

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	42
	b. Cap-Exempt	0

B. Temporary Need Information

1. Job Title* Amusement & Recreation Attendant – Traveling Carnival		
2. SOC Code* 39-3091.00	3. SOC Occupation Title* Amusement and Recreation Attendants	
4. Number of Workers* 42	5. Begin Date* (mm/dd/yyyy) 2/9/2025	6. End Date* (mm/dd/yyyy) 11/29/2025
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.) Please See Addendum		

C. Employer Information

1. Legal Business Name* Morris J. Vivona Amusement Co. Inc.		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1* 2907 TV Road		
4. Address 2 (apartment/suite/floor and number) § (Mail to: 666 Plainsboro Road Suite 1271 Plainsboro NJ 08536		
5. City* Florence	6. State* South Carolina	7. Postal Code* 29501
8. Country* United States Of America		9. Province § SOUTH CAROLINA
10. Telephone Number* +1 (732) 446-7144		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)*		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* Vivona Jr.	2. First (given) Name* Morris	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* Owner		
5. Address 1* 2907 TV Road		
6. Address 2 (apartment/suite/floor and number) § (Mail to: 666 Plainsboro Road Suite 1271 Plainsboro NJ 08536)		
7. City* Florence	8. State* South Carolina	9. Postal Code* 29501
10. Country* United States Of America		11. Province §
12. Telephone Number* +1 (305) 586-6741	13. Extension §	14. Business Email Address* mjvjr41@aol.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 § Judkins	3. First (given) Name § James	4. Middle Name(s) § Kendrick	
5. Address 1 § 2906 S. Expressway 83			
6. Address 2 (apartment/suite/floor and number) §			
7. City § Harlingen	8. State § Texas	9. Postal Code § 78552	
10. Country § United States Of America		11. Province § Not applicable	
12. Telephone Number § +1 (956) 440-8720	13. Extension § 000	14. Law Firm/Business Email Address § cathy.jkjworkforce@yahoo.com	
15. Law Firm/Business Name § JKJ Workforce Agency, Inc.		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 * South Carolina					3. Date Job Order Submitted * 11/25/2024				
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> Please See Addendum									
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		0	c. Monday	8	e. Wednesday	8	g. Friday	a. <u> 1 </u> : <u> 00 </u> <input type="checkbox"/> AM
8	b. Sunday		0	d. Tuesday	8	f. Thursday	8	h. Saturday	b. <u> 10 </u> : <u> 00 </u> <input type="checkbox"/> AM
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 * 2907 TV Road		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Florence	4. State * South Carolina	5. Postal Code * 29501

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



6. County * Florence	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Florence, SC
8a. Basic Wage Rate Paid * From: \$ <u>10</u> . <u>05</u> To: \$ <u>20</u> . <u>58</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8d. Wage Rate Range for Overtime Pay § From: \$ _____ . _____ To: \$ _____ . _____	
9. Additional conditions about the wage rate to be paid at any work locations § No overtime expected. Overtime, if any, calculated and paid as per applicable regulations.	
DOL Prevailing Wage Determination (PWD) Information	
10. 1st PWD Case Number * P-400-24282-392671	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). * Please See Addendum	

e. Recruitment Information

1. Telephone Number to Apply * +1 (787) 525-2726	2. Email Address to Apply * marcovivona@hotmail.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.

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 B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

AMUSEMENTS OF AMERICA IS ONE OF THE NATIONS PREMIER CARNIVAL OPERATORS. SINCE THE FOUNDING 80 YEARS AGO, WITH THE PURCHASE OF THE FERRIS WHEEL FROM THE 1939 WORLDS FAIR, THE COMPANY HAS ENJOYED TREMENDOUS SUCCESS, THE FIVE ORIGINAL VIVONA BROTHERS, OUR EXPERIENCED AND INSIGHTFUL FOUNDERS, BROUGHT LIFETIMES OF CARNIVAL OPERATIONS KNOWLEDGE AND ETHICS TO EACH OF OUR EVENTS ALONG OUR ITINERARIES, THEY PASSED THAT KNOWLEDGE AND ETHICS ALONG TO THEIR CHILDREN, AND GRANDCHILDREN, WHO CONTINUE TO OPERATE UNDER THE UMBRELLA OF AMUSEMENTS OF AMERICA.

