

## Form ETA-9142A FLAG System Screenshots

Form ETA-9142A  
H-2A Application for Temporary Employment Certification

**Preliminary Questions**

- A Nature of H-2A Application
- B Employer Information
- C Employer Point of Contact Information
- D Attorney or Agent Information (if applicable)
- E Job Opportunity and Supporting Documentation

A.5. Is this application being filed with a request to waive the regulatory time period due to an emergency situation, as defined by 20 CFR 655.134? <sup>?</sup>

Yes  
 No

E.3. Locate the completed job order (Form ETA-790/790A) satisfying the requirements at 20 CFR 653, subpart F, and 20 CFR 655.122 below. <sup>?</sup>

[Job Order Lookup](#)

[Save & Quit](#) [Continue](#)

### 1. Preliminary Questions (above)

Form ETA-9142A  
H-2A Application for Temporary Employment Certification

**Preliminary Questions**

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- F Declaration of Employer and Attorney/Agent
- G Preparer
- H Application Documents
- I Review & Submit

There is 1 field level error on this page

- Field A.6: This field is required.

A.5. Is this application being filed with a request to waive the regulatory time period due to an emergency situation, as defined by 20 CFR 655.134? <sup>?</sup>

Yes  
 No

A.6. Upload a statement justifying the employer's emergency situation. <sup>?</sup>

Document Upload <sup>\*</sup>

Drop files here or [browse](#).

File types allowed: pdf, png, jpg  
File size limit: 30MB

**This field is required.**

E.3. Locate the completed job order (Form ETA-790/790A) satisfying the requirements at 20 CFR 653, subpart F, and 20 CFR 655.122 below. <sup>?</sup>

[Job Order Lookup](#)

**This field is required.**

[Save & Quit](#) [Continue](#)

### 2. Preliminary Questions (Above: If A.5 marked Yes)

Form ETA-9142A  
H-2A Application for Temporary  
Employment Certification

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- Review & Submit

## Nature of H-2A Application

**IMPORTANT:** Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9142A - H-2A Application for Temporary Employment Certification, and all required appendices. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9142A. If you are not submitting these forms electronically, please complete ALL required items containing an asterisk (\*).

A.1. Type of Employer Application? ?

- Individual Employer
- Joint Employer (2 or more individual employers)
- Association - Sole Employer
- Association - Joint Employer
- Association - Agent

A.2. Is the employer operating as an H-2A Labor Contractor (H-2ALC), as defined by 20 CFR 655.103(b)? ?

- Yes
- No

A.3. Nature of Temporary Need ?

- Seasonal
- Other Temporary Need

A.4. Are you attaching a statement of temporary need? ?

- Yes
- No

**Save & Quit****Back****Continue**

### 3. Section A (above)

- Preparer**
- Application Documents
- Review & Submit

Other Temporary Need

A.4. Are you attaching a statement of temporary need? ?

- Yes
- No

A.4.A. Upload a statement of temporary need. ?

Document Upload ?

Drop files here or [browse](#)

File types allowed: .pdf, .png, .jpg  
File size limit: 30MB

**Save & Quit****Back****Continue**

### 4. Section A (If A.4 marked Yes)

Form ETA-9142A  
H-2A Application for Temporary  
Employment Certification

- Preliminary Questions
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- Review & Submit

## Employer Information

B.1. Legal Business Name \*

B.2. Trade Name / Doing Business As (DBA), if applicable

B.12. Federal Employer Identification Number (FEIN from IRS) \*

B.13. NAICS Code \*

B.3. Address 1 \*

B.4. Address 2 (apartment/suite/floor and number)

B.8. Country \*

B.5. City \*

B.6. State \*

B.7. Postal Code \*

B.10. Telephone Number \*

### 5. Section B (above)

Preparer

Application Documents

Review & Submit

- Select -

B.7. Postal Code

B.10. Telephone Number

B.11. Extension

Save & Quit

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Continue

### 6. Section B (Above Continued)

Form ETA-9142A  
H-2A Application for Temporary  
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Preliminary Questions

