

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

1. City *		3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. /	6. Additional Work Itinerary Information §						
	2. State *				Crew ID	Total Workers	Begin Date	End Date	Basic Wa From:	ige Rate <i>To:</i>	Per	
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For public burden statement information, please see Form ETA-9142B General Instructions.

Case Status:

FOR DEPARTMENT OF LABOR USE ONLY

Determination Date: _____

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