

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



**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at the Office of Foreign Labor Certification's website at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (\*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. H-2B Application Visa Cap Estimates**

|   |                |    |
|---|----------------|----|
| 1. Of the total number of H-2B workers requested under Section B Item 4 of this application, estimate the number of H-2B workers the employer anticipates will be cap-subject and cap-exempt from the H-2B numerical visa cap.* | a. Cap-Subject | 0  |
|   | b. Cap-Exempt  | 10 |

**B. Temporary Need Information**

|  |  |                                      |
|--|--|--------------------------------------|
| 1. Job Title * Installation, Maintenance, and Repair Workers, All Other  |  |                                      |
| 2. SOC Code * 49-9099.00   | 3. SOC Occupation Title * Installation, Maintenance, and Repair Workers, All Other |                                      |
| 4. Number of Workers * 10  | 5. Begin Date * (mm/dd/yyyy) 1/7/2025  | 6. End Date * (mm/dd/yyyy) 4/12/2025 |
| 7. Nature of Temporary Need (Choose only one) *<br><input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent |  |                                      |
| 8. Statement of Temporary Need * (Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)<br>Please See Addendum   |  |                                      |

**C. Employer Information**

|   |                         |                        |
|---|-------------------------|------------------------|
| 1. Legal Business Name * Dakota Outdoorscapes, Inc.                     |                         |                        |
| 2. Trade Name/Doing Business As (DBA), if applicable §                  |                         |                        |
| 3. Address 1 * 8351 Hwy 1804 N  |                         |                        |
| 4. Address 2 (apartment/suite/floor and number) §                       |                         |                        |
| 5. City * Bismarck  | 6. State * North Dakota | 7. Postal Code * 58503 |
| 8. Country * United States Of America                                   | 9. Province § N/A       |                        |
| 10. Telephone Number * +1 (701) 595-0890                                | 11. Extension §         |                        |
| 12. Federal Employer Identification Number (FEIN from IRS) * [REDACTED] | 13. NAICS Code * 561730 |                        |

**D. 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 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 *<br><b>Rick</b> | 2. First (given) Name *<br><b>Jonathan</b> | 3. Middle Name(s) §<br><b>J.</b> |
|--|--|----------------------------------|

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|   |                           |  |
|---|---------------------------|--|
| 4. Contact's Job Title*<br>President              |                           |  |
| 5. Address 1*<br>8351 Hwy 1804 N                  |                           |  |
| 6. Address 2 (apartment/suite/floor and number) § |                           |  |
| 7. City*<br>Bismarck                              | 8. State*<br>North Dakota | 9. Postal Code*<br>58503                         |
| 10. Country*<br>United States Of America          |                           | 11. Province §                                   |
| 12. Telephone Number*<br>+1 (719) 445-9985        | 13. Extension §           | 14. Business Email Address*<br>jon@jricklawn.com |

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

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 1. Indicate the type of representation for the employer in the filing of this application.*<br>Complete the remainder of this section if "Attorney" or "Agent" is marked.  |                                    | <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Agent <input type="checkbox"/> None |  |
| 2. Attorney or Agent's Last (family) Name §<br>Ahl   | 3. First (given) Name §<br>Bradley | 4. Middle Name(s) §<br>N.   |  |
| 5. Address 1 §<br>32450 Hwy. 257   |                                    |   |  |
| 6. Address 2 (apartment/suite/floor and number) §<br>Suite B   |                                    |   |  |
| 7. City §<br>Windsor   | 8. State §<br>Colorado             | 9. Postal Code §<br>80550   |  |
| 10. Country §<br>United States Of America  |                                    | 11. Province §  |  |
| 12. Telephone Number §<br>+1 (970) 686-6068  | 13. Extension §                    | 14. Law Firm/Business Email Address §<br>h2b@laborsolutions-inc.com                                       |  |
| 15. Law Firm/Business Name §<br>Labor Solutions, Inc.  |                                    | 16. Law Firm/Business FEIN §<br>[REDACTED]  |  |
| <b>If "Attorney" is marked in question E.1, complete questions 17 to 19 below.</b>   |                                    |   |  |
| 17. State Bar Number(s) §  |                                    | 18. State of highest court where attorney is in good standing §   |  |
| 19. Name of the highest state court where attorney is in good standing §   |                                    |   |  |
| <b>If "Agent" is marked in question E.1, complete questions 20 and 21 below.</b>   |                                    |   |  |
| 20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? §  |                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 21. Is 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 attached to this application? § |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A          |  |

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**F. Employment and Wage Information**

