

H-2B Application for Temporary Employment Certification
Form ETA-9142B General Instructions
U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9142B, *H-2B Application for Temporary Employment Certification* and Appendices A to D. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9142B and Appendices A to D. ***In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. Those items marked with an asterisk (*) are required and must be completed. Items marked with a section symbol (§) are conditional and must be completed if applicable.***

Anyone, who knowingly and/or willfully furnishes any materially false information in the preparation of Form ETA-9142B and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense punishable by fine, imprisonment, or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).

Public Burden Statement (1205-0509)

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 2 hours and 10 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: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 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.**

Section A

Nature of H-2B Application

1. Enter "Yes" or "No" as to whether the employer seeks 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. For further details on H-2B cap exemptions, please visit the Department of Homeland Security's U.S. Citizenship and Immigration Services' (USCIS) web site at www.uscis.gov.

Section B

Temporary Need Information

1. Enter the job title of the job opportunity for which the *H-2B Application for Temporary Employment Certification* is being sought by the employer. The entry in this field must be the same as the job title issued by the Department for the employer's job opportunity on the prevailing wage determination (PWD) Form ETA-9141.
2. Enter the six or eight-digit Standard Occupational Classification (SOC) code for the occupation that most clearly describes the work to be performed. For example, the six-digit SOC code for a landscaping worker is 37-3011 (Landscaping and Groundskeeping Workers). The entry in this field must be the same as the SOC code issued by the Department for the employer's job opportunity on the PWD Form ETA-9141.
3. Enter the occupational title associated with the SOC. For example, the occupational title associated with SOC code 37-3011 is "Landscaping and Groundskeeping Workers." The entry in this field should be the same as the SOC occupation title used to obtain a PWD on the Form ETA-9141.
4. Enter the total number of H-2B workers being requested for temporary labor certification.
5. Enter the begin date for the period of employment for the worker(s) requested. Use a month/day/year (*mm/dd/yyyy*) format.
6. Enter the end date for the period of employment for the worker(s) requested. Use a month/day/year (*mm/dd/yyyy*) format.
7. Mark the appropriate box to indicate the nature of the employer's temporary need for the services or labor to be performed. Only one standard of temporary need may be selected. For more information concerning the definitions of each standard of temporary need, please visit the Department of Homeland Security's USCIS web site at www.uscis.gov.

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1. Enter the last (family) name of the person/recruiter. If the person/recruiter has two last names, enter the primary last name first.
 2. Enter the first (given) name of the person/recruiter.
 3. Enter the middle name(s) of the person/recruiter, if applicable. Enter "N/A" if not applicable.
 4. Enter the name of the company or recruiting organization that the person/recruiter operates or for which the person/recruiter works. If the person/recruiter recruits directly for the employer and does not operate through a company or recruiting organization, enter "N/A." If the person/recruiter recruits indirectly for the employer (i.e., through another person or entity), enter the full name of the person or entity for which the person/recruiter directly provides services.
 5. Enter the city in which the person/recruiter is located.
 6. Enter the State, District, or Territory in which the person/recruiter is located. If the geographic location does not have a State, District, or Territory designation, enter "N/A."
 7. Enter the postal (zip) code in which the person/recruiter is located. If the geographic location does not have a postal code designation, enter "N/A."
 8. Enter the country in which the person/recruiter is located.
 9. Enter the province in which the person/recruiter is located, if applicable. If the geographic location does not have a province designation, enter "N/A."
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APPENDIX D – Job Contractor: Employer-Client Information Instructions

Pursuant to 20 CFR 655.19(d)(1), a job contractor that is filing as a joint employer with its employer-client must submit a completed *H-2B Application for Temporary Employment Certification*, Form ETA-9142B, that clearly identifies the joint employers (the job contractor and its employer-client) and the employment relationship (including the actual worksite(s) disclosed on the Form ETA-9142B). A job contractor means a person, association, firm, or a corporation that meets the definition of an employer and that contracts services or labor on a temporary basis to one or more employers, which is not an affiliate, branch, or subsidiary of the job contractor and where the job contractor will not exercise substantial, direct day-to-day supervision and control in the performance of the services or labor to be performed other than hiring, paying, and firing the workers. 20 CFR 655.5. Pursuant to 20 CFR 655.19(a), a job contractor may only submit an *H-2B Application for Temporary Employment Certification*, Form ETA-9142B, if it is filing as a joint employer with its employer-client. An employer-client means an employer that has entered into an agreement with a job contractor, as defined in 20 CFR 655.5.

Important Note: Employers are required to complete Appendix D when 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.

Section A: Employer-Client Information

1. Enter the full name of the individual employer-client. The employer-client's full legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the IRS.
 2. Enter the full trade name or "Doing Business As" (DBA) name of the employer-client, if applicable. Enter "N/A" if not applicable.
 3. Enter the street address of the employer-client's principal place of business. The address must be a physical location and not a P.O. Box.
 4. If additional space is needed for the street address, use this field to complete the employer-client's street address. If no additional space is needed, enter "N/A."
 5. Enter the city of the employer-client's principal place of business.
 6. Enter the State, District, or Territory of the employer-client's principal place of business.
 7. Enter the postal (zip) code of the employer-client's principal place of business.
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8. Enter the country of the employer-client's principal place of business.
 9. Enter the province of the employer-client's principal place of business, if applicable. Enter "N/A" if not applicable.
 10. Enter the area code and telephone number for the employer-client's principal place of business. Include country code, if outside of the United States.
 11. Enter the extension of the telephone number for the employer-client's principal place of business, if applicable. Enter "N/A" if not applicable.
 12. Enter the nine-digit FEIN as assigned by the IRS. Do not enter a social security number.

Note: All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at www.irs.gov.

13. Enter the four-digit NAICS code that best describes the employer's business, not the H-2B job opportunity. A listing of NAICS codes can be found at www.census.gov/eos/www/naics/.

B. Employer-Client Point of Contact Information

1. Enter the last (family) name of the employer-client's point of contact.
2. Enter the first (given) name of the employer-client's point of contact.
3. Enter the middle name(s) of the employer-client's point of contact, if applicable. Enter "N/A" if not applicable.
4. Enter the job title of the employer-client's point of contact.
5. Enter the business street address for the employer-client's point of contact. The address must be a physical location and not a P.O. Box.
6. If additional space is needed for the street address, use this field to complete the street address. If no additional space is needed, enter "N/A."
7. Enter the city of the employer-client's point of contact.
8. Enter the State, District, or Territory of the employer-client's point of contact.
9. Enter the postal (zip) code of the employer-client's point of contact.
10. Enter the country of the employer-client's point of contact.
11. Enter the province of the employer-client's point of contact, if applicable. Enter "N/A" if not applicable.
12. Enter the area code and business telephone number of the employer-client's point of contact. Include country code, if the point of contact is located outside of the United States.
13. Enter the extension of the telephone number of the employer-client's point of contact, if applicable. Enter "N/A" if not applicable.
14. Enter the business email address of the employer-client's point of contact in the format name@emailaddress.top-level domain. The email entered in this field must be the same as the one regularly used by the employer-client'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. If the employer-client's point of contact does not possess a business email address, please enter "N/A."