



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

**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Forms ETA-9142A and ETA-790/790A. A copy of the instructions can be found on the Office of Foreign Labor Certification website at <https://www.dol.gov/agencies/eta/foreign-labor/forms>. If you are not submitting these forms 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. Nature of H-2A Application**

1. Type of Employer Application (choose only one)* <input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Joint Employer (2 or more individual employers)	
1a. Agricultural Association Employer or Agency Status, if applicable (choose only one) § <input type="checkbox"/> Association – Sole Employer <input type="checkbox"/> Association - Joint Employer <input type="checkbox"/> Association – Agent	
2. Is the employer operating as an H-2A Labor Contractor (H-2ALC), as defined by 20 CFR 655.103(b)? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of Temporary Need (choose only one) *	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Other Temporary Need
4. Is a statement of temporary need attached to this application? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Is this application being filed with a request to waive the regulatory time period due to an emergency situation, as defined by 20 CFR 655.134? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If "Yes" is marked in question A.5, a statement justifying the employer's emergency situation is attached to this application. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

**B. Employer Information**

1. Legal Business Name * Madison Greenhouse LLC		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Previous DBA, if applicable §	4. Previous DBA, if applicable §	
5. Address 1 * 23340 457th Avenue		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Madison	8. State * South Dakota	9. Postal Code * 57042
10. Country * United States Of America	11. Province §	
12. Telephone Number * +1 (763) 271-6585	13. Extension §	
14. Federal Employer Identification Number (FEIN from IRS) * [REDACTED]	15. NAICS Code * 1114	

**C. Employer Point of Contact Information**

1. Contact's Last (family) Name * Nguyen	2. First (given) Name * Julia	3. Middle Name(s) §
4. Contact's Job Title * VP of Human Resources		
5. Address 1 * 23340 457th Avenue		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Madison	8. State * South Dakota	9. Postal Code * 57042
10. Country * United States Of America	11. Province §	
12. Telephone Number * +1 (763) 271-6585	13. Extension §	14. Business Email Address * julia@djgreen.com

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



**D. 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 § <b>Valerio de Lima</b>	3. First (given) Name § <b>Bruna</b>	4. Middle Name(s) §	
5. Address 1 § <b>9450 SW Gemini Dr.</b>			
6. Address 2 (apartment/suite/floor and number) § <b>ECM #65112</b>			
7. City § <b>Beaverton</b>		8. State § <b>Oregon</b>	9. Postal Code <b>97008</b>
10. Country § <b>United States Of America</b>		11. Province §	
12. Telephone Number § <b>+1 (619) 817-8388</b>	13. Extension §	14. Law Firm/Business Email Address § <b>h2a@sesolabor.com</b>	
15. Law Firm/Business Name § <b>Seso Inc.</b>		16. Law Firm/Business FEIN § <b>[REDACTED]</b>	
<b>If "Attorney" is marked in question D.1, complete questions 17 – 19 below.</b>			
17. State Bar Number(s) §		18. State of highest court where attorney is in good standing §	
19. Name of the highest state court where attorney is in good standing §			
<b>If "Agent" is marked in question D.1, complete questions 20 and 21 below.</b>			
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application is attached to this application. §			<input checked="" type="checkbox"/> Yes
21. 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 is attached to this application. §			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A

**E. Job Opportunity & Supporting Documentation**

1. SOC Occupational Code * <b>45-2092.00</b>	2. SOC Occupational Title * <b>Farmworkers and Laborers, Crop, Nursery, and Greenhouse</b>	
3. A copy of the completed job order (Form ETA-790/790A) satisfying the requirements at 20 CFR 653, subpart F, and 20 CFR 655, subpart B, is attached to this application. *		<input checked="" type="checkbox"/> Yes
4. A completed <b>Appendix C</b> is attached to this application identifying the owners of the agricultural business, all operators of each place of employment (if different than the employer(s)), and all persons who manage or supervise any worker employed under the job order associated with this application, regardless of whether those managers or supervisors are employed by the employer or another entity. *		<input checked="" type="checkbox"/> Yes
5. If "Joint Employer" is marked in question A.1, the Form ETA-790A and Addendum B identify the name(s), address(es), total number of workers needed, and crops and agricultural work of each employer that will employ workers. §		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
<b>For H-2A Labor Contractors ONLY</b> <b>If "Yes" is marked in question A.2, complete questions E.6 through E.10 below</b>		
6. The Form ETA-790A, Addendum B, identifies the name(s) and location(s) of each fixed-site agricultural business the employer will be providing H-2A workers, the expected first and last dates of work for each business, and a description of crops and activities the workers will perform. §		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. A copy of fully-executed work contract(s) with each fixed-site agricultural business identified on the Form ETA-790A, Addendum B, is attached to this application. §		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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



