

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

Public Disclosure File: H-2B, Form ETA-9142B  
Federal Fiscal Year: 2024  
Reporting Period: October 1, 2023 through March 31, 2024

*Important Note: This public disclosure file contains administrative data from employers' H-2B Applications, as provided by the employer or representative, for Temporary Employment Certification (Form ETA-9142B) and the final determinations issued by the Department's Office of Foreign Labor Certification (OFLC), Employment and Training Administration (ETA), where the date of the determination was issued during the reporting period above.*

*The following form items are not included in the public disclosure file because they contain Personally Identifiable Information (PII): Employer's Federal Employer Identification Number (FEIN), Attorney's FEIN, Attorney's State Bar Number and Preparer Law Firm/Business FEIN. The following form items are not included in the public disclosure file because they are large open text fields: Statement of Temporary Need and Job Duties.*

| FIELD NAME          | DESCRIPTION  |
|---------------------|--|
| CASE_NUMBER         | Unique identifier assigned to each application submitted for processing to OFLC.   |
| CASE_STATUS         | Status associated with the last significant event or decision. Valid values include "Determination Issued – Certification", "Determination Issued – Certification (Returned)", "Determination Issued – Denied", "Determination Issued – Partial Certification", "Determination Issued – Partial Certification (Returned)", "Determination Issued – Rejected", and "Withdrawn". |
| RECEIVED_DATE       | Date the application was received at OFLC.   |
| DECISION_DATE       | Date on which the last significant event or determination was issued by OFLC.  |
| CAP_EXEMPT          | Indicates if H-2B workers will be exempt from the statutory cap. Yes = Exempt from the statutory cap; No = Not exempt from the statutory cap; N/A = no applicable. Form ETA-9142B Section A, Item 1.   |
| CAP_SUBJECT_WORKERS | Total estimated number of H-2B workers requested under Section B, Item 4 of this application that will be subject to the statutory cap. Form ETA-9142B Section A, Item 1a.   |
| CAP_EXEMPT_WORKERS  | Total estimated number of H-2B workers requested under Section B, Item 4 of this application that will not be subject to the statutory cap. Form ETA-9142B Section A, Item 1b.   |
| JOB_TITLE           | Title of the non-agricultural job. Form ETA-9142B Section B, Item 1.   |
| SOC_CODE            | Occupational code associated with the job being requested for temporary labor certification, as classified by the Standard Occupational Classification (SOC) System. Form ETA-9142B Section B, Item 2.   |
| SOC_TITLE           | Occupational title associated with the SOC/O*NET Code. Form ETA-9142B Section B, Item 3.   |

| FIELD NAME               | DESCRIPTION   |
|--------------------------|---|
| TOTAL_WORKERS_REQUESTED  | Total number of foreign workers requested by the Employer(s). Form ETA-9142B Section B, Item 4.   |
| TOTAL_WORKERS_CERTIFIED  | Total number of foreign workers certified by OFLC.  |
| REQUESTED_BEGIN_DATE     | Beginning date for the worker's period of employment. Form ETA-9142B Section B, Item 5.   |
| REQUESTED_END_DATE       | Ending date for the worker's period of employment. Form ETA-9142B Section B, Item 6.  |
| EMPLOYMENT_BEGIN_DATE    | Beginning date of the period of employment for certified applications.  |
| EMPLOYMENT_END_DATE      | Ending date of the period of employment for certified applications.   |
| NATURE_OF_TEMPORARY_NEED | Valid values include "Seasonal", "Peakload", "One-Time Occurrence", or "Intermittent". Form ETA-9142B Section B, Item 7.  |
| EMPLOYER_NAME            | Legal business name of the employer requesting temporary labor certification. Form ETA-9142B Section C, Item 1.   |
| TRADE_NAME_DBA           | Trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142B Section C, Item 2.  |
| EMPLOYER_ADDRESS1        | Contact information of the Employer requesting temporary labor certification. Form ETA-9142B Section C, Items 3 through Item 11.  |
| EMPLOYER_ADDRESS2        |   |
| EMPLOYER_CITY            |   |
| EMPLOYER_STATE           |   |
| EMPLOYER_POSTAL_CODE     |   |
| EMPLOYER_COUNTRY         |   |
| EMPLOYER_PROVINCE        |   |
| EMPLOYER_PHONE           |   |
| EMPLOYER_PHONE_EXT       |   |
| NAICS_CODE               | Industry code associated with the employer requesting temporary labor certification, as classified by the North American Industrial Classification System (NAICS). Form ETA-9142B Section C, Item 13. |
| EMPLOYER_POC_LAST_NAME   | Employer Point of Contact Name. Form ETA-9142B Section D, Items 1 through 4.  |