Nature of H-2A Application

Employer Information

**C Employer Point of Contact Information**

D Attorney or Agent Information (if applicable)

E Job Opportunity and Supporting Documentation

F Declaration of Employer and Attorney/Agent

G Preparer

Application Documents

Review & Submit

### Employer Point of Contact Information

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 labor certification in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

C.1. Contact's Last (family) Name

C.2. First (given) Name

C.3. Middle name(s)

C.4. Contact's Job Title

C.5. Address 1

C.6. Address 2 (apartment/suite/floor and number)

C.7. City

C.9. Postal Code

C.10. Country

C.11. Province

### 7. Section C (above)

**C Employer Point of Contact Information**

D Attorney or Agent Information (if applicable)

E Job Opportunity and Supporting Documentation

F Declaration of Employer and Attorney/Agent

G Preparer

Application Documents

Review & Submit

C.7. City \*

C.9. Postal Code \*

C.10. Country \*

C.11. Province \*

C.12. Telephone Number \*

C.13. Extension \*

C.14. Business e-mail address \*

Save & Quit Back Continue

### 8. Section C (continued above)

Form ETA-9142A  
H-2A Application for Temporary Employment Certification

Preliminary Questions

A Nature of H-2A Application

B Employer Information

**D Attorney or Agent Information (if applicable)**

E Job Opportunity and Supporting Documentation

F Declaration of Employer and Attorney/Agent

G Preparer

Application Documents

Review & Submit

### Attorney or Agent Information (if applicable)

D.1. Indicate the type of representation for the employer in the filing of this application.

Attorney

Agent

None

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### 9. Section D (above)

Form ETA-9142A  
H-2A Application for Temporary  
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- Preliminary Questions
- A** Nature of H-2A Application
- B** Employer Information
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- D Attorney or Agent Information (if applicable)**
- E** Job Opportunity and Supporting Documentation
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## Attorney or Agent Information (if applicable)

D.1. Indicate the type of representation for the employer in the filing of this application.

- Attorney
- Agent
- None

D.2. Attorney or Agent's Last (family) Name \*

D.3. First (given) Name \*

D.4. Middle name(s)

D.5. Address 1 \*

D.6. Address 2 (apartment/suite/floor and number)

D.7. City \*

D.9. Postal Code \*

D.10. Country \*

D.11. Province

### 10. Section D (above if Attorney indicated)

Form ETA-9145A  
H-2A Application for Temporary  
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**Preliminary Questions**

**A** Nature of H-2A Application

**B** Employer Information

**Employer Point of Contact Information**

**D Attorney or Agent Information (if applicable)**

**E** Job Opportunity and Supporting Documentation

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

**G** Preparer

Application Documents

Review & Submit

D.10. Country \* ?  
- Select -

D.11. Province ?

D.12. Telephone Number \* ?

D.13. Extension ?

D.14. Law Firm/Business Email Address \* ?

D.15. Law Firm/Business Name \* ?

D.16. Law Firm/Business FEIN \* ?  
##-#####

D.17. State Bar Number(s) \* ?

D.18. State of highest state court where attorney is in good standing \* ?  
- Select -

D.19. Name of highest state court where attorney is in good standing ?

**11. Section D (above Attorney continued)**



Form ETA-9142A  
H-2A Application for Temporary  
Employment Certification



Preliminary Questions

A

Nature of H-2A Application

B

Employer Information



Employer Point of Contact Information

**D**

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

E

Job Opportunity and  
Supporting Documentation

F

Declaration of Employer and  
Attorney/Agent

G

Preparer



Application Documents



Review & Submit

## Attorney or Agent Information (if applicable)

D.1. Indicate the type of representation for the employer in the filing of this application. [?](#)

- Attorney  
 Agent  
 None

D.2. Attorney or Agent's Last (family) Name \* [?](#)

D.3. First (given) Name \* [?](#)

D.4. Middle name(s) [?](#)

D.5. Address 1 \* [?](#)

D.6. Address 2 (apartment/suite/floor and number) [?](#)

D.7. City \* [?](#)

D.9. Postal Code \* [?](#)

D.10. Country \* [?](#)

D.11. Province [?](#)

### 12. Section D (above if Agent indicated)



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D.11. Province ?

