OMB Approval: 1205-0509
Expiration Date: 05/31/2022

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.

8. Provide a brief statement clearly describing the employer's temporary need for the services or labor to be performed. The employer's statement must explain (a) the nature of the employer's business or operations; (b) why the job opportunity, period of employment, and number of workers being requested for certification reflect a temporary need; and (c) how the employer's request for the services or labor to be performed meets the chosen standard under Question 7 of a seasonal, peakload, 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.

   The brief statement of temporary need must be provided in the space allotted on the form. The employer may include one separate attachment where the allotted space 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 statement of temporary need in the allotted space and include one clearly-marked and easy-to-locate separate attachment, if necessary, to fully respond to this collection item.

   Separate attachments will not be accepted. Other documentation or evidence demonstrating temporary need (e.g., summarized monthly payroll records, monthly invoices, occupancy charts, work contracts) is not required to be filed with the H-2B application. Instead, it must be retained by the employer and provided to the Department in the event a Notice of Deficiency (NOD) is issued by the Office of Foreign Labor Certification (OFLC) Certifying Officer.

Section C
Employer Information

Important Note: The information entered in this section must be the same as the employer information issued by the Department for the employer's job opportunity on the PWD Form ETA-9141.

1. Enter the full name of the individual employer, joint employer, job contractor, partnership, corporation, i.e. the employer filing this application. The employer's full legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).

2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application.

3. 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.

4. If additional space is needed for the street address, use this field to complete the employer's street address. If no additional space is needed, enter "N/A."

5. Enter the city of the employer's principal place of business.

6. Enter the State, District, or Territory of the employer's principal place of business.

7. Enter the postal (zip) code of the employer's principal place of business.

8. Enter the country of the employer's principal place of business.

9. Enter the province of the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

10. Enter the area code and telephone number for the employer'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's principal place of business, if applicable. Enter "N/A" if not applicable.

12. Enter the nine-digit Federal Employer identification Number (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 North American Industry Classification System (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/.

Section D
Employer Point of Contact Information

An employer point of contact is a person employed by the employer whose position authorizes the person to provide information and supporting documentation concerning the H-2B Application for Temporary Employment Certification and to communicate with the Department of Labor 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.

Important Note: The employer point of contact information in this section, specifically the name, telephone number, and email address, must be different from the attorney/agent information listed in Section E, unless the attorney or agent is an employee of the employer.

1. Enter the last (family) name of the employer's point of contact.

2. Enter the first (given) name of the employer's point of contact.

3. Enter the middle name(s) of the employer's point of contact, if applicable. Enter "N/A" if not applicable.

4. Enter the job title of the employer's point of contact.

5. Enter the business street address for the employer'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's point of contact.

8. Enter the State, District, or Territory of the employer's point of contact.

9. Enter the postal (zip) code of the employer's point of contact.

10. Enter the country of the employer's point of contact.

11. Enter the province of the employer's point of contact, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and business telephone number of the employer'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's point of contact, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the employer'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'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's point of contact does not possess a business email address, please enter "N/A."

Section E
Attorney or Agent Information (If applicable)

Important Note: The attorney/agent information in this section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section D, unless the attorney or agent is an employee of the employer.

1. 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 "None" is selected, skip questions 2 to 21 in this section and continue to Section F.

2. Enter the last (family) name of the attorney/agent.

3. Enter the first (given) name of the attorney/agent.

4. Enter the middle name(s) of the attorney/agent, if applicable. If the attorney/agent does not have a middle name, enter "N/A."

5. Enter the business street address of the attorney/agent.

6. If additional space is needed for the street address, use this field to complete the attorney/agent's street address. If no additional space is needed, enter "N/A."

7. Enter the city of the attorney/agent.

8. Enter the State, District, or Territory of the attorney/agent.

9. Enter the postal (zip) code of the attorney/agent.

10. Enter the country of the attorney/agent.

11. Enter the province of the attorney/agent, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and telephone number of the attorney/agent. Include country code, if outside of the United States.

