

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

Public Disclosure File: H-2B, Form ETA-9142B, Appendix D
Federal Fiscal Year: 2023
Reporting Period: October 1, 2022 through September 30, 2023

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 Appendix D) 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 item is not included in the public disclosure file because it contains Personally Identifiable Information (PII): Employer's Federal Employer Identification Number (FEIN).

| FIELD | DESCRIPTION |
|-------------------------------------|--|
| CASE_NUMBER | Unique identifier assigned to each application submitted for processing to OFLC. |
| EMPLOYER_CLIENT_LEGAL_BUSINESS_NAME | Employer-Client Legal Business Name. Form ETA-9142B Appendix D, Section A, Item 1. |
| EMPLOYER_CLIENT_TRADE_NAME_DBA | Trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142B Appendix D, Section A, Item 2. |
| EMPLOYER_CLIENT_ADDRESS1 | Contact information of Employer-Client requesting temporary labor certification. Form ETA-9142B, Appendix D Section A, Item 3 through Item 11. |
| EMPLOYER_CLIENT_ADDRESS2 | |
| EMPLOYER_CLIENT_CITY | |
| EMPLOYER_CLIENT_STATE | |
| EMPLOYER_CLIENT_POSTAL_CODE | |
| EMPLOYER_CLIENT_COUNTRY | |
| EMPLOYER_CLIENT_PROVINCE | |
| EMPLOYER_CLIENT_PHONE | |
| EMPLOYER_CLIENT_PHONE_EXT | |
| EMPLOYER_CLIENT_NAICS_CODE | |
| EMPLOYER_CLIENT_POC_LAST_NAME | Point of Contact (POC) name of the Employer-Client. Form ETA-9142B, Appendix D, Section B, Item 1 through Item 3. |

| FIELD | DESCRIPTION |
|------------------------------------|--|
| EMPLOYER_CLIENT_POC_FIRST_NAME | Employer-Client POC information. Form ETA-9142B, Appendix D, Section B, Item 5 through 14. |
| EMPLOYER_CLIENT_POC_MIDDLE_NAME | |
| EMPLOYER_CLIENT_POC_JOB_TITLE | |
| EMPLOYER_CLIENT_POC_ADDRESS1 | |
| EMPLOYER_CLIENT_POC_ADDRESS2 | |
| EMPLOYER_CLIENT_POC_CITY | |
| EMPLOYER_CLIENT_POC_STATE | |
| EMPLOYER_CLIENT_POC_POSTAL_CODE | |
| EMPLOYER_CLIENT_POC_COUNTRY | |
| EMPLOYER_CLIENT_POC_PROVINCE | |
| EMPLOYER_CLIENT_POC_PHONE | |
| EMPLOYER_CLIENT_POC_PHONE_EXT | |
| EMPLOYER_CLIENT_POC_BUSINESS_EMAIL | |