8. A copy of the employer's valid MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform is attached to this application. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
9. A signed and dated <b>Appendix B</b> , H-2A Labor Contractor Surety Bond, for the employer identified in Section B of this application is attached. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Will any of the fixed-site agricultural businesses provide workers with housing and/or transportation between the place of employment and the living quarters under this application? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. 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-2A workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11a. 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-2A workers is attached to this application. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
11b. Indicate whether a completed <b>Appendix D</b> providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

**F. 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 A will be considered incomplete and rejected without further review.

1. A signed and dated <b>Appendix A</b> for the employer identified in Section B of this application is attached. *	<input checked="" type="checkbox"/> Yes
2. Except for agricultural associations filing as a joint employer, a separate signed and dated <b>Appendix A</b> for each employer identified as a <b>joint employer</b> on the job order (Form ETA-790/790A) is attached. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

**G. Preparer**

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or D (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. Business Email Address §		

**For Public Burden Statement, see the Instructions for Form ETA-9142A.**



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

Each employer, and any joint employer identified on the job order (Form ETA-790/790A), must provide the identity, location, and contact information of all owners of the agricultural business, the operators of each place of employment (if different than the employer(s)), and all persons who manage or supervise any worker employed under the job order associated with this application, regardless of whether those managers or supervisors are employed by the employer or another entity. Please complete each section of "Additional Contact Information" below. If more than three (3) persons need to be identified, the employer must disclose as many "Additional Contact Information" sections as necessary to provide a complete response.

Additional Contact Information 1

1. Role of person (select all that apply) *			
<input checked="" type="checkbox"/> Owner – Employer <input type="checkbox"/> Operator of Place of Employment <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor			
2. FEIN (from IRS) *		3. Legal Business Name *	
[REDACTED]		Madison Greenhouse LLC	
4. Contact's Last (family) Name *		5. First (given) Name *	6. Middle Name(s) §
TOTUSHEK		DANIEL	E
7. Address 1 *			8. Address 2 (apt/suite/floor and number) §
23340 457th Avenue			
9. City or Town *		10. State/District/Territory *	11. Postal Code *
Madison		SOUTH DAKOTA	57042
12. Country *		13. Province §	
UNITED STATES OF AMERICA		N/A	
14. Date of Birth *	15. Telephone Number *	16. Extension §	17. Email Address *
[REDACTED]	+17632716570		DAN@DJGREEN.COM

Additional Contact Information 2

1. Role of person (select all that apply) *			
<input checked="" type="checkbox"/> Owner – Employer <input type="checkbox"/> Operator of Place of Employment <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor			
2. FEIN (from IRS) *		3. Legal Business Name *	
[REDACTED]		Madison Greenhouse LLC	
4. Contact's Last (family) Name *		5. First (given) Name *	6. Middle Name(s) §
QUAAL		JERRY	L
7. Address 1 *			8. Address 2 (apt/suite/floor and number) §
23340 457th Avenue			
9. City or Town *		10. State/District/Territory *	11. Postal Code *
Madison		SOUTH DAKOTA	57042
12. Country *		13. Province §	
UNITED STATES OF AMERICA		N/A	
14. Date of Birth *	15. Telephone Number *	16. Extension §	17. Email Address *
[REDACTED]	+17632716570		JERRY@DJGREEN.COM

Additional Contact Information 3

1. Role of person (select all that apply) *			
<input type="checkbox"/> Owner – Employer <input type="checkbox"/> Operator of Place of Employment <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Supervisor			
2. FEIN (from IRS) *		3. Legal Business Name *	
[REDACTED]		Madison Greenhouse LLC	
4. Contact's Last (family) Name *		5. First (given) Name *	6. Middle Name(s) §
JOHNSON		RYAN	P
7. Address 1 *			8. Address 2 (apt/suite/floor and number) §
23340 457th Avenue			
9. City or Town *		10. State/District/Territory *	11. Postal Code *
Madison		SOUTH DAKOTA	57042
12. Country *		13. Province §	
UNITED STATES OF AMERICA		N/A	
14. Date of Birth *	15. Telephone Number *	16. Extension §	17. Email Address *
[REDACTED]	+16052914013		RYAN@DJGREEN.COM

For public burden statement, please see Form ETA-9142A General Instructions.