

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	63
	b. Cap-Exempt	0

B. Temporary Need Information

1. Job Title * Landscape Laborers		
2. SOC Code * 37-3011.00	3. SOC Occupation Title * Landscaping and Groundskeeping Workers	
4. Number of Workers * 63	5. Begin Date * (mm/dd/yyyy) 2/1/2025	6. End Date * (mm/dd/yyyy) 10/20/2025
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.) Please See Addendum		

C. Employer Information

1. Legal Business Name * GroundSystems, Inc. - Hamilton		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 * 11315 Williamson Road		
4. Address 2 (apartment/suite/floor and number) §		
5. City * Cincinnati	6. State * Ohio	7. Postal Code * 45241
8. Country * United States Of America	9. Province §	
10. Telephone Number * +1 (800) 570-0213	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 * Hayes	2. First (given) Name * Christopher	3. Middle Name(s) § P.
---	---	----------------------------------

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



4. Contact's Job Title* VP Operations		
5. Address 1* 11315 Williamson Road		
6. Address 2 (apartment/suite/floor and number) §		
7. City* Cincinnati	8. State* Ohio	9. Postal Code* 45241
10. Country* United States Of America		11. Province §
12. Telephone Number* +1 (800) 570-0213	13. Extension § 1013	14. Business Email Address* chayes@groundsystems.net

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 § Ruis	3. First (given) Name § Jodi	4. Middle Name(s) §	
5. Address 1 § 400 Preston Ave, Suite 300			
6. Address 2 (apartment/suite/floor and number) §			
7. City § Charlottesville	8. State § Virginia	9. Postal Code § 22903	
10. Country § United States Of America		11. Province §	
12. Telephone Number § +1 (434) 263-4300	13. Extension §	14. Law Firm/Business Email Address § Sporn1121@maslabor.com	
15. Law Firm/Business Name § MAS Labor H2B, LLC		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 * Ohio				3. Date Job Order Submitted * 11/3/2024							
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> Landscape or maintain grounds of property using hand or power tools or equipment. Workers typically perform a variety of tasks, which may include any combination of the following: sod laying, mowing, trimming, edging, planting, watering, fertilizing, digging, mulching, raking. Entry level; requires supervision.											
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	c. Monday	8	e. Wednesday	8	g. Friday	a. <u>7</u> : <u>00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
0	b. Sunday		8	d. Tuesday	8	f. Thursday	0	h. Saturday	b. <u>3</u> : <u>30</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 * 11315 Williamson Rd		
2. Worksite Address \$ <i>(apartment/suite/floor and number)</i>		
3. City * Cincinnati	4. State * Ohio	5. Postal Code * 45241

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



6. County * Hamilton	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Cincinnati, OH-KY-IN
8a. Basic Wage Rate Paid * From: \$ <u>17.92</u> To: \$ <u>17.92</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>26.88</u> To: \$ <u>26.88</u>	
9. Additional conditions about the wage rate to be paid at any work locations § Raises and/or bonuses may be offered based on individual factors including work performance, skill, and tenure.	
DOL Prevailing Wage Determination (PWD) Information	
10. 1st PWD Case Number * P-400-24192-185938	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 type="checkbox"/> Yes <input checked="" 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). * Please See Addendum	

e. Recruitment Information

1. Telephone Number to Apply * +1 (513) 515-5114	2. Email Address to Apply * N/A
3. Website address (URL) to Apply * ohiomeansjobs.com	

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.

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 § Sporn	2. First (given) Name § Emily	3. Middle Initial §
4. Law Firm/Business FEIN § [REDACTED]	5. Law Firm/Business Name § MAS Labor H2B, LLC	
6. Law Firm/Business Email Address § Sporn1121@maslabor.com		

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 B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

TEMPORARY NEED STATEMENT

I. BACKGROUND

GROUND SYSTEMS, INC. - HAMILTON (ESTABLISHED IN 2013) IS A CINCINNATI, OH-BASED EMPLOYER ENGAGED PRIMARILY IN COMMERCIAL LANDSCAPE SERVICES. WE HAVE A TEMPORARY, PEAKLOAD NEED FOR 63 WORKERS TO BE EMPLOYED AS LANDSCAPE LABORERS (SOC 37-3011.00 LANDSCAPING AND GROUNDSKEEPING WORKERS).

WE ARE A RETURNING H-2B PROGRAM USER, AND THE INSTANT REQUEST REPRESENTS A PEAKLOAD TEMPORARY NEED FOR LABOR, AS SHOWN IN THE TABLE BELOW, WE HAVE HISTORICALLY FILED FOR START DATES CONSISTENTLY AT THE BEGINNING OR MIDDLE OF FEBRUARY.

