

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	10
	b. Cap-Exempt	0

B. Temporary Need Information

1. Job Title * Carnival Attendant		
2. SOC Code * 39-3091.00	3. SOC Occupation Title * Amusement and Recreation Attendants	
4. Number of Workers * 10	5. Begin Date * (mm/dd/yyyy) 2/8/2025	6. End Date * (mm/dd/yyyy) 11/10/2025
7. Nature of Temporary Need (Choose only one) * <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.) H2B-REG-00012456		

C. Employer Information

1. Legal Business Name * Armco, Inc.		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 * 809 Loma Linda		
4. Address 2 (apartment/suite/floor and number) §		
5. City * Kingsland	6. State * Texas	7. Postal Code * 78639
8. Country * United States Of America	9. Province §	
10. Telephone Number * +1 (830) 598-9218	11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS) * [REDACTED]	13. NAICS Code * 71399	

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 * Sankowsky	2. First (given) Name * Lawrence	3. Middle Name(s) § Stanley
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4. Contact's Job Title* President		
5. Address 1* 809 Loma Linda		
6. Address 2 (apartment/suite/floor and number) §		
7. City* Kingsland	8. State* Texas	9. Postal Code* 78639
10. Country* United States Of America		11. Province §
12. Telephone Number* +1 (830) 598-9218	13. Extension § 0	14. Business Email Address* lsankowsky@gmail.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 checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Pierce	3. First (given) Name § Robert	4. Middle Name(s) § W	
5. Address 1 § 133 Defense Highway			
6. Address 2 (apartment/suite/floor and number) § Suite 201			
7. City § Annapolis	8. State § Maryland	9. Postal Code § 21401	
10. Country § United States Of America		11. Province §	
12. Telephone Number § +1 (410) 573-9955	13. Extension § 0	14. Law Firm/Business Email Address § obowp@adventurelaw.com	
15. Law Firm/Business Name § The Pierce Law Firm, 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) § NA	18. State of highest court where attorney is in good standing § Maryland
19. Name of the highest state court where attorney is in good standing § Supreme Court of Maryland	

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 type="checkbox"/> Yes <input checked="" 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 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 * Texas		3. Date Job Order Submitted * 10/1/2024					
4. Job Duties – Description of the specific services or labor to be performed. * <small>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</small> Collect tickets or money; assist patrons; erect, take down, attend & maintain equipment. Heavy lifting & physically mobile required. Hours, schedule and days vary. Travel to all locations required and provided by employer at no cost to worker. Must be able to lift 50 pounds. No education or experience required. On-the-job training provided.							
5. Anticipated days and hours of work per week <small>(an entry is required for each box below) *</small>			6. Hourly work schedule *				
35	a. Total Hours	0	c. Monday 7	e. Wednesday 7	g. Friday	a. 4 : 00	<input type="checkbox"/> AM
7	b. Sunday	0	d. Tuesday 7	f. Thursday 7	h. Saturday	b. 11 : 00	<input type="checkbox"/> AM
							<input checked="" type="checkbox"/> PM
							<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? *				10a. If "Yes" to question 10, enter the number of employees worker will supervise. \$			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
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 * 6700 Arena Blvd		
2. Worksite Address § <small>(apartment/suite/floor and number)</small>		
3. City * Laredo	4. State * Texas	5. Postal Code * 78041

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6. County * Webb	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Laredo, TX
8a. Basic Wage Rate Paid * From: \$ <u>11</u> . <u>69</u> To: \$ <u>18</u> . <u>02</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>17</u> . <u>54</u> To: \$ <u>27</u> . <u>03</u>	
9. Additional conditions about the wage rate to be paid at any work locations § <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Due to space limitations, see attached job order and OT memo</div>	
DOL Prevailing Wage Determination (PWD) Information	
10. 1st PWD Case Number * P-400-24191-182467	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 (830) 598-9218	2. Email Address to Apply * Isankowsky@gmail.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 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 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.

