OMB Approval: 1205-0509 Expiration Date: 06/30/2026

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.

orei	ign Labor Recruiter Information 1			
1.	Recruiter's Last (family) Name *	2. First (given) Name	*	3. Middle Name(s) §
4.	Name of Employer/Recruiting Organization *	1		1
5.	City *		6. State *	7. Postal Code *
8.	Country *		9. Province §	
ore	ign Labor Recruiter Information 2		I	
1.	Recruiter's Last (family) Name *	2. First (given) Name	*	3. Middle Name(s) §
4.	Name of Employer/Recruiting Organization *			
5.	City *		6. State *	7. Postal Code *
8.	Country *		9. Province §	1
	ign Labor Recruiter Information 3			
1.	Recruiter's Last (family) Name *	2. First (given) Name	*	3. Middle Name(s) §
4.	Name of Employer/Recruiting Organization *			1
5.	City *		6. State *	7. Postal Code *
8.	Country *		9. Province §	1
	ign Labor Recruiter Information 4			
1.	Recruiter's Last (family) Name *	2. First (given) Name	*	3. Middle Name(s) §
4.	Name of Employer/Recruiting Organization *			-
5.	City *		6. State *	7. Postal Code *
8.	Country *		9. Province §	I.
ore	ign Labor Recruiter Information 5			
	Recruiter's Last (family) Name *	2. First (given) Name	*	3. Middle Name(s) §
4.	Name of Employer/Recruiting Organization *			I .
5.	City *		6. State *	7. Postal Code *
8.	Country *		9. Province §	1

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H-2B Case Number:	Case Status:	Determination Date:	Validity Period:	to		