13. Enter the extension of the telephone number of the attorney/agent, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the attorney/agent in the format name@emailaddress.top-level domain. The email entered in this field must be the one regularly used by the attorney/agent's point of contact to send and receive electronic communications from the Department with respect to the processing of this application. If the attorney/agent's point of contact does not possess a business email address, please enter "N/A."

15. Enter the attorney/agent's law firm or business name. The attorney/agent's law firm or business name is the exact name that is reported to the IRS.

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

    Note: Questions 17 through 19 in this section must be answered when "Attorney" is selected in response to question E.1.

17. Enter the attorney's State Bar number. If the attorney is licensed in more than one State, enter only one State Bar number. If submitting this form electronically and the attorney is licensed in a State which does not issue State Bar numbers, leave the field blank and once confirmed the field will be automatically pre-populated with "N/A."

    Note: The answers to questions 18 and 19 below should correspond to the same State for which a Bar number was provided in question 17, if any.

18. Enter the State of the highest court where the attorney is in good standing.

19. Enter the name of the highest court in the State where the attorney is in good standing.

    Note: Questions 20 and 21 in this section must be answered when "Agent" is selected in response to question E.1.

20. Select "Yes" or "No" to indicate whether a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application is attached to this application, as required by 20 CFR 655.8(a).

21. Select "Yes" or "No" to 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 to this application, as required by 20 CFR 655.8(b). If the requirements for a MSPA Certificate of Registration do not apply to the Agent, select "N/A."

Section F
Employment and Wage Information

a. Job Opportunity and Minimum Requirements

1. Select "Yes" or "No" to indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) is attached to this application.

2. Enter the name of the State to which the job order was submitted.

3. Enter the date the job order was submitted to the SWA, using a month/day/year format (*mm/dd/yyyy*).

4. 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 on the PWD Form ETA-9141.

   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 of the job duties in the allotted space on the form and include one clearly-marked and easy-to-locate separate attachment, if necessary, to fully respond to this collection item.

5. Use Items 5a through 5h to identify the anticipated days and hours of work per day and per week. Use a numerical (99.99) format for each item below. <u>An entry is required for each box listed in this field</u>.

   a. Enter the total hours of work that will normally be offered to workers per week. The entry in this field must be at least 35.00 hours per week and cannot be less than the sum of the entries in Items 5b through 5h.

   b. Enter the total hours of work that will normally be offered to workers on Sunday.

   c. Enter the total hours of work that will normally be offered to workers on Monday.

   d. Enter the total hours of work that will normally be offered to workers on Tuesday.

   e. Enter the total hours of work that will normally be offered to workers on Wednesday.

   f. Enter the total hours of work that will normally be offered to workers on Thursday.

   g. Enter the total hours of work that will normally be offered to workers on Friday.

   h. Enter the total hours of work that will normally be offered to workers on Saturday.

6. Use Items 6a and 6b to identify the normal daily work schedule for the job opportunity using the standard time in the area where the work is expected to be performed (e.g., 9 a.m. to 5 p.m., 7 a.m. to 11 a.m., or 4 p.m. to 8 p.m.).

   a. Enter the start time of the day that work will normally begin and select a checkbox to indicate whether the expected start time of work is "AM" or "PM".

   b. Enter the end time of the day that work will normally end and select a checkbox to indicate whether the expected end time of work is "AM" or "PM".

7. Identify whether the minimum U.S. diploma or degree required by the employer for the job opportunity is None, High School/GED, Associate's, Bachelor's, Master's, Doctorate (PhD), or Other degree (JD, MD, etc.). Only make one selection. The entry in this field must be the same as the minimum education requirements issued by the Department for the employer's job opportunity on the PWD Form ETA-9141.

8. Indicate the minimum number of <u>months</u> of training required. If no training is required, enter "0" in this field. Training may include, but is not limited to: programs, coursework, or training experience (other than employment). Do not include on-the-job training required by the employer after the date of hire. When answering this question, <u>do not duplicate time requirements</u> that are listed in other fields of this application; the training required should be excluded from fields in Sections

F.a.7 and F.a.9 that request information on education or work experience requirements. The entry in this field must be the same as the minimum months of training issued by the Department for the employer's job opportunity on the PWD ETA-9141.

