

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 *
------------------	------------------

**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thereof, and may not be cancelled during this period absent a finding by the Administrator that the Certification has been revoked.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. Last (family) Name (authorized to sign for Principal) *		3. First (given) Name *	4. Middle Initial §
5. Signature *		6. Date Signed *	

**C. SURETY**

1. Name of Surety *			
2. Contact’s Last (family) Name *		3. First (given) Name *	4. Middle Name(s) §
5. Address 1 *			
6. Address 2 (apartment/suite/floor and number) §			
7. City *		8. State *	9. Postal Code *
10. Telephone Number *	11. Extension §	12. Business Email Address *	
13. Valid documentation of power of attorney is attached. *			<input type="checkbox"/> Yes
14. Signature *			15. Date signed *

**For Public Burden Statement, see the Instructions for Form ETA-9142A.**