THIS APPLICATION REPRESENTS A PORTION OF OUR REGULARLY RECURRING CUMULATIVE LABOR NEED. WE BEGIN TO RAMP UP OUR TEMPORARY WORKFORCE IN FEBRUARY TO START TRAINING AND PREPARE FOR THE DRASTIC RAMP-UP THAT WE SEE IN THE COMING SPRING WEEKS. IN LIGHT OF THE DEPARTMENT'S POLICY ON STAGGERED DATES OF NEED, WE INTEND TO FILE A SECOND APPLICATION LATER FOR THE BALANCE OF OUR CUMULATIVE LABOR NEED.

YEAR □ DOL CASE NUMBER □ START DATE OF NEED □ END DATE OF NEED

2016 □ H-400-15307-821475 □ 2/1/2016 □ 10/31/2016
2017 □ H-400-16302-931564 □ 2/1/2017 □ 11/20/2017
2018 □ H-400-17283-807206 □ 2/1/2018 □ 11/1/2018
2019 □ H-400-18304-883530; H-400-18352-146651 □ 2/1/2019; 4/1/2019 (STAGGERED CROSSINGS) □ 11/1/2019
2020 □ H-400-19295-100487 □ 1/20/2020 □ 10/20/2020
2021 □ H-400-20280-859206; H-400-21001-988038 □ 1/4/2021; 4/1/2021 (REFILE) □ 10/20/2021
2022 □ H-400-21320-707260 □ 2/14/2022 □ 10/20/2022
2023 □ H-400-22307-568158 □ 2/1/2023 □ 10/20/2023
2024 □ H-400-23307-477007 □ 2/1/2024 □ 10/20/2024

II. REGULATORY STANDARDS

PER THE REGULATIONS, A PEAKLOAD LABOR NEED IS ONE IN WHICH THE EMPLOYER REGULARLY EMPLOYS PERMANENT WORKERS TO PERFORM THE LABOR SERVICES, BUT NEEDS TO SUPPLEMENT ITS PERMANENT STAFF ON A TEMPORARY BASIS DUE TO A SEASONAL OR SHORT-TERM DEMAND, SUCH TEMPORARY ADDITIONS MUST NOT BECOME PART OF THE EMPLOYER'S REGULAR OPERATION. THE REQUEST FOR TEMPORARY WORKERS MUST ALSO REPRESENT BONA FIDE JOB OPPORTUNITIES FOR THE NUMBER OF WORKERS REQUESTED.

III. TEMPORARY NEED

A. PERIOD OF NEED

DUE TO THE NATURE OF OUR BUSINESS, WE REGULARLY EMPLOY PERMANENT WORKERS IN THE DESIGNATED OCCUPATION, HOWEVER, DUE TO PERIODS OF PEAK BUSINESS VOLUME DURING THE REQUESTED PERIOD OF NEED, WE REQUIRE TEMPORARY WORKERS TO SUPPLEMENT OUR PERMANENT WORKFORCE IN ORDER TO SATISFY OUR WORK DEMANDS.

AFTER THE REQUESTED PERIOD OF NEED, WORK DEMANDS DIMINISH TO LEVELS THAT CAN BE ADEQUATELY MANAGED AND SUSTAINED BY OUR PERMANENT STAFF, WITHOUT THE ASSISTANCE OF SUPPLEMENTAL LABOR, ACCORDINGLY, THE TEMPORARY WORKERS DO NOT BECOME PART OF OUR REGULAR OPERATION, AS BUSINESS CIRCUMSTANCES NO LONGER WARRANT THE EMPLOYMENT OF SUCH WORKERS.

OUR LABOR NEED BEGINS IN FEBRUARY. IMPORTANTLY, WE NEED THE WORKERS TO ARRIVE AT THE BEGINNING OF FEBRUARY TO COMPLETE TRAINING AND PREPARATION FOR THE DRASTIC INCREASE IN DEMAND THAT WE START TO SEE BY MID-FEBRUARY. BY MID-FEBRUARY, THE WEATHER BECOMES FAR MORE CONDUCTIVE TO OUTDOOR WORK AND OUR WORKERS ARE TRAINED UP AND READY TO GO. OPERATIONS TYPICALLY BEGIN WITH WINTER CLEAN-UP AND MULCHING, AS SOON AS WEATHER PERMITS. IN ADDITION TO PLANTING PREPARATION, DUTIES SUCH AS MOWING, MULCHING, TRIMMING, FERTILIZING, PLANTING, AND WEEDING PEAK IN THE SPRING AND ARE ONGOING THROUGHOUT THE FAIR-WEATHER MONTHS. IN THE FALL, MOWING SLOWS DOWN AND SEASONAL CLEAN-UP OF LEAVES AND PLANTING BEDS BEGINS. FOR THIS REASON, WE REQUIRE TEMPORARY WORKERS TO SUPPLEMENT OUR PERMANENT WORKFORCE TO SATISFY THE ADDED WORK DEMANDS.

THIS NEED FOR TEMPORARY WORKERS ENDS IN OCTOBER, WHEN BUSINESS ACTIVITIES DIMINISH DUE TO THE ONSET OF WINTER WEATHER AND THE CORRESPONDING DECLINE IN CUSTOMER DEMAND.