| FIELD NAME                 | DESCRIPTION   |
|----------------------------|---|
| EMPLOYER_POC_FIRST_NAME    |   |
| EMPLOYER_POC_MIDDLE_NAME   |   |
| EMPLOYER_POC_JOB_TITLE     |   |
| EMPLOYER_POC_ADDRESS1      | Contact information of the Employer Point of Contact request temporary labor certification. Form ETA-9142B Section D Item 5 through 14.                     |
| EMPLOYER_POC_ADDRESS2      |   |
| EMPLOYER_POC_CITY          |   |
| EMPLOYER_POC_STATE         |   |
| EMPLOYER_POC_POSTAL_CODE   |   |
| EMPLOYER_POC_COUNTRY       |   |
| EMPLOYER_POC_PROVINCE      |   |
| EMPLOYER_POC_PHONE         |   |
| EMPLOYER_POC_PHONE_EXT     |   |
| EMPLOYER_POC_EMAIL         |   |
| TYPE_OF_REPRESENTATION     | Valid values include "Attorney", "Agent" or blank. Form ETA-9142B Section E, Item 1.  |
| ATTORNEY_AGENT_LAST_NAME   | Name of Attorney or Agent representing Employer requesting a temporary labor certification. Form ETA-9142B Section E, Items 2 through 4.                    |
| ATTORNEY_AGENT_FIRST_NAME  |   |
| ATTORNEY_AGENT_MIDDLE_NAME |   |
| ATTORNEY_AGENT_ADDRESS1    | Contact information of the Agent/Attorney representing the Employer requesting temporary labor certification. Form ETA-9142B Section E, Items 5 through 13. |
| ATTORNEY_AGENT_ADDRESS2    |   |
| ATTORNEY_AGENT_CITY        |   |

| FIELD NAME                   | DESCRIPTION  |
|------------------------------|--|
| ATTORNEY_AGENT_STATE         |  |
| ATTORNEY_AGENT_POSTAL_CODE   |  |
| ATTORNEY_AGENT_COUNTRY       |  |
| ATTORNEY_AGENT_PROVINCE      |  |
| ATTORNEY_AGENT_PHONE         |  |
| ATTORNEY_AGENT_PHONE_EXT     |  |
| ATTORNEY_AGENT_EMAIL_ADDRESS | Attorney or Agent's law firm or business Email address. Form ETA-9142B Section E, Item 14.   |
| LAWFIRM_NAME_BUSINESS_NAME   | Name of the Law Firm or Business filing an H-2B application on behalf of the employer. Form ETA-9142B Section E, Item 15.  |
| STATE_OF_HIGHEST_COURT       | If Representation is defined as "Attorney", the state of the highest court where the attorney is in good standing. Form ETA-9142B Section E, Item 18.  |
| NAME_OF_HIGHEST_STATE_COURT  | If Representation is defined as "Attorney", the name of the highest court where the attorney is in good standing. Form ETA-9142B Section E, Item 19.   |
| AGENT_AGREEMENT_ATTACHED     | If "Agent" is marked in question E.1, a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. Y = Yes; N = No. Form ETA-9142B, Section E, Item 20. |
| AGENT_MSPA_ATTACHED          | If "Agent" is marked in question E.1, a copy of the agent's current Migrant and Seasonal Protection Act (MSPA) Certificate is attached to this application. Y = Yes; N = No; or N/A = not applicable. Form ETA-9142B, Section E, Item 21.        |
| JOB_ORDER_TO_SWA             | Indicates whether a copy of the job order submitted to the State Workforce Agency (SWA) is attached to this application. Y = Yes; N = No. ETA-9142B, Section F.a, Item 1.  |
| SWA_STATE                    | State Workforce Agency (SWA) State. Form ETA-9142B Section F.a., Item 2.   |
| JOB_ORDER_SUBMIT_DATE        | Date that the Job Order was submitted to the SWA. Form ETA-9142B Section F.a., Item 3.   |
| ANTICIPATED_NUMBER_OF_HOURS  | Total work hours anticipated each week. Form ETA-9142B Section F.a., Item 5a.  |
| SUNDAY_HOURS                 | Total work hours anticipated for Sunday. Form ETA-9142B, Section F.a., Item 5b.  |
| MONDAY_HOURS                 | Total work hours anticipated for Monday. Form ETA-9142B, Section F.a., Item 5c.  |
| TUESDAY_HOURS                | Total work hours anticipated for Tuesday. Form ETA-9142B, Section F.a., Item 5d.   |