**a. Job Opportunity and Minimum Requirements**

|   |                       |  |   |                   |   |   |   |  |   |                    |  |   |  |
|---|-----------------------|--|---|-------------------|---|---|---|--|---|--------------------|--|---|--|
| 1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. *   |                       |  |   |                   |   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   |  |   |                    |  |   |  |
| 2. Name of the State *<br>North Dakota  |                       |  |   |                   | 3. Date Job Order Submitted * 10/24/2024                            |   |   |  |   |                    |  |   |  |
| 4. Job Duties – Description of the specific services or labor to be performed. *<br><i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i><br>Daily job duties typically prepare construction sites by clearing debris, removing obstacles, and setting up signs, assist in the excavation and grading of the land by using shovels and hand tools and place temporary barriers to prevent erosion, moving construction materials, tools, and equipment to and from the work area, loading and unloading materials by hand and organizing the materials on worksite. Winter job duties may involve the installation of seasonal decorations like holiday lights, wreaths, or garlands. Laborers may be responsible for safely installing and maintaining these decorations. Laborers assist in the preparation of hardscape elements such as preparing ground for pathways, patios, and retaining walls. Snow removal responsibilities during winter is to remove snow from driveways, pathways, and outdoor areas which involve shoveling, snow blowing to clear the snow and create safe walking and driving surfaces. Cleaning, maintenance and sweeping, removing trash and debris, and ensuring tools and equipment are properly stored at the end of the day. Specific duties of laborers can vary based on the type of construction project, such as residential, commercial, or industrial, as well as the stage of construction they are involved in, such as initial site preparation or final cleanup. |                       |  |   |                   |   |   |   |  |   |                    |  |   |  |
| 5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *   |                       |  |   |                   |   |   | 6. Hourly work schedule *   |  |   |                    |  |   |  |
| 40  | <b>a. Total Hours</b> |  | 8 | <b>c. Monday</b>  |   | 8 | <b>e. Wednesday</b>   |  | 8 | <b>g. Friday</b>   |  | a. <u>7</u> : <u>00</u> <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |  |
| 0   | <b>b. Sunday</b>      |  | 8 | <b>d. Tuesday</b> |   | 8 | <b>f. Thursday</b>  |  | 0 | <b>h. Saturday</b> |  | b. <u>5</u> : <u>00</u> <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM |  |
| 7. Education: minimum U.S. diploma/degree required. *   |                       |  |   |                   |   |   |   |  |   |                    |  |   |  |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)  |                       |  |   |                   |   |   |   |  |   |                    |  |   |  |
| 8. Training: number of <u>months</u> required. *  |                       |  |   |                   | 0   |   | 9. Work Experience: number of <u>months</u> required. *                               |  |   |                    |  | 0   |  |
| 10. Supervision: does this position supervise the work of other employees? *  |                       |  |   |                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | 10a. If "Yes" to question 10, enter the number of employees worker will supervise. \$ |  |   |                    |  |   |  |
| 11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. *<br>Please See Addendum   |                       |  |   |                   |   |   |   |  |   |                    |  |   |  |

**b. Place of Employment and Wage Information**

|   |                            |                           |
|---|----------------------------|---------------------------|
| 1. Worksite Address *<br>8351 Hwy 1804 N                        |                            |                           |
| 2. Worksite Address § <i>(apartment/suite/floor and number)</i> |                            |                           |
| 3. City *<br>Bismarck   | 4. State *<br>North Dakota | 5. Postal Code *<br>58503 |

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|   |  |
|---|--|
| 6. County *<br>Burleigh   | 7. Metropolitan Statistical Area (MSA) Name/OES Area Title *<br>Bismarck, ND   |
| 8a. Basic Wage Rate Paid *<br>From: \$ <u>26</u> . <u>04</u> To: \$ <u>27</u> . <u>00</u>   | 8b. Per (Choose only one) *<br><input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly<br><input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate |
| 8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A? *<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    |  |
| 8d. Wage Rate Range for Overtime Pay §<br>From: \$ <u>39</u> . <u>06</u> To: \$ <u>40</u> . <u>50</u>   |  |
| 9. Additional conditions about the wage rate to be paid at any work locations §<br>Possible raises, bonuses, or incentives dependent on tenure w/company, experience, or job performance. |  |
| <b>DOL Prevailing Wage Determination (PWD) Information</b>  |  |
| 10. 1st PWD Case Number *<br>P-400-24241-301495   | 10a. 2nd PWD Case Number §   |
| 10b. 3rd PWD Case Number §  |  |
| 11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. §          |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  |  |

