

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	32
	b. Cap-Exempt	0

**B. Temporary Need Information**

1. Job Title* Forestry Worker		
2. SOC Code* 45-4011.00	3. SOC Occupation Title* Forest and Conservation Workers	
4. Number of Workers* 32	5. Begin Date* (mm/dd/yyyy) 1/1/2025	6. End Date* (mm/dd/yyyy) 10/31/2025
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-00012012		

**C. Employer Information**

1. Legal Business Name* R. Franco Restoration Inc.		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1* 11083 W. Stayton Rd SE		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Aumsville	6. State* Oregon	7. Postal Code* 97325
8. Country* United States Of America		9. Province §
10. Telephone Number* +1 (503) 580-3988		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)*		13. NAICS Code* 11531

**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* Franco	2. First (given) Name* Rosario	3. Middle Name(s) §
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4. Contact's Job Title * President		
5. Address 1 * 11083 W. Stayton Rd SE		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Aumsville	8. State * Oregon	9. Postal Code * 97325
10. Country * United States Of America		11. Province §
12. Telephone Number * +1 (503) 580-3988	13. Extension §	14. Business Email Address * rfranco restoration@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 type="checkbox"/> Attorney <input checked="" type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Forrester	3. First (given) Name § Dawn	4. Middle Name(s) §	
5. Address 1 § 3829 N Schreiber Way			
6. Address 2 (apartment/suite/floor and number) §			
7. City § Coeur d'Alene	8. State § Idaho	9. Postal Code § 83815	
10. Country § United States Of America		11. Province §	
12. Telephone Number § +1 (208) 777-2654	13. Extension §	14. Law Firm/Business Email Address § dawn@laborci.com	
15. Law Firm/Business Name § Labor Consultants International		16. Law Firm/Business FEIN § [REDACTED]	

<b>If "Attorney" is marked in question E.1, complete questions 17 to 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 E.1, complete questions 20 and 21 below.</b>	
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

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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 * Oregon				3. Date Job Order Submitted * 10/2/2024					
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> 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		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>00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
7. Education: minimum U.S. diploma/degree required. *									
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)									
8. Training: number of <u>months</u> required. *			0		9. Work Experience: number of <u>months</u> required. *			3	
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 * 11083 West Stayton Rd (Report to Work)		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Aumsville	4. State * Oregon	5. Postal Code * 97325

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6. County * Marion		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Salem, OR	
8a. Basic Wage Rate Paid * From: \$ 16 .00 To: \$ 25 .15		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: \$ 24 .00 To: \$ 37 .73			
9. Additional conditions about the wage rate to be paid at any work locations § H&W Benefits may apply. Wage may vary based on Experience and/or location worked.			
<b>DOL Prevailing Wage Determination (PWD) Information</b>			
10. 1st PWD Case Number * P-400-24200-207384	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. <b>Daily Transportation:</b> 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. <b>On-the-Job Training Available:</b> Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. <b>Employer-Provided Tools and Equipment:</b> 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. <b>Board, Lodging, or Other Facilities:</b> 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. <b>Deductions From Pay:</b> State all deduction(s) from pay and, if known, the amount(s). * Optional, shared housing available at no cost to the worker. At Employer's sole discretion: possible cash advances (if applicable/requested by worker. potential deduction from worker's paycheck).	

**e. Recruitment Information**

1. Telephone Number to Apply * +1 (503) 580-3988	2. Email Address to Apply * rfrancoestoration@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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

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3. Indicate whether a completed <b>Appendix D</b> 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
<b>Foreign Labor Recruiter Information</b>	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
7. Indicate whether a completed <b>Appendix C</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 type="checkbox"/> No <input checked="" 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 <b>Appendix B</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 <b>Appendix B</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.4: Job Duties

