OMB Approval: 1205-0509
Expiration Date: 06/30/2026

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 *From:*	Basic Wage Rate *To:*	Per

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

H-2B Case Number: _____ Case Status: _____ Determination Date: _____ Validity Period: _____ to _____