AS THE FAMILY HAS GROWN, THE CHILDREN AND GRANDCHILDREN HAVE SET UP THEIR OWN INDEPENDENT CORPORATIONS, AS THEY HAVE PURCHASED EQUIPMENT, HIRED EMPLOYEES, DEVELOPED BUSINESS RELATIONSHIPS BOTH JOINTLY AND SEPARATELY FROM THE UMBRELLA ORGANIZATION.

THIS COMPANY WAS FORMED IN 2010, AND IS OWNED AND OPERATED BY MORRIS VIVONA, JR., AND MY IMMEDIATE FAMILY, MY COUSIN, DOMINIC VIVONA, JR., HAS FORMED HIS OWN COMPANY, OPERATED BY MORRIS AND HIS IMMEDIATE FAMILY, BOTH COMPANIES ARE CONSIDERED SUCCESSOR COMPANIES TO THE LEGACY COMPANY VIVONA FAMILY AMUSEMENTS, AND TO THE PRIOR LEGACY COMPANY, AMUSEMENTS OF AMERICA. EACH COMPANY HAS A SEPARATE AND DISTINCT ITINERARY AND SEASONAL NEED.

CONGRESS HAS RECOGNIZED THE INHERENT SEASONALITY OF THE MOBILE ENTERTAINMENT BUSINESS AS DETAILED IN THE FAIR LABOR STANDARDS ACT SECTION 13(A)(3), THE US DOL HAS ALSO NOTED THE UNIQUE NATURE OF THE MOBILE ENTERTAINMENT BUSINESS AND THIS APPLICATION IS BEING FILED UNDER THE LONG-STANDING SPECIAL PROCEDURES THAT THE DEPARTMENT ESTABLISHED AND INCORPORATED INTO THE CURRENT REGULATORY FRAMEWORK FOR THESE MOBILE, MULTI-GENERATIONAL, SEASONAL, SMALL FAMILY BUSINESSES.

OUR BUSINESS HAS A SEASONAL NEED FOR THESE WORKERS, RECURRING ON A PREDICTABLE ANNUAL BASIS. WE ARE OPEN FOR A SPECIFIC SEASON EACH YEAR, ARE A TRAVELING BUSINESS, THE WORK IS EVENINGS, WEEKENDS, AND HOLIDAYS, MAKING IT EXTREMELY DIFFICULT FOR US TO LOCATE WORKERS READY, WILLING, AND ABLE TO LEAVE THEIR HOMES & FAMILIES TO TRAVEL TO EACH OF OUR VENUES ALONG OUR ITINERARY.

WE HAVE BEEN UNABLE TO HIRE SUFFICIENT AVAILABLE WORKERS IN THE US TO FILL THE POSTED POSITIONS WITH THE SHOW AND HAVE NEEDED TEMPORARY SEASONAL WORKERS TO AUGMENT OUR US WORKFORCE AND TO SUSTAIN OUR BUSINESS.

FOR THE PAST SEASONS, THIS NEED HAS BEEN RECURRENT ANNUALLY FROM FEBRUARY THROUGH NOVEMBER, WE COMPLETELY CEASE OUR MOBILE OPERATIONS FROM DECEMBER THROUGH JANUARY, AND WE DO NOT HAVE ANY PERMANENT WORKERS IN THIS JOB CATEGORY, OUR EXACT OPENING AND CLOSING DATES ARE DEPENDENT UPON THE DATES SET BY EVENT SPONSORS, AT TIMES, EVENT SPONSORS CHANGE DATES AND THEIR EVENT THEN CONFLICTS WITH OTHER EVENTS THAT ARE BOOKED, THIS CAUSES MINOR SHIFTS IN STARTING AND ENDING DATES. THIS IS A NORMAL AND REASONABLE SHIFT DUE TO CHANGING EXTERNAL BUSINESS CONDITIONS BEYOND OUR CONTROL AND DOES NOT AFFECT THE FACT THAT WE ARE A SEASONAL BUSINESS, WITH A NEED FOR TEMPORARY FOREIGN WORKERS THAT IS SEASONAL, PREDICTABLE AND RECURRENT ANNUALLY.

