

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