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ADDENDUM
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

HOURS, SCHEDULE, AND DAYS VARY WIDELY.
TYPICALLY WED-SUN, 4PM - 11PM.
OFTEN 35-45 HOURS PER WEEK.
WORK NEEDS (I.E., HOURS, DAYS, SCHEDULE, LOCATION, AND WORK POSITIONS) VARY.
WORK NEEDS SUBJECT TO INDUSTRY PRACTICE AND ARE NOT GUARANTEED PER DAY, PER WEEK, PER SCHEDULE, PER LOCATION, OR PER WORKER, E.G., RAINOUTS, BRIEF PERIODS WITHOUT SCHEDULED EVENTS, EVENT DATES AND HOURS SET BY AGREEMENT WITH SPONSOR AND SUBJECT TO CHANGE (BASED UPON ADVERSE WEATHER, HOURS OF OPERATION, DAY OF THE WEEK, ATTENDANCE, SIZE OF THE EVENT, SCHOOL SCHEDULES, AMOUNT OF EQUIPMENT IN OPERATION, STAFFING, ETC.), AND UNFORESEEN CANCELLATIONS.
IN THE EVENT OF APPROVED, OVERLAPPING EVENTS, WORK NEEDS MAY CAUSE WORKERS TO BE ADJUSTED.
MUST COMPLETE AND PASS POST-HIRE BACKGROUND & DRUG TEST PAID BY EMPLOYER.
THE JOB REQUIRES THE APPLICANT TO BE QUALIFIED, AUTHORIZED, READY, WILLING, ABLE, AND AVAILABLE TO PERFORM DURING THE ENTIRE EMPLOYMENT AT THE DESIGNATED WORKSITES UNDER ADVERSE WEATHER; TO ENTER INTO AND COMPLY WITH EMPLOYMENT CONTRACT AND ANY HOUSING LEASE; TO FOLLOW WORKPLACE, GRIEVANCE, AND HOUSING RULES; AND TO MEET JOB PERFORMANCE STANDARDS.
WORK OUTSIDE IN ALL WEATHER.
THE JOB REQUIRES THE APPLICANT TO OBTAIN ALL NECESSARY GOVERNMENT AUTHORIZATIONS TO WORK, SUCH AS AN H-2B WORKER VISA FOR FOREIGN WORKERS, WHICH WILL BE ISSUED BY THE UNITED STATES EMBASSY IN THE HOME COUNTRY, AND AFTER WHICH THE APPLICANT WILL BE REGARDED AS RECRUITED AT THAT TIME AND PLACE.
MUST COOPERATE WITH AND COMPLETE JOB APPLICATION AND INTERVIEW, AND ANY SUPPLIED INFORMATION MUST BE TRUTHFUL AND COMPLETE.
MUST COMPLY WITH GROOMING REQUIREMENTS AND DRESS CODE.
MUST BE WILLING TO WORK UP TO 7 DAYS/WEEK.
SUBJECT TO DISCHARGE FOR CAUSE.

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ADDENDUM
Section F.d.6: Deductions from Pay

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

OPTIONAL MOBILE HOUSING (\$100/WEEK) IS PROVIDED. THE EMPLOYER WILL PAY THE COST OF HOUSING TO THE EXTENT SUCH COST WOULD REDUCE THE PAY BELOW THE OFFERED (STRAIGHT) WAGE RATE FOR THE AREAS OF INTENDED EMPLOYMENT, BUT IS OTHERWISE AVAILABLE FOR WAGE CREDIT AND/OR DEDUCTION ABOVE THE OFFERED (STRAIGHT) WAGE RATE, OR ANY LESSER AMOUNT TO THE MAXIMUM EXTENT NOT PROHIBITED BY LAW, LOCAL CONVENIENCE TRAVEL (\$20/TRIP) AND FOOD (VARIES) IS AVAILABLE FOR WAGE CREDIT AND/OR DEDUCTION, OR ANY LESSER AMOUNT TO THE MAXIMUM EXTENT NOT PROHIBITED BY LAW.