**c. Additional Place of Employment and Wage Information**

|  |   |
|--|---|
| 1. Will work be performed at worksite locations other than the one identified in Section F.b.? *                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes" is marked in question F.c.1, indicate whether a completed <b>Appendix A</b> is attached to this application. § | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**d. Other Material Terms and Conditions of the Job Offer**

|   |  |
|---|--|
| 1. <b>Daily Transportation:</b> Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. *  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A |
| 2. <b>On-the-Job Training Available:</b> Workers will be provided with on-the-job training to perform the duties assigned. *  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 3. <b>Employer-Provided Tools and Equipment:</b> Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 4. <b>Board, Lodging, or Other Facilities:</b> Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 5. <b>Deductions From Pay:</b> State all deduction(s) from pay and, if known, the amount(s). *<br>Housing: Employer will provide workers with optional housing at the monthly rental rate of \$375.00. Other deductions from employees pay: All deductions required |  |

**e. Recruitment Information**

|   |  |
|---|--|
| 1. Telephone Number to Apply *<br>+1 (701) 595-8090 | 2. Email Address to Apply *<br>mckenzie@ndscapes.com |
| 3. Website address (URL) to Apply *<br>N/A          |  |

**G. Other Supporting Documentation**

|   |  |
|---|--|
| 1. Type of Employer Application (Choose only one) *   | <input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Joint Employer (e.g., Job Contractor) |
| 2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? * |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A  |  |

**If "Joint Employer" (e.g. Job Contractor) is marked in question G.1, complete questions 3 and 4 below.**

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|  |  |
|--|--|
| 3. Indicate whether a completed <b>Appendix D</b> identifying the joint employer (or employer-client for a job contractor) has been included. §  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. If a job contractor, indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. §   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>Foreign Labor Recruiter Information</b>   |  |
| 5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. *   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Indicate whether a completed <b>Appendix C</b> providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**H. 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 B will not be certified by the Department.*

|  |  |
|--|--|
| 1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in <b>Appendix B</b> and have attached a signed and dated copy of Appendix B with this application. *  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 2. Please confirm that the joint employer (e.g. <u>employer-client for a job contractor</u> ) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in <b>Appendix B</b> and has attached a <u>separate</u> signed and dated copy of Appendix B with this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

**I. 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 Section E (attorney or agent) of this application.*

|                                      |                             |                     |
|--------------------------------------|-----------------------------|---------------------|
| 1. Last (family) Name §              | 2. First (given) Name §     | 3. Middle Initial § |
| 4. Law Firm/Business FEIN §          | 5. Law Firm/Business Name § |                     |
| 6. Law Firm/Business Email Address § |                             |                     |

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

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**ADDENDUM**  
Section B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

**INTRODUCTION**

**BUSINESS HISTORY:**

DAKOTA OUTDOORSCAPES, INC. WAS ESTABLISHED IN 2013. SINCE THAT TIME, WE HAVE BEEN PROVIDING RESIDENTIAL AND COMMERCIAL DESIGN, INSTALLATION OF LANDSCAPES, AND IRRIGATION SYSTEMS. WE SPECIALIZE IN OUTDOOR LIVING CONCEPTS, WATER FEATURES, AND FIRE PITTS. WE ALSO HAVE A LAWN MAINTENANCE DIVISION THAT PROVIDES WEEKLY MOWING, TRIMMING, WEED AND PEST CONTROL, PRUNING, FERTILIZATION, AND IRRIGATION REPAIR. WE RESEARCH AND PURCHASE PRODUCTS THAT ARE BEST FOR SOILS AND WEATHER CONDITIONS IN THE BISMARCK-MANDAN, ND AREA.

**BUSINESS ACTIVITIES:**

OUR BUSINESS ACTIVITIES INCLUDE HARDSCAPES, PAVER PATIOS AND WALKWAYS, RETAINING WALLS, NEW LANDSCAPING CONSTRUCTION, INSTALLATION OF SPRINKLER SYSTEMS (INCLUDING REPAIRS), PLANTING TREES AND SHRUBS, SOD INSTALLATION, CONCRETE LAWN CURBING, DECORATIVE ROCK AND BOULDER PLACEMENT, LAWN MAINTENANCE (WEEKLY MOWING, TRIMMING TREES AND SHRUBS, YARD CLEAN-UP, SNOW REMOVAL, AND WINTER LANDSCAPE MAINTENANCE).

**NATURE OF OPERATIONS**

THERE ARE THREE PHASES TO WINTER CONSTRUCTION LABOR PROJECTS.