B. BONA FIDE JOB OPPORTUNITY

BASED ON ANALYSIS OF PRIOR SEASONS AND CURRENT BUSINESS PROJECTIONS FOR THE COMING YEAR, WE ESTIMATE A BONA FIDE BUSINESS NEED FOR 63 TEMPORARY WORKERS DURING THE REQUESTED PERIOD OF NEED. THIS IS A SLIGHT INCREASE FROM OUR MOST RECENT FEBRUARY H-2B APPLICATION.

IV. SUMMARY

[CONTINUED ON ATTACHMENT]...

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 LIFT/CARRY 50 LBS., WHEN NECESSARY. SATURDAY AND SUNDAY WORK REQUIRED, WHEN NECESSARY. EMPLOYER-PAID DRUG TESTING REQUIRED OF FOREIGN AND DOMESTIC WORKERS PRIOR TO COMMENCING WORK AND POST-HIRE POST-ACCIDENT, POST-HIRE BACKGROUND CHECK REQUIRED OF FOREIGN AND DOMESTIC WORKERS. EMPLOYER MAY OFFER MORE THAN THE STATED WORK HOURS DEPENDING ON WEATHER, BUSINESS NEEDS, AND OTHER CONDITIONS. EXTREME HEAT, COLD, RAIN, OR DROUGHT MAY AFFECT EXACT WORKING HOURS.

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



ADDENDUM

Section F.d.6: Deductions from Pay

ADDENDUM FOR SECTION F.D.6: DEDUCTIONS FROM PAY

EMPLOYER MAKES ALL PAYROLL DEDUCTIONS REQUIRED BY LAW. EMPLOYER DOES NOT ENVISION OTHER WORKFORCE-WIDE PAYROLL DEDUCTIONS. IF REQUESTED, EMPLOYER HELPS NON-LOCAL WORKERS SECURE OPTIONAL WORKER-PAID LODGING (NOT TO EXCEED FAIR MARKET VALUE, BASED ON NUMBER OF OCCUPANTS; COST TBD), HOUSING COSTS PAID DIRECTLY TO LANDLORD AND ARE NOT PAYROLL DEDUCTED. EMPLOYER MAY DEDUCT HEALTH INSURANCE PREMIUMS FOR WORKERS VOLUNTARILY PARTICIPATING IN PLAN. EMPLOYER PROVIDES INCIDENTAL TRANSPORTATION BETWEEN WORKSITES AS NECESSARY. NO DAILY TRANSPORTATION TO/FROM WORKERS' HOME AND PRIMARY WORKSITE, SUCH TRANSPORTATION COMPLIES WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS/REGULATIONS.



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 \$				Per Hour
					Crew ID	Total Workers	Begin Date	End Date	
Multiple worksites within	KY	BOONE	CINCINNATI, OH-KY-IN	4780 Limaburg Road, Hebron, KY 41018 and Various client worksites located within the county					Hour
Multiple worksites within	KY	CAMPBELL	CINCINNATI, OH-KY-IN	Various client worksites located within the county					Hour
Multiple worksites within	KY	KENTON	CINCINNATI, OH-KY-IN	Various client worksites located within the county					Hour
Multiple worksites within	OH	BROWN	CINCINNATI, OH-KY-IN	Various client worksites located within the county					Hour
Multiple worksites within	OH	BUTLER	CINCINNATI, OH-KY-IN	Various client worksites located within the county					Hour
Multiple worksites within	OH	CLERMONT	CINCINNATI, OH-KY-IN	Various client worksites located within the county					Hour
Multiple worksites within	OH	WARREN	CINCINNATI, OH-KY-IN	Various client worksites located within the county					Hour
Multiple worksites within	OH	HAMILTON	CINCINNATI, OH-KY-IN	Various client worksites located within the county					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- 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.

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24308-449512

Case Status: Full Certification

Determination Date: 12/06/2024

Validity Period: 2/1/2025 to 10/20/2025



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) §
Coronado	Consuelo	
4. Name of Employer/Recruiting Organization *		
Beatriz Coronado Mata		
5. City *	6. State *	7. Postal Code *
Monterrey	NL	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) §
Rodriguez	Mario	
4. Name of Employer/Recruiting Organization *		
Beatriz Coronado Mata		
5. City *	6. State *	7. Postal Code *
Monterrey	NL	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) §
Coronado Mata	Beatriz	
4. Name of Employer/Recruiting Organization *		
Beatriz Coronado Mata		
5. City *	6. State *	7. Postal Code *
Monterrey	NL	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) §
Rodriguez	Ivan	
4. Name of Employer/Recruiting Organization *		
Beatriz Coronado Mata		
5. City *	6. State *	7. Postal Code *
Monterrey	NL	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.**

FOR DEPARTMENT OF LABOR USE ONLY