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:	Basic Wage Rate To:	Per Hour
Billings	MT	YELLOWSTONE	BILLINGS, MT				8/10/2025	8/20/2025	13.89		Hour
Sioux City	IA	WOODBURY	SIOUX CITY, IA-NE-SD				5/18/2025	5/21/2025	13.39		Hour
Round Rock	TX	WILLIAMSON	AUSTIN-ROUND ROCK, TX				3/9/2025	4/2/2025	13.83		Hour
Liberty Hill	TX	WILLIAMSON	AUSTIN-ROUND ROCK, TX				5/18/2025	5/20/2025	13.83		Hour
Laredo	TX	WEBB	LAREDO, TX				11/6/2025	11/10/2025	12.4		Hour
Franklinton	LA	WASHINGTON	EAST LOUISIANA NONMETROPOLITAN				10/19/2025	10/23/2025	12.29		Hour
Brenham	TX	WASHINGTON	REGION OF TEXAS NONMETRO				5/5/2025	5/7/2025	11.69		Hour
Leesville	LA	VERNON	WEST LOUISIANA NONMETROPOLITAN				10/5/2025	10/9/2025	14.7		Hour
Filer	ID	TWIN FALLS	TWIN FALLS, ID				8/31/2025	9/5/2025	12.71		Hour
Manor	TX	TRAVIS	AUSTIN-ROUND ROCK, TX				5/25/2025	5/28/2025	13.83		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 PPLI 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-400-24316-466260 Case Status: Full Certification Determination Date: 12/06/2024 Validity Period: 2/8/2025 to 11/10/2025
H-2B Case Number: _____



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:	Basic Wage Rate To:
Sunset Valley	TX	TRAVIS	AUSTIN-ROUND ROCK, TX				4/13/2025	4/23/2025	13.83	Hour
Fort Smith	AR	SEBASTIAN	FORT SMITH, AR-OK				9/23/2025	10/1/2025	12.67	Hour
Salt Lake City	UT	SALT LAKE	SALT LAKE CITY, UT				9/8/2025	9/18/2025	14.11	Hour
Forsyth	MT	ROSEBUD	CENTRAL MONTANA NONMETROPOLITAN				7/20/2025	7/23/2025	13.34	Hour
Belcourt	ND	ROLETTE	SOUTH DAKOTA NONMETROPOLITAN				6/30/2025	7/4/2025	14.32	Hour
Alexandria	LA	RAPIDES	ALEXANDRIA, LA				10/12/2025	10/16/2025	12.82	Hour
Devils Lake	ND	RAMSEY	SOUTH DAKOTA NONMETROPOLITAN				6/30/2025	7/4/2025	14.32	Hour
McAlester	OK	PITTSBURG	ST OKLAHOMA NONMETROPOLITAN				5/11/2025	5/14/2025	11.78	Hour
Florence	AZ	PINAL	PHOENIX-MESA-SCOTTSDALE, AZ				4/20/2025	4/23/2025	17.06	Hour
Rugby	ND	PIERCE	SOUTH DAKOTA NONMETROPOLITAN				6/15/2025	6/18/2025	14.2	Hour

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24316-466260
H-2B Case Number: _____

Case Status: Full Certification

Determination Date: 12/06/2024

Validity Period: 2/8/2025 to 11/10/2025



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:	Basic Wage Rate To:
Fergus Falls	MN	OTTER TAIL	ST MINNESOTA NONMETROPOLITAN			7/20/2025	7/23/2025	14.92		Hour
Ada	MN	NORMAN	ST MINNESOTA NONMETROPOLITAN			6/22/2025	6/24/2025	14.92		Hour
Beulah	ND	MERCER	ORTH DAKOTA NONMETROPOLITAN			7/13/2025	7/16/2025	14.2		Hour
Devine	TX	MEDINA	AN ANTONIO-NEW BRAUNFELS, TX			11/2/2025	11/5/2025	12.7		Hour
Underwood	ND	MCLEAN	ORTH DAKOTA NONMETROPOLITAN			6/8/2025	6/11/2025	14.2		Hour
Tea	SD	LINCOLN	ST MINNESOTA NONMETROPOLITAN			6/15/2025	6/18/2025	14.46		Hour
Giddings	TX	LEE	REGION OF TEXAS NONMETRO			5/11/2025	5/14/2025	11.69		Hour
Jennings	LA	JEFFERSON DAVIS	ST LOUISIANA NONMETROPOLITAN			10/5/2025	10/8/2025	12.29		Hour
Honolulu	HI	HONOLULU	URBAN HONOLULU, HI			5/25/2025	7/4/2025	18.02		Hour
Mercedes	TX	HIDALGO	MCALLEN-EDINBURG-MISSION, TX			3/10/2025	3/19/2025	11.98		Hour