9. Enter the minimum number of months of work experience required for the job opportunity. If there is no minimum work experience requirement, enter a "0" in this field. The entry in this field must be the same as the minimum months of experience issued by the Department for the employer's job opportunity on the PWD Form ETA-9141.

10. Use Items 10 and 10a to identify whether the worker(s) employed under the job opportunity will be required to perform supervision of other employees.

    10 Mark "Yes" or "No" as to whether the job opportunity supervises the work of other employees.

    10a If "Yes" is marked in question 10, enter the total number of employees the job opportunity will supervise.

11. Enter the job-related skills, minimum qualifications, field(s) of training, and other special requirements of the job opportunity. Examples include but are not limited to: licenses, including a valid driver's license; certifications; specific foreign language fluency; proficiency with specific tools, equipment, software, or machinery; proficiency in specific methods (e.g., Churrasco chef skills); travel or relocation requirements; shorthand and typing speeds; ability to pass drug and/or background checks. If a job opportunity requires training as described in Section F.a.8, you must enter in this field the specific field(s) and/or name(s) of the training required. You may list more than one field of training and/or more than one name. If the job opportunity does not require any special requirements, enter "N/A."

    Note: All requirements must be bona fide, and consistent with the normal and accepted qualifications/requirements imposed by non-H-2B employers in the same occupation and area of intended employment. The entry in this field must be the same as the special requirements issued by the Department for the employer's job opportunity on the PWD Form ETA-9141.

b. Place of Employment and Wage Information

It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and PWDs.

Important Note: Where multiple worksites are involved, the employer must complete Appendix A of the Form ETA-9142B by identifying the location(s) where the services or labor is expected to be performed. The employer must indicate for each worksite disclosed on the **Appendix A** (a) the city; (b) state; (c) county; and (d) Metropolitan Statistical Area (MSA) Name/Occupational Employment Statistics (OES) Area Title. The worksite disclosed in this section of the application, as well as the worksites disclosed in **Appendix A**, must be covered by a valid PWD issued by the Department on the Form ETA-9141.

1. Enter the street address of the worksite location where work will be performed. The worksite address must be a physical location and cannot be a P.O. Box.

2. If additional space is needed for the street address, use this field. If no additional space is needed, enter "N/A."

3. Enter the city of the worksite location.

4. Enter the State, District, or Territory of the worksite location.

5. Enter the postal (zip) code of the worksite location.

6. Enter the county of the worksite location.

7. Enter the name of the Metropolitan Statistical Area (MSA) Name/Occupational Employment Statistics (OES) Area Title covering the worksite.

8. Enter the 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.

8a. Enter the rate of overtime pay to be paid to worker(s), if available. 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. If no overtime is offered, leave this section blank.

9. Indicate whether the rate of pay is per hour, week, bi-weekly, month, year, or based on a piece rate, by selecting the corresponding box. Make only one selection.

9a. Briefly describe any conditions about the wage rate to be paid. For example, 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). Please also describe here any 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.

10. Enter the first 14-digit PWD number assigned by iCERT or the National Prevailing Wage Center for the job opportunity listed on the application. Example: P-400-xxxxx-xxxxxx.

10a. Enter the second assigned PWD number, if applicable. If there is not a second PWD Number, enter "N/A" in this field.

10b. Enter the third assigned PWD number, if applicable. If there is not a third PWD Number, enter "N/A."

11. If the employer is requesting emergency situation processing for this application under 20 CFR 655.17 and has not yet received a PWD, indicate whether the employer has attached to its Application a completed *Application for Prevailing Wage Determination* (Form ETA-9141) by indicating "Yes" or "No." Mark the option "N/A" if the employer has not requested an emergency waiver filing timeframe.

c. Additional Place of Employment and Wage Information

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."

2. If the answer to question F.c.1 is "Yes," indicate whether the employer has attached to this application a completed Appendix A by selecting "Yes" or "No."

d. Other Material Terms and Conditions of the Job Offer

1. 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 by marking "Yes" or "N/A."

2. Indicate whether overtime hours will be available to the workers and payable at the rate disclosed in Section F.b.8a of this application by marking "Yes" or "N/A."