THE NUMBER OF WORKERS REQUIRED TO OPERATE OUR SHOW IS OBVIOUSLY DICTATED BY THE EQUIPMENT (RIDES) THAT WE OPERATE AT OUR VARIOUS LOCATIONS, THE HOURS OF OPERATION, AND THE NUMBER OF WORKERS THAT ARE REQUIRED TO SAFELY (FOR THE WORKERS THEMSELVES, THEIR FELLOW WORKERS AND FOR THE PUBLIC) MAINTAIN AND OPERATE THOSE RIDES, THESE ARE THE FACTORS THAT I TAKE INTO CONSIDERATION AS I CALCULATE MY NEED FOR WORKERS SO THAT I CAN ACCURATELY COMPLETE THIS APPLICATION PROCESS, REMAIN COMPLIANT WITH, AND STRIVE TO PROTECT THE INTEGRITY OF THIS VITAL H-2B NON-IMMIGRANT FOREIGN WORKER PROGRAM.

THE COVID-19 PANDEMIC, AND CONTINUED SPREAD OF THE VIRUS, HAS PERMANENTLY ALTERED HOW MOBILE CARNIVAL COMPANIES MUST OPERATE IF THE INDUSTRY IS TO SURVIVE, FAIRS, FESTIVALS, AND THE OTHER SEASONAL EVENTS THAT DEPEND UPON OUR ORGANIZATION TO RAISE FUNDS FOR THEIR COMMUNITY SERVICE AND CHARITABLE PROJECTS TYPICALLY ATTRACT LARGE CROWDS MINGLING...SEE ATTACHED STN.....

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



ADDENDUM
Section F.a.4: Job Duties

ADDENDUM FOR SECTION F.A.4: JOB DUTIES

PERFORM VARIETY OF ATTENDING DUTIES AT TRAVELING CARNIVAL. SET UP, TEAR-DOWN, OPERATE AMUSEMENT RIDES.

THE OFLC ETA REQUESTED DETAIL ON SPECIFIC PORTIONS OF THESE JOB DUTIES.

AMUSEMENT RIDES SET UP & TEAR DOWN: MOBILE AMUSEMENT RIDES ARE TRAILER MOUNTED. A SUPERVISOR WOULD POSITION THE TRAILER(S) AT A SPECIFIC LOCATION ON THE GROUNDS, UNHITCH THE POWER UNIT FROM THE TRAILER, & MOVE THE POWER UNIT AWAY FROM THE RIDE. ALL OF THE PIECES OF THE RIDE WOULD TRAVEL ON THE SAME TRAILER(S) & BE LOCATED PROXIMATE TO THEIR POSITION WHEN THE RIDE IS IN OPERATION. WORK WOULD BE PERFORMED BY INDIVIDUAL WORKERS AS MEMBERS OF A TEAM, WITH SOME TASKS BEING PERFORMED INDIVIDUALLY & SOME COLLECTIVELY. RESTRAINTS HOLDING PIECES OF THE RIDE WHILE IN TRANSIT WOULD BE RELEASED, RIDE PLATFORM (IF ANY) WOULD BE LOWERED & LEVELED, TRACK OR RAILING (IF ANY) WOULD BE POSITIONED & CONNECTED. SWEEPS, SUPPORTS, BARS, PINS WOULD BE POSITIONED & CONNECTED, CARS, SEATS, BENCH OR CARRIAGE (METHOD OF CONVEYANCE FOR THIS PARTICULAR RIDE) WHERE PATRON WOULD STAND OR SIT WHILE ON THE RIDE WOULD BE POSITIONED & CONNECTED, FENCING, SIGNAGE, TICKET COLLECTION BOXES & ILLUMINATION WOULD BE POSITIONED, TEARDOWN WOULD SIMPLY BE THESE DUTIES BEING HANDLED IN THE REVERSE ORDER & ITEMS BEING STORED & SECURED FOR TRANSIT TO THE NEXT LOCATION. MAY INCLUDE MOVING/POSITIONING, MAINTENANCE, REPAIRS AND REFURBISHMENT OF EQUIPMENT.