ADDENDUM FOR SECTION F.A.4: JOB DUTIES

DUTIES MAY INCLUDE: REMOVE UNDESIRABLE GROWTH IN URBAN AREAS USING CHAINSAWS AND REPLANTING WITH BUSHES AND OTHER PLANTS AND TREES NATIVE TO THE SURROUNDING AREA, PLANT TREES AND OTHER LOCAL VEGETATION BY DIGGING A HOLE IN THE SOIL AND PLACING PLANTS/SEEDLINGS IN HOLE, THEN TAMPING SOIL AROUND PLANTS/SEEDLINGS TO ENSURE PROPER ROOTING. ONCE PLANTED, WORKERS WILL SPRAY HERBICIDE/INSECTICIDE AS REQUIRED, SET TUBING, MOW. UNDER THE DIRECTION OF FIRE SUPPRESSION OFFICERS OR FORESTRY TECHNICIANS: FIRE PREVENTION AND SUPPRESSION DUTIES SUCH AS PRESCRIBED BURNING TASKS, FIRE PROTECTION, AND SUPPRESSION VIA CLEARING/DISPOSING OF BRUSH, PILING, AND DIGGING LINE/CONSTRUCTION, FIRE BREAKS & OTHER RELATED FORESTRY WORKER ACTIVITIES AS PER SOC/OES 45-4011 (ONETONLINE.ORG).

STANDARD/EXPECTED SCHEDULE: MONDAY-FRIDAY 7:00AM-3:00PM. OFFERING 40+ (PLUS) HOURS PER WEEK; NOT INCLUDING APPLICABLE LUNCH AND/OR BREAKS. POSSIBLE WEEKEND/HOLIDAY WORK. START/END TIMES, OFFERED HOURS AND/OR OVERTIME COULD VARY AS THEY MAY BE DEPENDENT UPON OTHER FACTORS SUCH AS PROJECT/SCHEDULE/SERVICE NEEDS, WEATHER, AND COMMUTE TIME BETWEEN WORKSITES (IF APPLICABLE). OVERTIME POSSIBLE, BUT NOT REQUIRED OR GUARANTEED. AT EMPLOYER'S SOLE DISCRETION; POSSIBLE RAISES AND/OR BONUSES BASED ON INDIVIDUAL FACTORS SUCH AS WORK PERFORMANCE OR SKILL (NOT GUARANTEED). PIECE RATE MAY APPLY: WORKER WILL NEVER MAKE LESS THAN PREVAILING WAGE OR FEDERAL/STATE/LOCAL MINIMUM WAGE.

OPTIONAL, SHARED HOUSING AVAILABLE AT NO COST TO THE WORKER.

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**ADDENDUM**  
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

MUST BE 18 DUE TO STATE LABOR LAWS. MUST SHOW PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. DRUG/ALCOHOL/TOBACCO FREE WORK ZONE. MUST WALK SUBSTANTIALLY (UP TO 15 MILES/DAY), ALSO STOOP, BEND WHILE CARRYING A PACK (UP TO 50LBS) THRU ROUGH TERRAIN (NON-TRAIL). ALL APPLICANTS MUST BE ABLE, WILLING AND QUALIFIED TO PERFORM WORK DESCRIBED AND MUST BE AVAILABLE FOR THE ENTIRE PERIOD SPECIFIED AND WORK THROUGHOUT ALL AREAS OF INTENDED EMPLOYMENT. BASED ON EMPLOYER'S DISCRETION/COST: WORKER MAY HAVE RANDOM DRUG/ALCOHOL TESTING DURING EMPLOYMENT: POSITIVE TEST/REFUSAL TO ABIDE = DISMISSAL. POSSIBLE BACKGROUND CHECK POST HIRE AT EMPLOYER'S EXPENSE. WORK IS PERFORMED OUTDOORS, EXPOSED TO WEATHER; MUST BE CAPABLE OF DOING PHYSICALLY STRENUOUS LABOR FOR LONG HOURS, OCCASIONALLY IN EXTREME HEAT OR COLD. VARIABLE WEATHER CONDITIONS APPLY; HOURS MAY FLUCTUATE (+/-), POSSIBLE DOWNTIME AND/OR OVERTIME.