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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:	Basic Wage Rate To:
Dripping Springs	TX	HAYS	AUSTIN-ROUND ROCK, TX			4/20/2025	4/23/2025	13.83		Hour
Buda	TX	HAYS	AUSTIN-ROUND ROCK, TX			3/31/2025	4/9/2025	13.83		Hour
Channelview	TX	HARRIS	ON-THE WOODLANDS-SUGAR LA			3/29/2025	4/1/2025	12.27		Hour
Carrington	ND	FOSTER	IRTH DAKOTA NONMETROPOLIT			6/15/2025	6/18/2025	14.32		Hour
Lake Dallas	TX	DENTON	_LAS-FORT WORTH-ARLINGTON,			5/4/2025	5/7/2025	13.28		Hour
Miles City	MT	CUSTER	TRAL MONTANA NONMETROPOL			8/24/2025	8/27/2025	13.34		Hour
Watertown	SD	CODINGTON	IUTH DAKOTA NONMETROPOLIT,			5/25/2025	5/28/2025	13.74		Hour
Barnesville	MN	CLAY	FARGO, ND-MN			7/13/2025	7/16/2025	14.51		Hour
Great Falls	MT	CASCADE	GREAT FALLS, MT			7/27/2025	8/6/2025	12.91		Hour
Burnet	TX	BURNET	'REGION OF TEXAS NONMETRO			4/12/2025	4/16/2025	11.69		Hour

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24316-466260
H-2B Case Number: _____

Case Status: Full Certification

Determination Date: 12/06/2024

Validity Period: 2/8/2025 to 11/10/2025



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:	Basic Wage Rate To:
Marble Falls	TX	BURNET	REGION OF TEXAS NONMETRO			10/29/2025	10/31/2025	11.69		Hour
Granite Shoals	TX	BURNET	REGION OF TEXAS NONMETRO			10/25/2025	11/1/2025	11.69		Hour
Bismarck	ND	BURLEIGH	BISMARCK, ND			6/2/2025	6/11/2025	14.04		Hour
Alvin	TX	BRAZORIA	ON-THE WOODLANDS-SUGAR LA			5/4/2025	5/7/2025	12.27		Hour
Bemidji	MN	BELTRAMI	ST MINNESOTA NONMETROPOL			6/30/2025	7/4/2025	14.92		Hour
Killeen	TX	BELL	KILLEEN-TEMPLE, TX			4/6/2025	4/9/2025	12.12		Hour
Marble Falls	TX	BURNET	REGION OF TEXAS NONMETRO			5/3/2025	5/7/2025	11.69		Hour
Granite Shoals	TX	BURNET	REGION OF TEXAS NONMETRO			4/6/2025	4/9/2025	11.69		Hour
Laredo	TX	WEBB	LAREDO, TX			2/8/2025	2/20/2025	12.4		Hour

Public Burden Statement (1205-0509)

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Form ETA-9142B H-400-24316-466260 Case Status: Full Certification Determination Date: 12/06/2024 Validity Period: 2/8/2025 to 11/10/2025
H-2B Case Number: _____



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

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
West	Jeff	
4. Name of Employer/Recruiting Organization *		
LLS International		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	N/A
8. Country *	9. Province §	
MEXICO	Nuevo León	

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 §	

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