**FALL MONTHS:**

FALL CONSTRUCTION LABORER DUTIES INVOLVE COMPLETION OF OUR SUMMER CONSTRUCTION PROJECTS AND PREPARING FOR WINTER ONES. THIS PERIOD IS THE RECOMMENDED TIME TO PRUNE BUSHES AND TREES AND REPLACEMENT TREES CAN BE TRANSPLANTED DURING FALL MONTHS, BUT CAREFUL PLANNING MUST TAKE PLACE.

PRUNING AND TRIMMING: WINTER IS AN EXCELLENT TIME TO PRUNE AND TRIM TREES AND SHRUBS WHILE THEY ARE DORMANT. PROPER PRUNING TECHNIQUES HELP MAINTAIN THE HEALTH AND SHAPE OF PLANTS, PROMOTE GROWTH, AND PREVENT DAMAGE FROM HEAVY SNOW OR ICE BUILDUP. TRIMMING ALSO KEEPS BRANCHES AWAY FROM STRUCTURES AND WALKWAYS, REDUCING THE RISK OF ACCIDENTS.

IF THE CONSTRUCTION PROJECT INCLUDES IRRIGATION SYSTEMS, IT'S ESSENTIAL TO INSPECT AND WINTERIZE THEM BEFORE FREEZING TEMPERATURES ARRIVE. THIS INVOLVES DRAINING WATER FROM THE PIPES AND SHUTTING OFF THE SYSTEM TO PREVENT DAMAGE FROM FROZEN WATER EXPANDING WITHIN THE LINES. LAYOUT AND SETUP FOR HARDSCAPE AREAS BEGINS IN THE LATER PART OF THE YEAR SINCE THIS IS CONSTRUCTION WORK THAT CAN BE PERFORMED DURING COLDER MONTHS.

**WINTER MONTHS:**

WINTER WEATHER LANDSCAPING CONSTRUCTION DUTIES INVOLVE PREPARING AND MAINTAINING OUTDOOR SPACES DURING THE COLDER MONTHS, ENSURING THEY REMAIN SAFE, FUNCTIONAL, AND VISUALLY APPEALING. WHILE THE TASKS MAY DIFFER DEPENDING ON THE CLIMATE AND SEVERITY OF WINTER IN A PARTICULAR REGION, HERE ARE SOME COMMON RESPONSIBILITIES FOR WINTER LANDSCAPING CONSTRUCTION.

SNOW AND ICE REMOVAL: ONE OF THE PRIMARY TASKS IN WINTER IS THE REMOVAL OF SNOW AND ICE. THIS INCLUDES CLEARING DRIVEWAYS, WALKWAYS, AND PARKING AREAS TO ENSURE SAFE PASSAGE. SNOW SHOVELING, SNOW BLOWING, AND SALTING OR SANDING ARE TYPICAL METHODS USED TO KEEP SURFACES CLEAR AND PREVENT SLIPS AND FALLS.

PROTECTING PLANTS: CERTAIN PLANTS MAY NEED PROTECTION FROM FREEZING TEMPERATURES. THIS INVOLVES WRAPPING SENSITIVE PLANTS WITH BURLAP OR INSTALLING TEMPORARY COVERS TO SHIELD THEM FROM COLD WINDS AND FROST. MULCHING AROUND THE BASE OF PLANTS HELPS RETAIN MOISTURE AND INSULATE THE SOIL, PROVIDING AN ADDITIONAL LAYER OF PROTECTION.

CLEARING DEBRIS: WINTER STORMS CAN BRING DOWN BRANCHES, LEAVES, AND OTHER DEBRIS THAT CLUTTER THE PROPERTY. CLEARING THESE MATERIALS NOT ONLY IMPROVES THE APPEARANCE OF THE PROPERTY BUT ALSO PREVENTS POTENTIAL HAZARDS, SUCH AS OBSTRUCTED PATHWAYS OR DAMAGED PLANTS.

PLEASE SEE ATTACHMENT FOR REMAINDER OF STATEMENT OF NEED. IT INCLUDES SEASONAL NEED, JOB DUTIES AND VARIANCE FROM PAST POSITIONS.