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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		Per
									From:	To:	
Multiple Cities and Towns	OR	DOUGLAS	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	5	6	6/1/2025	6/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	DESCHUTES	BEND-REDMOND, OR	Work throughout entire BLS/MSA Area.	5	6	6/16/2025	6/30/2025	25.15	25.15	Hour
Multiple Cities and Towns	CA	SAN BERNARDINO	SIDE-SAN BERNARDINO-ONTAR	Work throughout entire BLS/MSA Area.	5	6	7/1/2025	7/15/2025	16	25.15	Hour
Multiple Cities and Towns	CA	TRINITY	OUNTAINS REGION OF CALIFORNI	Work throughout entire BLS/MSA Area.	5	6	7/16/2025	7/31/2025	16	25.15	Hour
Multiple Cities and Towns	CA	SANTA BARBARA	ANTA MARIA-SANTA BARBARA, C	Work throughout entire BLS/MSA Area.	5	6	8/1/2025	8/15/2025	16	25.15	Hour
Multiple Cities and Towns	WA	CLARK	AND-VANCOUVER-HILLSBORO, C	Work throughout entire BLS/MSA Area.	5	6	8/16/2025	8/31/2025	24.25	25.15	Hour
Multiple Cities and Towns	WA	DOUGLAS	WENATCHEE, WA	Work throughout entire BLS/MSA Area.	5	6	9/1/2025	9/15/2025	22.76	25.15	Hour
Multiple Cities and Towns	WA	ASOTIN	LEWISTON, ID-WA	Work throughout entire BLS/MSA Area.	5	6	9/16/2025	9/30/2025	17.72	25.15	Hour
Multiple Cities and Towns	WA	GRANT	WASHINGTON NONMETROPOLIT	Work throughout entire BLS/MSA Area.	5	6	10/1/2025	10/15/2025	22.53	25.15	Hour
Multiple Cities and Towns	OR	CLACKAMAS	AND-VANCOUVER-HILLSBORO, C	Work throughout entire BLS/MSA Area.	5	6	10/16/2025	10/31/2025	24.25	25.15	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](mailto: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-400-24277-381985  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 11/07/2024

Validity Period: 1/1/2025 to 10/31/2025



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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		Per
									From:	To:	
Multiple Cities and Towns	OR	MARION	SALEM, OR	Work throughout entire BLS/MSA Area.	1	7	1/1/2025	1/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	CLACKAMAS	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	1	7	1/16/2025	1/31/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	JEFFERSON	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	1	7	2/1/2025	2/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	MULTNOMAH	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	1	7	2/16/2025	2/28/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	GILLIAM	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	1	7	3/1/2025	3/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	BAKER	RN OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	1	7	3/16/2025	3/31/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	YAMHILL	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	1	7	4/1/2025	4/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	LINN	ALBANY, OR	Work throughout entire BLS/MSA Area.	1	7	4/16/2025	4/30/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	TILLAMOOK	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	1	7	5/1/2025	5/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	LANE	EUGENE, OR	Work throughout entire BLS/MSA Area.	1	7	5/16/2025	5/31/2025	25.15	25.15	Hour

**Public Burden Statement (1205-0509)**

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Form ETA-9142B H-400-24277-381985  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 11/07/2024

Validity Period: 1/1/2025 to 10/31/2025

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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		Per
									From:	To:	
Multiple Cities and Towns	OR	DESCHUTES	BEND-REDMOND, OR	Work throughout entire BLS/MSA Area.	1	7	6/1/2025	6/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	CA	DEL NORTE	REGION OF CALIFORNIA NONMETRO	Work throughout entire BLS/MSA Area.	1	7	6/16/2025	6/30/2025	16	25.15	Hour
Multiple Cities and Towns	WA	ASOTIN	LEWISTON, ID-WA	Work throughout entire BLS/MSA Area.	1	7	7/1/2025	7/15/2025	17.72	25.15	Hour
Multiple Cities and Towns	CA	MODOC	MOUNTAINS REGION OF CALIFORNI	Work throughout entire BLS/MSA Area.	1	7	7/16/2025	7/31/2025	16	25.15	Hour
Multiple Cities and Towns	WA	KLICKITAT	WASHINGTON NONMETROPOLIT	Work throughout entire BLS/MSA Area.	1	7	8/1/2025	8/15/2025	22.53	25.15	Hour
Multiple Cities and Towns	WA	CLARK	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	1	7	8/16/2025	8/31/2025	24.25	25.15	Hour
Multiple Cities and Towns	CA	SHASTA	REDDING, CA	Work throughout entire BLS/MSA Area.	1	7	9/1/2025	9/15/2025	16	25.15	Hour
Multiple Cities and Towns	WA	GRANT	WASHINGTON NONMETROPOLIT	Work throughout entire BLS/MSA Area.	1	7	9/16/2025	9/30/2025	22.53	25.15	Hour
Multiple Cities and Towns	OR	HOOD RIVER	AL OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	1	7	10/1/2025	10/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	BENTON	CORVALLIS, OR	Work throughout entire BLS/MSA Area.	1	7	10/16/2025	10/31/2025	25.15	25.15	Hour

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-24277-381985  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 11/07/2024

