

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



Please read and review the filing instructions carefully before completing the Form ETA 9155. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor>. In accordance with Federal Regulations, incomplete registrations and registrations unable to establish that the employer's need for services or labor is temporary in nature **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. Emergency Filing**

1. Is this registration being submitted in support of an emergency filing under 20 CFR 655.17? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**B. Temporary Need Information**

1. Job Title *		
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occupation title *	
4. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachments to <u>continue and complete</u> description. *		
5. Total workers employed in this position on a permanent, year round basis? *	<b>Period of Intended Employment</b>	
	6. Begin Date * <small>(mm/dd/yyyy)</small>	7. End Date * <small>(mm/dd/yyyy)</small>
8. Total worker positions requested for temporary labor certification in the first registration year *		
9. 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		
10. Statement of Temporary Need – A justification that the need for the services or labor to be performed is temporary in nature, <b>MUST</b> begin in this space. If necessary, add attachments to <u>continue and complete</u> the justification. *		

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**B. Temporary Need Information (continued)**

11. Worksite address 1 *	
12. Address 2	
13. City *	14. County *
15. State/District/Territory *	16. Postal code *
17. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? * <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
17a. If Yes in question 17, identify each geographic place(s) of employment with as much specificity as possible. If necessary submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	

**C. Employer Information**

**Important Note:** Enter the full name of the individual employer, job contractor, 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 *		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
14. Number of non-family full-time equivalent employees *	15. Annual gross revenue *	16. Year established *
17. Type of employer seeking registration in the H-2B program (check only one box) *	<input type="checkbox"/> Individual Employer <input type="checkbox"/> Joint Employer <span style="float: right;">(e.g. Job Contractor)</span>	

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**D. 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 H-2B registration and labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, 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 *	13. Extension	14. E-Mail address

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

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including an association acting as an agent under the H-2B program)? If "Yes", complete Section E. *		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 §
10. Country §	11. Province	
12. Telephone number §	13. Extension	14. E-Mail address
15. Law firm/Business name §		16. Law firm/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) §		

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**F. Declaration of Employer and Attorney/Agent**

**a. 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 fine, imprisonment, 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).

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial
4. Hiring or designated official title *		
5. Signature *		6. Date signed (mm/dd/yyyy) *

**b. Attorney/Agent**

I hereby declare under penalty of perjury that I have prepared this request for H-2B registration at the direct request of the employer listed in Section C 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 fine, imprisonment, 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).

1. Attorney or Agent's last (family) name §	2. First (given) name §	3. Middle initial
4. Title §		
5. Signature §		6. Date signed (mm/dd/yyyy) §

**G. Preparer**

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial
4. Title §		
5. Firm/Business name §		
6. E-Mail address §		

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

FOR OFFICIAL GOVERNMENT USE ONLY		
1. Registration tracking number	2. Date registration request received	
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title	
2. Decision status		3. Date registration decision issued
4. Total Worker Positions Approved	Approval Period of H-2B Registration	
	5. Begin Date	6. End Date
7. Additional Notes Regarding Registration Decision		

For public burden statement information, please see Form ETA-9155 Instructions.