

Registration for H-2B Temporary Employment Certification  
ETA Form 9155 – General Instructions for the 9155  
**U.S. Department of Labor**



**IMPORTANT:** Please read these instructions carefully before completing the ETA Form 9155 – H-2B Registration. These instructions contain full explanations of the questions and attestations that make up the ETA Form 9155. ***In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If you need additional room to complete an answer, please begin the answer in the space provided and attach an addendum to the relevant section and item identifying each clearly, ALL required items must be completed as well as any fields/items where a response is conditioned on the response to another required field/item.***

Anyone, who knowingly and willingly furnishes any false information in the preparation of ETA Form 9155 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fine or imprisonment up to five years or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).

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**Section A**  
**Emergency Filing**

1. Mark whether the registration is being submitted as an emergency filing. "Yes" or "No." If "Yes", include with your registration a justification for the use of emergency procedures.

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**Section B**  
**Temporary Need Information**

1. Enter the title of the job opportunity for which the registration for H-2B temporary employment certification is being sought by the employer.
2. Enter the six or eight-digit Standard Occupational Classification (SOC)/Occupational Network (O\*NET) code for the occupation, which most clearly describes the work to be performed. For example, the SOC code for a construction laborer is 47-2061.00 (Construction Laborers).
3. Enter the occupational title associated with the SOC/O\*NET (OES) code. For example, the occupational title associated with SOC/O\*NET code 47-2061.00 is "Construction Laborers".
4. Describe the job duties, in detail, to be performed by any worker filling the job opportunity. Specify any equipment to be used and relevant working conditions. If necessary, include an attachment to continue and complete the description. Your attachment should reference this item number.
5. Enter the total number of workers employed in this position on a permanent, year round basis.
6. Enter the anticipated beginning date for the period of employment. Use a month/day (MM/DD) format.
7. Enter the anticipated end date for the period of employment. Use a month/day (MM/DD) format.
8. Enter the total number of positions requested for temporary labor certification in the first registration year.
9. Select the type of temporary need by checking an appropriate box for either "seasonal", "temporary", "one-time occurrence" or "intermittent or other temporary need." The following definitions generally apply to temporary agricultural and non-agricultural work:

**Seasonal Need:** The employer must establish that the services or labor is traditionally tied to a season of the year by an event or pattern and is of a recurring nature. The employer shall specify the period(s) of time during each year in which it does not need the services or labor. The employment is not seasonal if the period during which the services or labor is not needed is unpredictable or subject to change or is considered a vacation period for the employer's permanent employees.

**Peakload Need:** The employer must establish that (1) it regularly employs permanent workers to perform the services or labor at the place of employment and that it needs to supplement its permanent staff at the place of employment on a temporary basis due to a seasonal or short-term demand, and (2) the temporary additions to staff will not become a part of the employer's regular operation.

**One-Time Occurrence:** The employer must establish that either (1) it has not employed workers to perform the services or labor in the past and that it will not need workers to perform the services or labor in the future, or (2) it has

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an employment situation that is otherwise permanent, but a temporary event of short duration has created the need for a temporary worker(s).

Intermittent or Other Temporary Need: The employer must establish that it has not employed permanent or full-time workers to perform the services or labor, but occasionally or intermittently needs temporary workers to perform services or labor for short periods.

10. Provide a statement clearly describing the employer's temporary need for the services or labor to be performed. The employer's statement must explain (a) the nature of the employer's business or operations, (b) why the job opportunity and number of workers being requested for certification reflect a temporary need, and (c) how the employer's request for the services or labor to be performed meets the chosen standard under Question 8 of a seasonal, peakload, one-time occurrence, or an intermittent basis.

It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and prevailing wage determinations.

11. Enter the street address of the worksite location identified in question 1, where work will be performed. The worksite address must be a physical location and cannot be a P.O. Box.
12. If additional space is needed for the street address, use this line. If no additional space is needed, enter "N/A."
13. Enter the city of the worksite location.
14. Enter the county of the worksite location.
15. Enter the state/district/territory of the worksite location.
16. Enter the postal (zip) code of the worksite location.
17. Indicate by selecting "yes" or "no" whether the work will be performed in multiple worksites within an area of intended employment or a location(s) other than the one listed above.
- 17a. If you answered "yes" to question 17 above, identify each geographic place(s) of employment with as much specificity as possible. If necessary, you may submit an attachment to continue and complete the listing; your attachment should reference this item number.

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**Section C**  
**Employer Information**

1. Enter the full legal name of the individual employer, H-2B Job Contractor, partnership, corporation, or organization, i.e., the employer filing this registration. The employer's full legal name must be the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service.
2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the individual employer, H-2B Job Contractor, corporation, or organization, i.e., the employer filing this registration.
3. Enter the street address of the employer's principal place of business.
4. If additional space is needed for the street address, use this line to complete the employer's street address.
5. Enter the city of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields
6. Enter the state of the employer's principal place of business.
7. Enter the postal (zip) code of the employer's principal place of business.

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8. Enter the country of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.
9. Enter the province of the employer's principal place of business, if applicable.
10. Enter the area code and telephone number for the employer's principal place of business. Include country code, if applicable.
- 11.. Enter the extension of the telephone number for the employer's principal place of business, if applicable.
12. Enter the nine-digit Federal Employer Identification Number (FEIN) as assigned by the IRS. Do not enter a social security number.  
  
**Note:** All employers, including private households, MUST obtain an FEIN from the IRS before completing this registration. Information on obtaining an FEIN can be found at [www.irs.gov](http://www.irs.gov).
13. Enter the four to six-digit North American Industry Classification System (NAICS) code that best describes the employer's business, not the alien's job. A listing of NAICS codes can be found at <http://www.census.gov/epcd/www/naics.html>.
14. Enter the number of full-time equivalent employees.
15. Enter the annual gross revenue.
16. Enter the year the business was established (YYYY)
17. Identify the type of employer seeking registration in the H-2B program by checking the applicable box for "individual employer," "joint employer," or "job contractor."