Validity Period: 1/1/2025 to 10/31/2025

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
									From:	To:	
Multiple Cities and Towns	OR	MARION	SALEM, OR	Work throughout entire BLS/MSA Area.	2	7	1/1/2025	1/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	JEFFERSON	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	2	7	1/16/2025	1/31/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	MULTNOMAH	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	2	7	2/1/2025	2/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	WASHINGTON	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	2	7	2/16/2025	2/28/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	LANE	EUGENE, OR	Work throughout entire BLS/MSA Area.	2	7	3/1/2025	3/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	DOUGLAS	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	2	7	3/16/2025	3/31/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	TILLAMOOK	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	2	7	4/1/2025	4/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	GILLIAM	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	2	7	4/16/2025	4/30/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	LINN	ALBANY, OR	Work throughout entire BLS/MSA Area.	2	7	5/1/2025	5/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	CLACKAMAS	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	2	7	5/16/2025	5/31/2025	24.25	25.15	Hour

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 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 11/07/2024

Validity Period: 1/1/2025 to 10/31/2025

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
									From:	To:	
Multiple Cities and Towns	WA	CLARK	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	2	7	6/1/2025	6/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	MORROW	RN OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	2	7	6/16/2025	6/30/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	KLAMATH	AL OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	2	7	7/1/2025	7/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	CA	LASSEN	OUNTAINS REGION OF CALIFORI	Work throughout entire BLS/MSA Area.	2	7	7/16/2025	7/31/2025	16	25.15	Hour
Multiple Cities and Towns	CA	HUMBOLDT	EGION OF CALIFORNIA NONMETP	Work throughout entire BLS/MSA Area.	2	7	8/1/2025	8/15/2025	16	25.15	Hour
Multiple Cities and Towns	WA	SKAMANIA	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	2	7	8/16/2025	8/31/2025	24.25	25.15	Hour
Multiple Cities and Towns	WA	WHATCOM	BELLINGHAM, WA	Work throughout entire BLS/MSA Area.	2	7	9/1/2025	9/15/2025	19.2	25.15	Hour
Multiple Cities and Towns	WA	DOUGLAS	WENATCHEE, WA	Work throughout entire BLS/MSA Area.	2	7	9/16/2025	9/30/2025	22.76	25.15	Hour
Multiple Cities and Towns	OR	HOOD RIVER	AL OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	2	7	10/1/2025	10/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	YAMHILL	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	2	7	10/16/2025	10/31/2025	24.25	25.15	Hour

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Case Status: Full Certification

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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		Per
									From:	To:	
Multiple Cities and Towns	OR	MARION	SALEM, OR	Work throughout entire BLS/MSA Area.	3	6	1/1/2025	1/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	LINN	ALBANY, OR	Work throughout entire BLS/MSA Area.	3	6	1/16/2025	1/31/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	LANE	EUGENE, OR	Work throughout entire BLS/MSA Area.	3	6	2/1/2025	2/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	BENTON	CORVALLIS, OR	Work throughout entire BLS/MSA Area.	3	6	2/16/2025	2/28/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	YAMHILL	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	3	6	3/1/2025	3/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	GRANT	RN OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	3	6	3/16/2025	3/31/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	CLACKAMAS	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	3	6	4/1/2025	4/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	BAKER	RN OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	3	6	4/16/2025	4/30/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	HOOD RIVER	AL OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	3	6	5/1/2025	5/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	MORROW	RN OREGON NONMETROPOLITAI	Work throughout entire BLS/MSA Area.	3	6	5/16/2025	5/31/2025	25.15	25.15	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		Per
									From:	To:	
Multiple Cities and Towns	OR	BENTON	CORVALLIS, OR	Work throughout entire BLS/MSA Area.	3	6	6/1/2025	6/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	WASHINGTON	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	3	6	6/16/2025	6/30/2025	24.25	25.15	Hour
Multiple Cities and Towns	WA	COWLITZ	LONGVIEW, WA	Work throughout entire BLS/MSA Area.	3	6	7/1/2025	7/15/2025	22	25.15	Hour
Multiple Cities and Towns	WA	WAHKIAKUM	WASHINGTON NONMETROPOLI	Work throughout entire BLS/MSA Area.	3	6	7/16/2025	7/31/2025	22.65	25.15	Hour
Multiple Cities and Towns	CA	TRINITY	OUNTAINS REGION OF CALIFORNI	Work throughout entire BLS/MSA Area.	3	6	8/1/2025	8/15/2025	16	25.15	Hour
Multiple Cities and Towns	CA	SISKIYOU	OUNTAINS REGION OF CALIFORNI	Work throughout entire BLS/MSA Area.	3	6	8/16/2025	8/31/2025	16	25.15	Hour
Multiple Cities and Towns	OR	JOSEPHINE	GRANTS PASS, OR	Work throughout entire BLS/MSA Area.	3	6	9/1/2025	9/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	CURRY	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	3	6	9/16/2025	9/30/2025	23.91	25.15	Hour
Multiple Cities and Towns	WA	CLARK	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	3	6	10/1/2025	10/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	TILLAMOOK	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	3	6	10/16/2025	10/31/2025	23.91	25.15	Hour

