on its behalf in connection with this application, as evidenced by the attached agency agreement.

I HEREBY CERTIFY that I have provided to the employer the Form ETA-9142B and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities I have undertaken on the employer's behalf in connection with this application. I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
Smith	John	J
4. Firm/Business Name *		
Law Offices of James J Smith		
5. Signature *		6. Date Signed *
Original Signature		6/12/2019

*I declare under penalty of perjury that I have read and reviewed this application, **including every page of the Form ETA-9142B and supporting documentation**, and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
Smith	Jane	A
4. Title *		
Human Resources Manger		
5. Signature *		6. Date Signed *
Original Signature		6/13/2019

Section I: Preparer



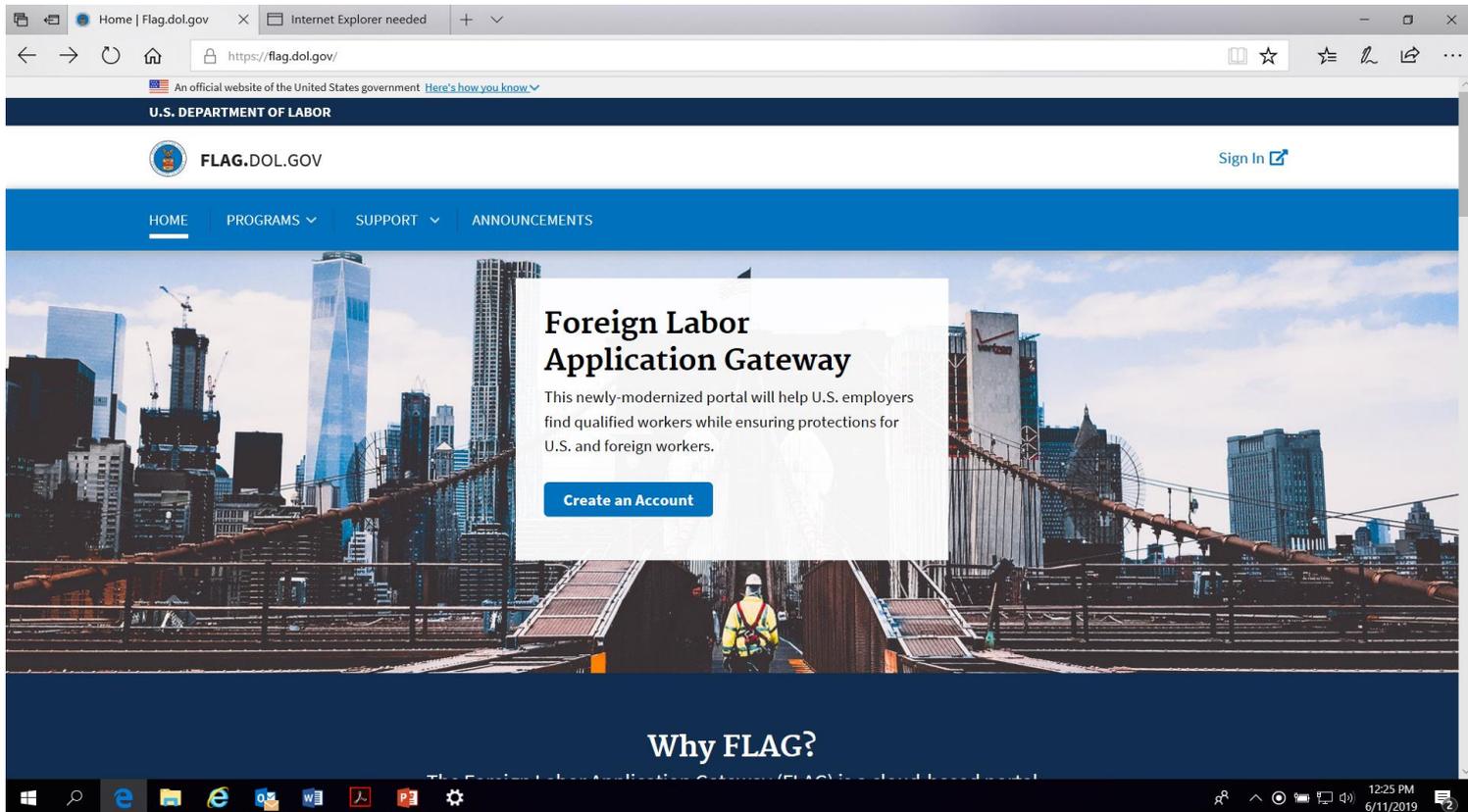
- Complete this section if the preparer of the application is a person other than the one identified in Section D (Employer Point of Contact) or Section E (Attorney/ Agent) of the Form ETA-9142B.
 - Leave this section blank if the employer or attorney/agent contact (listed in Sections D and E) prepared the application.
- ★ An employee of the attorney (e.g., paralegal) would complete this section.

I. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or Section E (attorney or agent) of this application.

1. Last (family) Name § Doe	2. First (given) Name § John	3. Middle Initial §
4. Law Firm/Business FEIN § 12-3456789	5. Law Firm/Business Name § John Doe Legal Services	
6. Law Firm/Business Email Address § John.Doe@johndoelegal.com		

FLAG System at <https://flag.dol.gov/>



Questions?