3. Indicate whether workers will be provided with on-the-job training to perform the duties assigned by marking "Yes" or "N/A."

4. Indicate whether workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned by marking "Yes" or "N/A."

5. 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 by marking "Yes" or "N/A."

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

e. Recruitment Information

Important 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.

1. Enter the area code and telephone number by which prospective U.S. workers can contact the employer and apply for the job opportunity. If a phone number is not available, leave this field BLANK and the system will insert "N/A" at submission of the application.

2. 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. If an email address is not available, please enter "N/A".

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

The format must be **domain name.domain suffix**. Examples of valid suffixes include: .gov - Government agencies; .edu - Educational institutions; .org - Organizations (nonprofit); .mil – Military; .com - commercial business; .net - Network organizations. If a website address is not available, please enter "N/A".

Section G
Other Supporting Documentation

1. Enter the type of employer application.

2. Where an employer is obligated to obtain a Certificate of Registration under the MSPA, it must submit a copy of its valid Certificate of Registration with the *H-2B Application for Temporary Employment Certification*. Check the appropriate box indicating whether or not an MSPA Certificate of Registration is attached to the application. Select "N/A" if the employer is not covered by the requirements of the MSPA to obtain a Certificate of Registration.

If the application is submitted by a "Job-Contractor – Joint Employer" complete questions in Sections G.3 and G.4. If not, skip to question in Section G.5:

3. Check the appropriate box to indicate whether Appendix D, which identifies the employer-client pursuant to 20 CFR 655.19, is attached to the application.

4. Select "Yes" or "No" to indicate whether or not, pursuant to 20 CFR 655.19, an executed contract or other agreement exists between the job contractor and the employer-client (the joint employers) that establishes the relationship between the joint employers and the workers sought under this application.

Foreign Labor Recruitment Information

5. Check "Yes" or "No" to indicate if the employer and its attorney or agent (as applicable) are engaging or plan to engage any agents or recruiters to recruit H-2B workers, regardless if the agent(s) or recruiter(s) is (are) located in the U.S. or abroad.

6. An employer is required under 20 CFR 655.9 to submit a copy of all agreements with any agent or recruiter whom it engages or plans to engage in the recruitment of H-2B workers. This requirement includes agreements that the employer itself has entered into and agreements the employer's agent or attorney has entered into with such entities. Check the appropriate box to indicate whether a copy of all required agreements is attached to the application. If the employer checked "No" in response to Section G.5, then select "N/A."

7. Check the appropriate box to indicate whether a completed Appendix C is attached. In accordance with 20 CFR 655.9, the Appendix C must contain the identity and location of all entities and persons hired by or working for the agent and recruiter. The Appendix C must also include any agents or employees of the entities or persons identified on Appendix C. If the employer checked "No" in response to Section G.5, then select "N/A."

Section H
Declaration of Employer and Attorney/Agent

1. Check the appropriate box to indicate if the employer and its attorney or agent (as applicable) have read and agree to all the terms, assurances, and obligations contained in the Appendix B (Declarations by the Employer and Attorney or Agent) and have attached a signed and dated copy of Appendix B to this application.

2. If this application is submitted by a job contractor, check the appropriate box to indicate whether or not the employer-client identified in Appendix D (see questions in Sections G.3 and G.4) has read and agrees to all the terms, assurances, and obligations contained in Appendix B (Declarations by the Employer and Attorney or Agent) and has attached a signed and dated copy of Appendix B to this application. Select "N/A" if this application is not submitted by a job contractor.

Section I
Preparer

This section must be completed 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. Enter the last (family) name of the person preparing this application by or on behalf of the employer.

2. Enter the first (given) name of the person preparing this application by or on behalf of the employer.

3. If applicable, enter the middle initial of the person preparing this application by or on behalf of the employer. If the preparer does not have a middle name, enter "N/A."

4. Enter the FEIN, assigned by the IRS, for the firm or business submitting this application by or on behalf of the employer.

