

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	35
	b. Cap-Exempt	0

B. Temporary Need Information

1. Job Title * Landscape Laborer		
2. SOC Code * 37-3011.00	3. SOC Occupation Title * Landscaping and Groundskeeping Workers	
4. Number of Workers * 35	5. Begin Date * (mm/dd/yyyy) 2/1/2025	6. End Date * (mm/dd/yyyy) 11/30/2025
7. Nature of Temporary Need (Choose only one) * <input type="checkbox"/> Seasonal <input checked="" 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.) H2B-REG-00012206		

C. Employer Information

1. Legal Business Name * Krause Infrastructure, LLC		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 * 13201 Indian Hill Rd.		
4. Address 2 (apartment/suite/floor and number) §		
5. City * Amarillo	6. State * Texas	7. Postal Code * 79124
8. Country * United States Of America		9. Province §
10. Telephone Number * +1 (806) 373-4591		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS) * [REDACTED]		13. NAICS Code * 56173

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 * Franklin	2. First (given) Name * Josh	3. Middle Name(s) §
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H-2B Application for Temporary Employment Certification
 Form ETA-9142B
 U.S. Department of Labor



4. Contact's Job Title* Partner		
5. Address 1* 13201 Indian Hill Rd.		
6. Address 2 (apartment/suite/floor and number) §		
7. City* Amarillo	8. State* Texas	9. Postal Code* 79124
10. Country* United States Of America		11. Province §
12. Telephone Number* +1 (806) 373-4591	13. Extension §	14. Business Email Address* josh@krauselandscape.com

E. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application.* 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 § Hawkins	3. First (given) Name § Margie	4. Middle Name(s) §	
5. Address 1 § 3829 N Schreiber Way			
6. Address 2 (apartment/suite/floor and number) §			
7. City § Coeur d'Alene	8. State § Idaho	9. Postal Code § 83815	
10. Country § United States Of America		11. Province §	
12. Telephone Number § +1 (208) 777-2654	13. Extension §	14. Law Firm/Business Email Address § margie@laborci.com	
15. Law Firm/Business Name § Labor Consultants International		16. Law Firm/Business FEIN § [REDACTED]	
If "Attorney" is marked in question E.1, complete questions 17 to 19 below.			
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 §			
If "Agent" is marked in question E.1, complete questions 20 and 21 below.			
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	

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



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 * Texas		3. Date Job Order Submitted * 11/2/2024
4. Job Duties – Description of the specific services or labor to be performed.* <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> Duties may include: Landscape and maintain property using tools or equipment. Tasks may include sod laying, mowing, trimming, planting, watering, fertilizing, digging, rake and blow leaves, seeding, mulching, hauling and spreading topsoil, installation of sprinklers and mortared segmental concrete masonry wall units & other related Landscape Laborer activities as per SOC/OES 37-3011 (onetonline.org). Standard/Expected Schedule: Monday-Friday 7:30AM-5:00PM. Offering 40+ (plus) hours per week; not including applicable lunch and/or breaks. Possible weekend/holiday work. Start/end times, offered hours and/or overtime could vary as they may be dependent upon other factors such as project/schedule/service needs, weather, and commute time between worksites (if applicable). Overtime possible, but not required or guaranteed. At Employer's sole discretion: possible raises and/or bonuses based on individual factors such as work performance or skill (not guaranteed).		
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)*</i>		6. Hourly work schedule *
40	a. Total Hours	8
0	b. Sunday	8
8	c. Monday	8
8	d. Tuesday	8
8	e. Wednesday	8
0	f. Thursday	0
8	g. Friday	8
0	h. Saturday	0
		a. <u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		b. <u>5</u> : <u>00</u> <input type="checkbox"/> AM <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.* Please See Addendum		

b. Place of Employment and Wage Information

1. Worksite Address * 13201 Indian Hill Rd. (Report to Work)		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Amarillo	4. State * Texas	5. Postal Code * 79124