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**ADDENDUM**  
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

LIFT AND SUSTAIN 70 LBS, NO EDUCATION/EXPERIENCE REQUIRED, ON-THE-JOB TRAINING AVAILABLE, DRUG SCREENING (POST HIRE)/E-VERIFY (POST HIRE)/BACKGROUND CHECKS (POST HIRE)



OMB Approval: 1205-0509  
 Expiration Date: 6/30/2026

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| 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: | To: | Per Hour |
| Multiple cities and towns | ND         | EMMONS      | ORTH DAKOTA NONMETROPOLIT    |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Multiple cities and towns | ND         | MORTON      | BISMARCK, ND                 |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Multiple cities and towns | ND         | MERCER      | ORTH DAKOTA NONMETROPOLIT    |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Multiple cities and towns | ND         | MCLEAN      | ORTH DAKOTA NONMETROPOLIT    |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Multiple cities and towns | ND         | BURLEIGH    | BISMARCK, ND                 |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Multiple cities and towns | ND         | STARK       | ORTH DAKOTA NONMETROPOLIT    |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Multiple cities and towns | ND         | KIDDER      | ORTH DAKOTA NONMETROPOLIT    |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
| Bismarck                  | ND         | BURLEIGH    | BISMARCK, ND                 |  |   | 10            | 1/7/2025   | 4/12/2025 | 26.04                 | 27  | Hour     |
|                           |            |             |                              |  |   |               |            |           |                       |     |          |
|                           |            |             |                              |  |   |               |            |           |                       |     |          |

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 20 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor \* Employment and Training Administration \* Office of Foreign Labor Certification \* 200 Constitution Ave., NW \* Box PPI 12-200 \* Washington, DC \* 20210 or by email to ETA,OFLC,Forms@dol.gov. Please do not send the completed application to this address.

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24298-431342

Case Status: Full Certification

Determination Date: 11/18/2024

Validity Period: 1/7/2025 to 4/12/2025





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Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

**Foreign Labor Recruiter Information 1**

|   |                         |                     |
|---|-------------------------|---------------------|
| 1. Recruiter's Last (family) Name *           | 2. First (given) Name * | 3. Middle Name(s) § |
| DiTrollo                                      | Ana                     |                     |
| 4. Name of Employer/Recruiting Organization * |                         |                     |
| Ana Associates LLC                            |                         |                     |
| 5. City *                                     | 6. State *              | 7. Postal Code *    |
| San Antonio                                   | TEXAS                   | 78257               |
| 8. Country *                                  | 9. Province §           |                     |
| UNITED STATES OF AMERICA                      | N/A                     |                     |

**Foreign Labor Recruiter Information 2**

|   |                         |                     |
|---|-------------------------|---------------------|
| 1. Recruiter's Last (family) Name *           | 2. First (given) Name * | 3. Middle Name(s) § |
|   |                         |                     |
| 4. Name of Employer/Recruiting Organization * |                         |                     |
|   |                         |                     |
| 5. City *                                     | 6. State *              | 7. Postal Code *    |
|   |                         |                     |
| 8. Country *                                  | 9. Province §           |                     |
|   |                         |                     |

**Foreign Labor Recruiter Information 3**

|   |                         |                     |
|---|-------------------------|---------------------|
| 1. Recruiter's Last (family) Name *           | 2. First (given) Name * | 3. Middle Name(s) § |
|   |                         |                     |
| 4. Name of Employer/Recruiting Organization * |                         |                     |
|   |                         |                     |
| 5. City *                                     | 6. State *              | 7. Postal Code *    |
|   |                         |                     |
| 8. Country *                                  | 9. Province §           |                     |
|   |                         |                     |

**Foreign Labor Recruiter Information 4**

|   |                         |                     |
|---|-------------------------|---------------------|
| 1. Recruiter's Last (family) Name *           | 2. First (given) Name * | 3. Middle Name(s) § |
|   |                         |                     |
| 4. Name of Employer/Recruiting Organization * |                         |                     |
|   |                         |                     |
| 5. City *                                     | 6. State *              | 7. Postal Code *    |
|   |                         |                     |
| 8. Country *                                  | 9. Province §           |                     |
|   |                         |                     |

**Foreign Labor Recruiter Information 5**

|   |                         |                     |
|---|-------------------------|---------------------|
| 1. Recruiter's Last (family) Name *           | 2. First (given) Name * | 3. Middle Name(s) § |
|   |                         |                     |
| 4. Name of Employer/Recruiting Organization * |                         |                     |
|   |                         |                     |
| 5. City *                                     | 6. State *              | 7. Postal Code *    |
|   |                         |                     |
| 8. Country *                                  | 9. Province §           |                     |
|   |                         |                     |

**Public Burden Statement (1205-0509)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor \* Employment and Training Administration \* Office of Foreign Labor Certification \* 200 Constitution Ave., NW \* Box PPII 12-200 \* Washington, DC \* 20210 or by email to [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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