5. Enter the name of the firm or business that prepared this application by or on behalf of the employer.

6. Enter the business email address of the person that prepared this application by or on behalf of the employer. Format must be in the format name@emailaddress.top-level domain. The email entered in this field must be the one regularly used by the preparer to send and receive electronic communications from the Department with respect to the processing of this application. If the preparer does not possess a business email address, please enter "N/A."

Public Burden Statement *Control Number 1205-0509*

Please read this disclosure. No entries are required.

APPENDIX A – Additional Place of Employment and Wage Information Instructions

Important Note: 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-9142 and Appendix A will be used in the processing of the employer's request for temporary labor certification.

Complete Items 1 through 6 below for each worksite location where the services or labor is expected to be performed, as applicable. 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 entries on the Appendix A as are necessary to list all intended worksite locations for this application.

1. 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."

2. Enter the two-letter postal abbreviation for the State, District, or Territory of the worksite location.

3. Enter the county of the worksite location.

4. Enter the name of the Metropolitan Statistical Area (MSA) or OES Area Title in which the worksite is located.

5. Enter any additional details or information about the place of employment where work will be performed, if applicable.

6. Based on the requirements of the employer's work itinerary, use the following field to enter additional information about the job opportunity.

   - **Crew ID** – Enter a single-digit number or letter to identify each crew of workers, as applicable.

   - **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, as applicable.

   - **Begin Date** - Enter the expected start date for the period of employment at this worksite location, as applicable. Use a month/day/year (*mm/dd/yyyy*) format.

   - **End Date –** Enter the expected end date for the period of employment at this worksite location, as applicable. Use a month/day/year (*mm/dd/yyyy*) format.

   - **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 –** Enter the following two-letter designations for the unit of pay, as applicable: "**HR**" – hourly; "**WK**" – weekly; "**BW**" – biweekly; "**MH**" – monthly; "**YR**" year; or "**PR**" piece rate.

APPENDIX B – Employer and Attorney/Agent Declarations for H-2B Employers Instructions

A. Attorney or Agent Declaration

1. Enter the last (family) name of the attorney/agent representing the employer in the filing of this application.
2. Enter the first (given) name of the attorney/agent representing the employer in the filing of this application.
3. Enter the middle initial of the attorney/agent representing the employer in the filing of this application, if applicable. Enter "N/A" if not applicable.
4. Enter the firm or business name of the attorney/agent representing the employer in the filing of this application. The firm or business name is the exact name that is reported to the IRS.
5. The attorney/agent must sign the application. Read the entire application and verify all contained information prior to signing.
6. The attorney/agent must date the application. Use a month/day/year (*mm/dd/yyyy*) format.

B. Employer Declaration

1. Enter the last (family) name of the person with authority to sign on behalf of the employer.
2. Enter the first (given) name of the person with authority to sign on behalf of the employer.
3. Enter the middle initial of the person with authority to sign on behalf of the employer, if applicable. Enter "N/A" if not applicable.
4. Enter the job title of the person with authority to sign on behalf of the employer.
5. 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 the entire application, including each condition of employment, and verify all contained information prior to signing.
6. The person with authority to sign on behalf of the employer must date the application. Use a month/day/year (*mm/dd/yyyy*) format.

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

APPENDIX C – Foreign Labor Recruiter Information Instructions

Pursuant to 20 CFR 655.9(b), the employer and its attorney or agent (as applicable) must disclose to the Department the identity (name) and geographic location of persons and entities hired by, or working for, the foreign labor recruiter who recruits 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. This disclosure includes the names of agents and foreign labor recruiters used by the employer, as well as the identities and locations of all persons or entities hired by or working for the primary recruiter in the recruitment of prospective H-2B workers, and the agents or employees of these entities. This disclosure is required for all agreements, whether written or verbal, and the required disclosure covers the entirety of the recruitment that brings an H-2B foreign worker to the employer's certified H-2B job opportunity in the United States.

For each person or entity, complete a section of the Appendix C form by providing identity and location information. 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 the OFLC National Processing Center issuing a NOD that requests a completed Appendix C. 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. Those items marked with an asterisk (*) are required and must be completed. Items marked with the section symbol (§) are conditional and are to be completed if applicable.

Foreign Labor Recruiter Information

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."

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.

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."