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



6. County * Potter	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Amarillo, TX
8a. Basic Wage Rate Paid * From: \$ <u>16</u> . <u>17</u> To: \$ <u>19</u> . <u>05</u>	8b. Per (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <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? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8d. Wage Rate Range for Overtime Pay § From: \$ <u>24</u> . <u>26</u> To: \$ <u>28</u> . <u>58</u>	
9. Additional conditions about the wage rate to be paid at any work locations § H&W Benefits may apply. Wage may vary based on Experience.	
DOL Prevailing Wage Determination (PWD) Information	
10. 1st PWD Case Number * P-400-24195-194952	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 Appendix A 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. Daily Transportation: 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
2. On-the-Job Training Available: 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. Employer-Provided Tools and Equipment: 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. Board, Lodging, or Other Facilities: 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. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * Optional, shared furnished housing available to the worker at a monthly housing rate up to \$250.00; if optional housing is agreed upon by the worker, monthly housing rate will be deducted from worker's paycheck incrementally (weekly).	

e. Recruitment Information

1. Telephone Number to Apply * +1 (806) 373-4591	2. Email Address to Apply * kelci@krauselandscape.com
3. Website address (URL) to Apply * 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

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

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



3. Indicate whether a completed Appendix D 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
Foreign Labor Recruiter Information	
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 Appendix C 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 Appendix 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 Appendix 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.

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



ADDENDUM
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

MUST SHOW PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES, DRUG/ALCOHOL/TOBACCO FREE WORK ZONE, PERFORM PHYSICAL ACTIVITIES: SUCH AS LIFT, BALANCE, WALK, STOOP, HANDLE, POSITION, MOVE, MANIPULATE MATERIALS USE STATIC STRENGTH TO EXERT MAXIMUM MUSCLE FORCE TO LIFT, PUSH, PULL, CARRY OBJECTS UP TO 50LBS, ALL APPLICANTS MUST BE ABLE, WILLING AND QUALIFIED TO PERFORM WORK DESCRIBED AND MUST BE AVAILABLE FOR THE ENTIRE PERIOD SPECIFIED AND WORK THROUGHOUT ALL AREAS OF INTENDED EMPLOYMENT. BASED ON EMPLOYER'S DISCRETION/COST: WORKER MAY HAVE RANDOM DRUG/ALCOHOL TESTING DURING EMPLOYMENT: POSITIVE TEST/REFUSAL TO ABIDE = DISMISSAL, WORK IS PERFORMED OUTDOORS, EXPOSED TO WEATHER; MUST BE CAPABLE OF DOING PHYSICALLY STRENUOUS LABOR FOR LONG HOURS, OCCASIONALLY IN EXTREME HEAT OR COLD, VARIABLE WEATHER CONDITIONS APPLY; HOURS MAY FLUCTUATE (+/-), POSSIBLE DOWNTIME AND/OR OVERTIME.



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

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:	To:	Per Hour
Multiple Cities and Towns	TX	POTTER	AMARILLO, TX	Work throughout BLS/MSA Area.	1	35	2/1/2025	11/30/2025	16.17	19.05	Hour
Multiple Cities and Towns	TX	RANDALL	AMARILLO, TX	Work throughout BLS/MSA Area.	1	35	2/1/2025	11/30/2025	16.17	19.05	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 PPL 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-400-24308-449428 Case Status: Full Certification
 H-2B Case Number: 12/03/2024 Determination Date: 2/1/2025 Validity Period: 11/30/2025 to



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

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) §
Vazquez	Daniel	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Guatemala	N/A	12001
8. Country *	9. Province §	
GUATEMALA		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Bautista	Daniel	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Guatemala	N/A	12001
8. Country *	9. Province §	
GUATEMALA		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Fuentes	Keyla	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Guatemala	N/A	12001
8. Country *	9. Province §	
GUATEMALA		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Guadalupe Cruz	Ingrid Montserrat	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Gabriela Frias	Joana	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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

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) §
Montelongo	Hector	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Chavez	Cornelio	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Chavez	Norberto	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez	Marcos	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Saldana	Karina	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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 Form ETA-9142B – Appendix C
 U.S. Department of Labor

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) §
Morales	Salvador	
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Jimenez Soriano	Andrea	Montserrat
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Martinez Olvera	Luis	Eduardo
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Delgado Leija	Gabriela	Elizabeth
4. Name of Employer/Recruiting Organization *		
LLS VISA Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

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. **Please do not send the completed application to this address.**

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