

H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix A
 U.S. Department of Labor



1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §							
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per	
										From:	To:	

Draft

For public burden statement information, please see Form ETA-9142B General Instructions.