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

POST-EMPLOYMENT RANDOM DRUG TESTING & BACKGROUND CHECKS MAY BE REQUIRED, AT NO COST TO THE WORKER, THE JOB REQUIRES THE APPLICANT TO BE QUALIFIED, READY, WILLING, ABLE, & AVAILABLE TO PERFORM DURING THE ENTIRE EMPLOYMENT AT THE DESIGNATED WORKSITE; TO ENTER INTO & COMPLY WITH EMPLOYMENT CONTRACT; TO FOLLOW WORKPLACE RULES.

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 WILL MAKE ALL DEDUCTIONS FROM THE WORKER'S PAYCHECK REQUIRED BY LAW. IN ADDITION, THE EMPLOYER INTENDS TO MAKE THE FOLLOWING DEDUCTIONS FROM THE WORKER'S PAYCHECK WHICH ARE NOT REQUIRED BY LAW: NONE
OPTIONAL MOBILE HOUSING (VALUED AT \$175.00 PER WEEK) AND LOCAL CONVENIENCE TRAVEL (VALUED AT \$25.00 PER WEEK) ARE AVAILABLE AT NO COST TO THE WORKER. MERIT INCREASES AND/OR BONUSES MAY BE AWARDED AT EMPLOYER DISCRETION.



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:	Per Hour
Multiple Cities and Towns	SC	FLORENCE	FLORENCE, SC				2/9/2025	3/15/2025	11.19	11.19	Hour
Multiple Cities and Towns	FL	BROWARD	PART LAUDERDALE-WEST PALM BEACH				2/10/2025	3/17/2025	14.49	14.49	Hour
Multiple Cities and Towns	GA	CAMDEN	THE GEORGIA NONMETROPOLITAN AREA				3/21/2025	3/24/2025	10.13	10.13	Hour
Multiple Cities and Towns	SC	PICKENS	GREENVILLE-ANDERSON-MAULDIN, SC				3/21/2025	4/7/2025	12.09	12.09	Hour
Multiple Cities and Towns	GA	BULLOCH	GEORGIA NONMETROPOLITAN AREA				3/28/2025	3/31/2025	10.05	10.05	Hour
Multiple Cities and Towns	GA	CHATHAM	SAVANNAH, GA				3/26/2025	4/7/2025	11.74	11.74	Hour
Multiple Cities and Towns	GA	BULLOCH	GEORGIA NONMETROPOLITAN AREA				4/9/2025	4/15/2025	10.05	10.05	Hour
Multiple Cities and Towns	NC	CABARRUS	CHARLOTTE-CONCORD-GASTONIA, NC				4/11/2025	4/21/2025	12.76	12.76	Hour
Multiple Cities and Towns	NC	VANCE	NORTH CAROLINA NONMETROPOLITAN AREA				4/18/2025	4/28/2025	11.51	11.51	Hour
Multiple Cities and Towns	NC	DURHAM	DURHAM-CHAPEL HILL, NC				4/26/2025	5/5/2025	13.19	13.19	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 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-400-24330-499253 Case Status: Full Certification Determination Date: 12/19/2024 Validity Period: 2/9/2025 to 11/29/2025
H-2B Case Number: _____