D.12. Telephone Number \* ?

D.13. Extension ?

D.14. Law Firm/Business Email Address \* ?

D.15. Law Firm/Business Name \* ?

D.16. Law Firm/Business FEIN \* ?

D.20. Upload a copy of the current agreement of other documentaiton demonstrating the agent's authority to represent the employer. ?

Document Upload

Drop files here or [browse](#).  
File types allowed: pdf, png, jpg  
File size limit: 30MB

D.21. Are you attaching a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform? ?

Yes  
 No  
 N/A

[Save & Quit](#) [Back](#) [Continue](#)

### 13. Section D (above Agent continued)

Attorney/Agent

Preparer

Application Documents

Review & Submit

D.21. Are you attaching a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform? ?

Yes  
 No  
 N/A

Document Upload

Drop files here or [browse](#).  
File types allowed: pdf, png, jpg  
File size limit: 30MB

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### 14. Section D (above Agent if D.21 marked Yes)

Form ETA-9142A  
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## Job Opportunity and Supporting Documentation

E.1/E.2. SOC Code and Occupation Title <sup>?</sup>

This field is required.

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### 15. Section E (above)

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- Attorney or Agent Information (if applicable)
- Job Opportunity and Supporting Documentation
- Declaration of Employer and**

## Declaration of Employer and Attorney/Agent

*In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix A will not be certified by the Department.*

F.1. Read and agree to all the application terms, assurances, and obligations contained in [Appendix A](#) and attach a signed and dated copy with this application. <sup>?</sup>

Document Upload <sup>?</sup>

Drop files here or [browse](#)  
File types allowed: .pdf, .png, .jpg  
File size limit: 30MB

Save & Quit

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### 16. Section F (above)

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## Preparer

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

G.1. Last (family) Name <sup>?</sup>

G.2. First (given) Name <sup>?</sup>

G.3. Middle Initial <sup>?</sup>

G.4. Law Firm/Business FEIN <sup>?</sup>

G.5. Law Firm/Business Name <sup>?</sup>

G.6. Business Email Address <sup>?</sup>

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### 17. Section G (above)

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- H Review & Submit

## Application Documents

Below, you will find a summary of the documents that you have uploaded to this application throughout the form. You may also add and categorize additional supplemental documents below.

Reminder: Employers must provide the CO with proof of workers' compensation insurance coverage, including the name of the insurance carrier, the insurance policy number, and proof of insurance for the dates of need, or, if appropriate, proof of State law coverage. If the insurance will expire during the period of need, employers should upload an attestation that the insurance will be renewed.

0 Uploaded Documents

Filename	Category	Actions
<p>You have no documents. Additional documents will appear here.</p>		

[+ Add Document\(s\)](#)

[Save & Quit](#)

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## 18. Application Documents (above)

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- Field E.3: This field is required.
- Field E.1/E.2: This field is required.
- Field E.1/E.2: This field is required.

- F: Declaration of Employer and Attorney/Agent**  
There is 1 error on this page.
- Field F.1: This field is required.

Select what form/section you would like to view:

- Select -

1205-0310  
Expiration Date: XXXX/XXXX/XXXX

[Print Summary](#)

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

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- A: Nature of H-2A Application >
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- C: Employer Point of Contact Information >
- D: Attorney or Agent Information (if applicable) >
- E: Job Opportunity and Supporting Documentation >
- F: Declaration of Employer and Attorney/Agent >
- G: Preparer >

[Save & Quit](#)

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[Submit](#)

## 19. Review & Submit