

H-2B Registration  
 ETA Form 9155  
 U.S. Department of Labor



**Please read and review the filing instructions carefully before completing the ETA Form 9155. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate forms will not be approved by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.**

**A. Employer Information**

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section.

1. Legal business name *		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 *		
4. Address 2		
5. City *	6. State *	7. Postal code *
8. Country *	9. Province	
10. Telephone number *	10a. Extension	11. Fax number*
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
14. Is the employer filing under special procedures?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
14a. If "yes" in question 14, please indicate which special procedures: §		
15. Is the employer a subsidiary or branch of a parent company?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
15a. If "yes" in question 15, please provide the name of the parent company. §		
16. Has the employer ever filed an application with OFLC under a different business name?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
16a. If "yes" in question 16, please provide the name of the other business: §		
17. Number of full-time equivalent employees*	18. Annual gross revenue*	19. Year established*

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**B. Emergency Filing**

1. Is the employer filing under emergency procedures?* <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "yes" in question 1, please explain why emergency procedures are necessary. §

**C. Temporary Need Information**

1. Job Title *		
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occupation title *	
4. Describe Job Duties*		
5. Number of positions to be requested in the first year of registration *	6. Anticipated Period of Employment *	
	From (mm/dd)	To (mm/dd)
7. Nature of Temporary Need: (Choose only one of the standards) * <input type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need		
8. Statement of Temporary Need *		
<b>Note: The employer must submit documentation demonstrating its temporary need along with this request for H-2B registration.</b>		

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**D. Place of Employment Information**

1. Worksite address 1 *	
2. Address 2	
3. City *	4. County *
5. State/District/Territory *	6. Postal code *

**E. Employer Point of Contact Information**

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section F, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
4. Contact's job title *		
5. Address 1*		
6. Address 2		
7. City *	8. State *	9. Postal code *
10. Country *	11. Province	
12. Telephone number *	12a. Extension	13. Fax number *
14. E-mail address *	14a. Alternate e-mail address §	
15. Preferred method of contact *		
<input type="checkbox"/> Mail (non-electronic) <input type="checkbox"/> Electronic mail (e-mail)		

**F. Attorney or Agent Information (If applicable)**

1. In the filing of this request for H-2B registration, is the employer represented by an :  <input type="checkbox"/> attorney or <input type="checkbox"/> agent ?  If represented by an attorney or agent, complete the information below and attach a letter demonstrating authority to represent the employer. §		
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §
5. Address 1 §		
6. Address 2		
7. City §	8. State §	9. Postal code §

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10. Country §		11. Province §	
12. Telephone number §	12a. Extension	13. Fax number §	
14. E-Mail address §			
15. Law firm/Agent's Business name §		16. Law firm/Agent's Business FEIN §	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest court where attorney is in good standing (only if attorney) §			

**G. Declarations**

**a. Preparer**

1. Was the application completed by someone other than the person signing on behalf of the employer in item G.c. below or the attorney/agent listed in section F? §  If "yes" you must complete the remainder of section G.a. or G.b. as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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***I hereby certify that I have prepared this request for H-2B registration at the direct request of the employer listed in Section A or the Attorney/Agent listed in Section F and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).***

2a. Preparer's last (Family) name		2b. First (Given) name	2c. Middle initial §
3. Titles §			
4. Business or Law Firm names §			
5. Address (if not listed elsewhere on this application) §			
6. City §	7. State §		8. Postal code §
9. Country §	10. Province §		11. E-mail address §
12. Signature §			13. Date signed (mm/dd/yyyy) §

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**b. Attorney/Agent**

Unless the attorney or agent listed in Section F prepared this request for H-2B registration and completed the information above, he or she must complete this section.

*I hereby certify that I have prepared this request for H-2B registration at the direct request of the employer listed in Section A and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).*

1a. Attorney/Agent's last (Family) name	1b. First (Given) name	1c. Middle initial§
2. Title§		
3. Signature §		4. Date signed (mm/dd/yyyy) §

?

**c. Employer**

**I declare** under penalty of perjury that I have read and reviewed this request for H-2B registration and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).*

1a. Last (Family) name	1b. First (Given) name	1c. Middle initial *
2. Title *		
3. Signature *		4. Date signed (mm/dd/yyyy) *

**H. OMB Paperwork Reduction Act (1205-0466)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101 (a)(15)(H)(ii)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. **Do NOT send the completed request for H-2B registration to this address.**