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:
Multiple Cities and Towns	VA	NEWPORT NEWS CITY	BEACH-NORFOLK-NEWPORT NEWS			5/2/2025	5/12/2025	13.47	13.47	Hour
Multiple Cities and Towns	NJ	BERGEN	ORK-NEWARK~JERSEY CITY, NY			5/9/2025	5/12/2025	17.42	17.42	Hour
Multiple Cities and Towns	NJ	ESSEX	ORK-NEWARK~JERSEY CITY, NY			5/14/2025	5/18/2025	17.42	17.42	Hour
Multiple Cities and Towns	VA	CHESAPEAKE CITY	BEACH-NORFOLK-NEWPORT NEWS			5/16/2025	5/19/2025	13.47	13.47	Hour
Multiple Cities and Towns	NJ	MONMOUTH	ORK-NEWARK~JERSEY CITY, NY			5/22/2025	5/27/2025	17.42	17.42	Hour
Multiple Cities and Towns	NY	RICHMOND	ORK-NEWARK~JERSEY CITY, NY			5/23/2025	6/9/2025	17.42	17.42	Hour
Multiple Cities and Towns	NJ	BURLINGTON	PHIA-CAMDEN-WILMINGTON, PA			5/29/2025	6/1/2025	15	15	Hour
Multiple Cities and Towns	NJ	MIDDLESEX	ORK-NEWARK~JERSEY CITY, NY			6/4/2025	6/8/2025	17.42	17.42	Hour
Multiple Cities and Towns	NJ	BURLINGTON	PHIA-CAMDEN-WILMINGTON, PA			6/10/2025	6/15/2025	15	15	Hour
Multiple Cities and Towns	NJ	MORRIS	ORK-NEWARK~JERSEY CITY, NY			6/13/2025	6/16/2025	17.42	17.42	Hour

Public Burden Statement (1205-0509)

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Form ETA-9142B H-400-24330-499253 Case Status: Full Certification Determination Date: 12/19/2024 Validity Period: 2/19/2025 to 11/29/2025
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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:	Per Hour
Multiple Cities and Towns	NJ	MERCER	TRENTON, NJ				6/17/2025	6/22/2025	15.52	15.52	Hour
Multiple Cities and Towns	NJ	MIDDLESEX	ORK-NEWARK~JERSEY CITY, NY				6/18/2025	6/30/2025	17.42	17.42	Hour
Multiple Cities and Towns	NJ	MONMOUTH	ORK-NEWARK~JERSEY CITY, NY				6/27/2025	6/30/2025	17.42	17.42	Hour
Multiple Cities and Towns	NJ	OCEAN	ORK-NEWARK~JERSEY CITY, NY				7/2/2025	7/7/2025	17.42	17.42	Hour
Multiple Cities and Towns	NJ	MONMOUTH	ORK-NEWARK~JERSEY CITY, NY				7/3/2025	7/7/2025	17.42	17.42	Hour
Multiple Cities and Towns	NY	MONROE	ROCHESTER, NY				7/8/2025	7/13/2025	16	16	Hour
Multiple Cities and Towns	NJ	CUMBERLAND	VINELAND-BRIDGETON, NJ				7/9/2025	7/13/2025	17.6	17.6	Hour
Multiple Cities and Towns	NY	CHAUTAUQUA	WEST NEW YORK NONMETROPOLI				7/14/2025	7/21/2025	16	16	Hour
Multiple Cities and Towns	NJ	ATLANTIC	ATLANTIC CITY-HAMMONTON, N				7/15/2025	7/21/2025	20.58	20.58	Hour
Multiple Cities and Towns	NY	SARATOGA	ALBANY-SCHENECTADY-TROY, N				7/23/2025	7/28/2025	16.03	16.03	Hour

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24330-499253 Case Status: Full Certification Determination Date: 12/19/2024 Validity Period: 2/19/2025 to 11/29/2025
H-2B Case Number: _____