| FIELD NAME              | DESCRIPTION   |
|-------------------------|---|
| WEDNESDAY_HOURS         | Total work hours anticipated for Wednesday. Form ETA-9142B, Section F.a., Item 5e.  |
| THURSDAY_HOURS          | Total work hours anticipated for Thursday. Form ETA-9142B, Section F.a., Item 5f.   |
| FRIDAY_HOURS            | Total work hours anticipated for Friday. Form ETA-9142B, Section F.a., Item 5g.   |
| SATURDAY_HOURS          | Total work hours anticipated for Saturday. Form ETA-9142B, Section F.a., Item 5h.   |
| HOURLY_SCHEDULE_BEGIN   | Proposed Work Schedule Start Time. Form ETA-9142B Section F.a., Item 6a.  |
| HOURLY_SCHEDULE_END     | Proposed Work Schedule End Time. Form ETA-9142B Section F.a., Item 6b.  |
| EDUCATION_LEVEL         | The minimum US diploma or degree required by the employer for the position. Variables include "None", "High School/GED", "Associate's", "Bachelor's", "Master's", "Doctorate (PhD)", or "Other Degree (JD, MD, etc.)." Form ETA-9142B Section F.a., Item 7. |
| TRAINING_MONTHS         | If Additional Training Required, Number of Months Needed. Form ETA-9142B Section F.a., Item 8.  |
| WORK_EXPERIENCE_MONTHS  | If Work Experience Required, Number of Months Needed. Form ETA-9142B Section F.a., Item 9.  |
| SUPERVISE_OTHER_EMP     | Y = Worker will supervise other employees; N = worker will not supervise other employees. Form ETA-9142B Section F.a., Item 10.   |
| SUPERVISE_HOW_MANY      | Number of Employees supervised (if applicable). Form ETA-9142B Section F.a., Item 10a.  |
| SPECIAL_REQUIREMENTS    | List specific skills, licenses/certifications, field(s) of training and requirements of the job. Form ETA-9142B Section F a. Item 11.   |
| WORKSITE_ADDRESS1       | Geographic Information for Worksite Location. Form ETA-9142B Section F.b Items 1 through 6.   |
| WORKSITE_ADDRESS2       |   |
| WORKSITE_CITY           |   |
| WORKSITE_STATE          |   |
| WORKSITE_POSTAL_CODE    |   |
| WORKSITE_COUNTY         |   |
| MSA_NAME_OES_AREA_TITLE | Metropolitan Statistical Area (MSA)/OES Area Title covering the worksite. Form ETA-9142B Section F.b., Item 7.  |
| BASIC_WAGE_RATE_FROM    | Wages paid to workers subject to the temporary labor certification. Form ETA-9142B Section F.b., Item 8a.   |

| FIELD NAME                     | DESCRIPTION  |
|--------------------------------|--|
| BASIC_WAGE_RATE_TO             |  |
| PER                            | Unit of pay for basic and overtime wage rates. Valid values include "Hour", "Week", "Bi-Weekly", "Month", "Year", or "Piece Rate". Form ETA-9142B Section F.b., Item 8b.   |
| OVERTIME_AVAILABLE             | Y = Overtime hours will be available to the worker; N = No. Form ETA-9142B, Section F.b, Item 8c.  |
| OVERTIME_RATE_FROM             | Overtime Rate Amount (if applicable). Form ETA-9142B Section F.b., Item 8d.  |
| OVERTIME_RATE_TO               |  |
| ADDITIONAL_WAGE_CONDITIONS     | Description of any conditions about the wage rate to be paid. Form ETA-9142B Section F.b. Item 9.  |
| 1ST_PWD_CASE_NUMBER            | Unique identifier assigned to first Prevailing Wage Determination associated with the job opportunity. Form ETA-9142B Section F.b., Item 10.   |
| 2ND_PWD_CASE_NUMBER            | Unique identifier assigned to second Prevailing Wage Determination (if applicable).Form ETA-9142B Section F.b., Item 10a.  |
| 3RD_PWD_CASE_NUMBER            | Unique identifier assigned to the third Prevailing Wage Determination (if applicable).Form ETA-9142B Section F.b., Item 10b.   |
| EMERGENCY_FILING_PWD_ATTACHED  | Y = Employer is requesting to waive the regulatory time period of filing due to an emergency situation and completed PWD Form ETA-9141 is attached; N = Employer is requesting to waive the regulatory time period of filing due to an emergency situation and completed form is not attached; N/A = Not Applicable. Form ETA-9142B Section F.b., Item 11. |
| OTHER_WORKSITE_LOCATION        | Indicates if work will be performed in location(s) other than the first worksite. Y = Work will be performed at additional Worksite Locations; N = Work will not be performed at additional Worksite Locations. Form ETA-9142B Section F.c., Item 1.   |
| APPENDIX_A_ATTACHED            | If "Yes" is marked in question F.c.1, indicates if a completed Appendix A is attached. Y = a completed Appendix A is attached to the application; N = a completed Appendix A is not attached to the application. Form ETA-9142B, Section F.c, Item 2.  |
| DAILY_TRANSPORTATION           | Y = Workers will be provided with daily transportation to and from the worksite; N/A = Not applicable. Form ETA-9142B Section F.d., Item 1.  |
| ON_THE_JOB_TRAINING_AVAILABLE  | Y = Workers will be provided on-the-job training; N/A = Not applicable. Form ETA-9142B Section F.d., Item 2.   |
| EMP_PROVIDED_TOOLS_EQUIPMENT   | Y = Workers will be provided all tools, supplies and equipment; N/A = Not applicable. Form ETA-9142B Section F.d., Item 3.   |
| BOARD_LODGING_OTHER_FACILITIES | Y = Workers will be provided with lodging or assisted in securing lodging; N/A = Not applicable. Form ETA-9142B Section F.d., Item 4.  |
| DEDUCTIONS_FROM_PAY            | All deductions from pay not required by law and (if known) the amounts. Form ETA-9142B Section F.d.5.  |
| PHONE_TO_APPLY                 | Telephone number to apply for job opportunity. Form ETA-9142B Section F.e., Item 1.  |

