

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



**H-2A LABOR CONTRACTOR SURETY BOND**

**A. BOND AGREEMENT**

1. Bond Number *	2. Bond Amount *
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**KNOW ALL PERSONS BY THESE PRESENTS**, That the undersigned, the **SURETY** and the **PRINCIPAL**, are irrevocably held and firmly bound to the Administrator, Wage and Hour Division, U.S. Department of Labor (“Administrator”), the **OBLIGEE**, in the amount identified above in item A.2 of this form, for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, Principal is an H-2A Labor Contractor and has submitted an Application for Temporary Employment Certification (“Application”) pursuant to 20 CFR 655.132 seeking issuance of a temporary agricultural labor certification (“Certification”), which requires the Principal to submit with said Application a bond in the amount specified in § 655.132(c)(2).

**NOW THEREFORE**, The condition of this obligation is that Principal will pay to the Administrator any sums for wages and benefits, including any assessment of interest, found to be owed to an H-2A worker or to a worker engaged in corresponding employment, or to a U.S. worker improperly rejected or improperly laid off or displaced for a violation or violations of 20 CFR part 655, subpart B, or 29 CFR part 501. Upon a final decision finding such violation or violations relating to the Certification this bond is intended to cover, the Administrator may make a written demand on the Surety. The Surety is then obligated to remit to the Administrator, within 30 days, all such sums up to the face amount of the bond.

This bond shall be effective as of the date the Application is submitted. Pursuant to § 655.132(c)(1), this bond shall remain in full force and effect for all liabilities incurred during the period of the Certification, including any extension thereof, and may not be cancelled during this period absent a finding by the Administrator that the Certification has been revoked.

This bond is executed by the Surety hereunder to comply with the requirements of 20 CFR part 655, subpart B, and 29 CFR part 501 and shall be deemed to be subject to all terms and provisions thereof.

**B. PRINCIPAL**

1. Name of Principal *	
2. Name of the person authorized to sign on behalf of Principal, if applicable *	
3. Signature *	4. Date signed *

**C. SURETY**

1. Name of Surety *		
2. Valid documentation of power of attorney is attached. *		<input type="checkbox"/> Yes
3. Contact’s Last (family) Name *	4. First (given) Name *	5. Middle Name(s)
6. Address *		
7. City *	8. State *	9. Postal Code *
10. Telephone Number *	11. Extension	
12. Signature *	13. Date signed *	

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**Public Burden Statement (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 3.68 hours per response for all H-2A information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and submitting 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.). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Suite PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0466). DO NOT send the completed application to this address.