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:	Per Hour
Multiple Cities and Towns	NY	CATTARAUGUS	EAST NEW YORK NONMETROPOLITAN				7/25/2025	8/3/2025	16	16	Hour
Multiple Cities and Towns	VA	CULPEPER	WASHINGTON-ALEXANDRIA, DC				7/31/2025	8/4/2025	16.03	16.03	Hour
Multiple Cities and Towns	GA	GLYNN	BRUNSWICK, GA				10/29/2025	11/2/2025	10.38	10.38	Hour
Multiple Cities and Towns	GA	WARE	ATLANTA METROPOLITAN				11/5/2025	11/9/2025	10.13	10.13	Hour
Multiple Cities and Towns	SC	FLORENCE	FLORENCE, SC				11/12/2025	11/29/2025	11.19	11.19	Hour
Multiple Cities and Towns	NY	FRANKLIN	WESTERN NEW YORK NONMETROPOLITAN				8/2/2025	8/11/2025	17.94	17.94	Hour
Multiple Cities and Towns	VT	RUTLAND	GREEN MOUNTAIN NONMETROPOLITAN				8/13/2025	8/17/2025	15.98	15.98	Hour
Multiple Cities and Towns	GA	TOWNS	ATLANTA METROPOLITAN				8/16/2025	8/24/2025	11.29	11.29	Hour
Multiple Cities and Towns	NY	WASHINGTON	GLENS FALLS, NY				8/19/2025	8/25/2025	16	16	Hour
Multiple Cities and Towns	NY	COLUMBIA	EAST NEW YORK NONMETROPOLITAN				8/28/2025	9/2/2025	16.52	16.52	Hour

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24330-499253 Case Status: Full Certification Determination Date: 12/19/2024 Validity Period: 2/19/2025 to 11/29/2025



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:	Per Hour
Multiple Cities and Towns	SC	PICKENS	EENVILLE-ANDERSON-MAULDIN,				8/29/2025	9/8/2025	12.09	12.09	Hour
Multiple Cities and Towns	NY	NIAGARA	.O-CHEEKTOWAGA-NIAGARA FA				9/5/2025	9/8/2025	16.41	16.41	Hour
Multiple Cities and Towns	GA	GWINNETT	ANTA-SANDY SPRINGS-ROSWELL				9/12/2025	9/22/2025	12.3	12.3	Hour
Multiple Cities and Towns	PA	COLUMBIA	BLOOMSBURG-BERWICK, PA				9/20/2025	9/28/2025	12.93	12.93	Hour
Multiple Cities and Towns	GA	HENRY	ANTA-SANDY SPRINGS-ROSWELL				9/27/2025	10/6/2025	12.3	12.3	Hour
Multiple Cities and Towns	VA	SUFFOLK CITY	BEACH-NORFOLK-NEWPORT NEV				10/3/2025	10/6/2025	13.47	13.47	Hour
Multiple Cities and Towns	NC	ONSLow	JACKSONVILLE, NC				10/8/2025	10/12/2025	11.57	11.57	Hour
Multiple Cities and Towns	GA	BULLOCH	GEORGIA NONMETROPOLITAN				10/14/2025	10/19/2025	10.05	10.05	Hour
Multiple Cities and Towns	SC	SUMTER	SUMTER, SC				10/15/2025	10/20/2025	10.97	10.97	Hour
Multiple Cities and Towns	FL	BAKER	JACKSONVILLE, FL				10/22/2025	10/27/2025	13.92	13.92	Hour

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24330-499253

Case Status: Full Certification

Determination Date: 12/19/2024

Validity Period: 2/19/2025 to 11/29/2025



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		Per Hour
									From:	To:	
Multiple Cities and Towns	SC	FLORENCE	FLORENCE, SC			10/24/2025	11/3/2025	11.19	11.19		

Public Burden Statement (1205-0509)
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Page A.6 of A.6

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24330-499253 Case Status: Full Certification
H-2B Case Number: _____ Determination Date: 12/19/2024
Validity Period: 2/9/2025 to 11/29/2025



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) §
Apolinar Barrios	Jesus	
4. Name of Employer/Recruiting Organization *		
Vamos Juntos Alcanzndo Bienestar Asociacion		
5. City *	6. State *	7. Postal Code *
TLAPACOYAN	N/A	93650
8. Country *	9. Province §	
MEXICO	VERACRUZ	

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 §	

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