| FIELD NAME                     | DESCRIPTION   |
|--------------------------------|---|
| EMAIL_TO_APPLY                 | Email address to apply for job opportunity. Form ETA-9142B Section F.e., Item 2.  |
| WEBSITE_TO_APPLY               | Website address to apply for job opportunity. Form ETA-9142B Section F.e., Item 3.  |
| TYPE_OF_EMPLOYER               | Valid values include "Individual Employer" and "Joint Employer (e.g. Job Contractor)". Form ETA-9142B Section G, Item 1.  |
| EMP_MSPA_ATTACHED              | Employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform is attached to this application. Y = Yes; N = No; N/A = not applicable. Form ETA-9142B, Section G, Item 2.  |
| APPENDIX_D_COMPLETED           | If Employer identified as Job Contractor, Y = Appendix D has been completed, N = Appendix D has not been completed. If blank, employer is not a Job Contractor-Joint Employer. Form ETA-9142B Section G, Item 3.  |
| JOB_CONTRACT_EXISTS            | If the filer is a job contractor, indicates whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bonafide relationship to the workers sought under this application. Y = Yes; N = No; N/A = not applicable. Form ETA-9142B Section G, Item 4.   |
| FOREIGN_LABOR_RECRUITER        | Y = Employer or Agent/Attorney plan to engage agents to recruit H-2B workers and Appendix C is attached; N = Employer or Agent/Attorney will not engage agents to recruit H-2B workers. Form ETA-9142B Section G, Item 5.   |
| AGREEMENTS_ATTACHED            | Indicates whether a copy of all agreements with any agent or recruiter with whom you are engaging or planning to engage in the recruitment in the recruitment of H-2B workers is attached to this application. Y = Yes; N = No; N/A = not applicable. Form ETA-9142B Section G, Item 6.   |
| APPENDIX_C_ATTACHED            | Indicates whether a completed Appendix C is attached to this application. Y = Yes; N = No; N/A = not applicable. Form ETA-9142B Section G, Item 7.  |
| EMPLOYER_APPENDIX_B_ATTACHED   | Declaration that Employer and its Attorney or Agent agrees with the terms contained in Appendix B. Y = Employer and its Attorney or Agent agrees with terms and has attached a signed Appendix B to the application; N = Employer and its Attorney or Agent do not agree with the terms, or Appendix B is not attached. Form ETA-9142B Section H, Item 1. |
| EMP_CLIENT_APPENDIX_B_ATTACHED | For Job Contractor – Joint Employers, a Declaration that the Employer Client agrees with the terms contained in Appendix B. Y = Employer client agrees with terms and has attached a signed Appendix B to the application; N = Employer-client do not agree with the terms; N/A = Appendix B is not attached. Form ETA-9142B Section H, Item 2.           |
| PREPARER_LAST_NAME             | Name of person preparing the Labor Certification Application on behalf of the employer, if not the employer point-of-contact or the Attorney/Agent. Form ETA-9142B Section I, Items 1 through 3, 5 and 6.   |
| PREPARER_FIRST_NAME            |   |

| FIELD NAME              | DESCRIPTION |
|-------------------------|-------------|
| PREPARER_MIDDLE_INITIAL |             |
| PREPARER_BUSINESS_NAME  |             |
| PREPARER_EMAIL          |             |