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**Section D**  
**Employer Point of Contact Information**

An employer point of contact is an employee of the employer whose position authorizes the employee to provide information and supporting documentation concerning this Registration for H-2B Temporary Employment Certification and to communicate with the Department of Labor on behalf of the employer. The employer point of contact should be the individual most familiar with the content of this registration and circumstances of the foreign worker's employment.

**Note:** The employer point of contact information in this Section, specifically the name, telephone number, and email address, must be different from the attorney/agent information listed in Section E, unless the attorney is an employee of the employer.

1. Enter the last (family) name of the employer's point of contact.
2. Enter the first (given) name of the employer's point of contact.
3. Enter the middle initial of the employer's point of contact.
4. Enter the job title of the employer's point of contact.
5. Enter the business street address for the employer's point of contact.
6. If additional space is needed for the street address, use this line to complete the street address.
7. Enter the city of the employer's point of contact. If the city and country are the same, the name must still be entered in both fields.
8. Enter the state of the employer's point of contact.

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9. Enter the postal (zip) code of the employer's point of contact.
10. Enter the country of the employer's point of contact. If the city and country are the same, the name must still be entered in both fields.
11. Enter the province of the employer's point of contact, if applicable.
12. Enter the area code and business telephone number of the employer's point of contact. Include country code, if applicable.
- 13.. Enter the extension of the telephone number of the employer's point of contact, if applicable.
14. Enter the business e-mail address of the employer's point of contact in the format [name@emailaddress.top-level](#) domain.

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**Section E**  
**Attorney or Agent Information (if applicable)**

**Note:** The attorney/agent information in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section E, unless the attorney is an employee of the employer.

1. Identify whether the employer is represented by an attorney or agent in the process of filing this registration by marking either "yes" or "no". Only mark one box. If the employer is represented by either an attorney or an agent, complete questions 2 to 19 and continue to Section G.
2. Enter the last (family) name of the attorney/agent.
3. Enter the first (given) name of the attorney/agent.
4. Enter the middle initial of the attorney/agent.
5. Enter the street address of the attorney/agent.
6. If additional space is needed for the street address, use this line to complete the attorney/agent's street address.
7. Enter the city of the attorney/agent. If the city and country are the same, the name must still be entered in both fields.
8. Enter the state of the attorney/agent.
9. Enter the postal (zip) code of the attorney/agent.
10. Enter the country of the attorney/agent. If the city and country are the same, the name must still be entered in both fields.
11. Enter the province of the attorney/agent, if applicable.
12. Enter the area code and telephone number of the attorney/agent. Include country code, if applicable.
13. Enter the extension of the telephone number of the attorney/agent, if applicable.
14. Enter the e-mail address of the attorney/agent in the format [name@emailaddress.top-level](#) domain.
15. Enter the attorney/agent's law firm or business name.
16. Enter the attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS.

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17. Enter the attorney's state Bar number. If the attorney is licensed in more than one state, enter only one state Bar number. If submitting this form electronically and the attorney is licensed in a state which does not issue state Bar numbers, leave the field blank and once confirmed it will be automatically pre-populated with "N/A."

**Note:** The answers to questions 18 and 19 below should correspond to the same state for which a Bar number was provided in question 17, if any.

18. Enter the state of the highest court where the attorney is in good standing.
19. Enter the name of the highest court in the state where the attorney is in good standing.
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**Section F**  
**Declarations of Employer and Attorney/Agent**

**a. Employer Declaration**

This section must be completed by a hiring or designated official with authority to sign on behalf of the employer.

1. Enter the last (family) name of the person with authority to sign on behalf of the employer.
2. Enter the first (given) name of the person with authority to sign on behalf of the employer.
3. Enter the middle initial of the person with authority to sign on behalf of the employer.
4. Enter the job title of the person with authority to sign on behalf of the employer.
5. **The person with authority to sign on behalf of the employer must sign the registration.** Please read the entire registration and verify all information contained on the form before signing.
6. The person with authority to sign on behalf of the employer must date the registration. Use a month/day/full year (MM/DD/YYYY) format.

**b. Attorney/Agent Declarations**

1. Enter the last (family) name of the attorney/agent representing the employer in the filing of this registration.
  2. Enter the first (given) name of the attorney/agent representing the employer in the filing of this registration.
  3. Enter the middle initial of the attorney/agent representing the employer in the filing of this registration.
  4. Enter job title of the attorney/agent representing the employer in the filing of this registration.
  5. The attorney/agent must sign the registration.
  6. The attorney/agent must date the registration. Use a month/day/full year (MM/DD/YYYY) format.
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**Section G. Preparer**

**This section must be completed if the preparer** of this registration is a person other than the one identified in either Section Fa. (employer point of contact) or in Section Fb. (attorney or agent) of this registration.

1. Enter the preparer's last (family) name of the person preparing this registration by or on behalf of the employer.
2. Enter the first (given) name of the person preparing this registration by or on behalf of the employer.
3. Enter the middle initial of the person with preparing this registration by or on behalf of the employer.
4. Enter job title of the person representing the employer in the filing of this registration.

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5. Enter the email address of the person preparing this registration on behalf of the employer in the format [name@emailaddress.top-level](#) domain.
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**Section H**

**U.S. Department of Labor Registration Decision**

This section is for Official Government Use Only. Please do not complete this section.

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**OMB Paperwork Reduction Act Notice (1205-0466)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. 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. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW, \* Washington, DC \* 20210 or email [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed H-2B Registration to this address.**