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 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
									From:	To:	
Multiple Cities and Towns	OR	MARION	SALEM, OR	Work throughout entire BLS/MSA Area.	4	6	1/1/2025	1/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	DOUGLAS	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	1/16/2025	1/31/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	KLAMATH	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	2/1/2025	2/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	MORROW	RN OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	2/16/2025	2/28/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	TILLAMOOK	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	3/1/2025	3/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	DESCHUTES	BEND-REDMOND, OR	Work throughout entire BLS/MSA Area.	4	6	3/16/2025	3/31/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	WASHINGTON	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	4	6	4/1/2025	4/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	MULTNOMAH	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	4	6	4/16/2025	4/30/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	YAMHILL	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	4	6	5/1/2025	5/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	GRANT	RN OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	5/16/2025	5/31/2025	25.15	25.15	Hour

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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
									From:	To:	
Multiple Cities and Towns	OR	CLACKAMAS	AND-VANCOUVER-HILLSBORO, OREGON	Work throughout entire BLS/MSA Area.	4	6	6/1/2025	6/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	GILLIAM	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	6/16/2025	6/30/2025	24.34	25.15	Hour
Multiple Cities and Towns	CA	DEL NORTE	EGION OF CALIFORNIA NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	7/1/2025	7/15/2025	16	25.15	Hour
Multiple Cities and Towns	CA	LASSEN	OUNTAINS REGION OF CALIFORNIA NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	7/16/2025	7/31/2025	16	25.15	Hour
Multiple Cities and Towns	WA	KLICKITAT	WASHINGTON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	8/1/2025	8/15/2025	22.53	25.15	Hour
Multiple Cities and Towns	WA	WAHKIAKUM	WASHINGTON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	8/16/2025	8/31/2025	22.65	25.15	Hour
Multiple Cities and Towns	CA	SISKIYOU	OUNTAINS REGION OF CALIFORNIA NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	9/1/2025	9/15/2025	16	25.15	Hour
Multiple Cities and Towns	OR	DOUGLAS	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	4	6	9/16/2025	9/30/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	LINN	ALBANY, OR	Work throughout entire BLS/MSA Area.	4	6	10/1/2025	10/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	LANE	EUGENE, OR	Work throughout entire BLS/MSA Area.	4	6	10/16/2025	10/31/2025	25.15	25.15	Hour

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H-2B Application for Temporary Employment Certification  
 Form ETA-9142B – Appendix A  
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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		Per
									From:	To:	
Multiple Cities and Towns	OR	MARION	SALEM, OR	Work throughout entire BLS/MSA Area.	5	6	1/1/2025	1/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	TILLAMOOK	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	5	6	1/16/2025	1/31/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	HOOD RIVER	AL OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	5	6	2/1/2025	2/15/2025	24.34	25.15	Hour
Multiple Cities and Towns	OR	LINN	ALBANY, OR	Work throughout entire BLS/MSA Area.	5	6	2/16/2025	2/28/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	YAMHILL	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	5	6	3/1/2025	3/15/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	WASHINGTON	AND-VANCOUVER-HILLSBORO, O	Work throughout entire BLS/MSA Area.	5	6	3/16/2025	3/31/2025	24.25	25.15	Hour
Multiple Cities and Towns	OR	CURRY	T OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	5	6	4/1/2025	4/15/2025	23.91	25.15	Hour
Multiple Cities and Towns	OR	BAKER	RN OREGON NONMETROPOLITAN	Work throughout entire BLS/MSA Area.	5	6	4/16/2025	4/30/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	JOSEPHINE	GRANTS PASS, OR	Work throughout entire BLS/MSA Area.	5	6	5/1/2025	5/15/2025	25.15	25.15	Hour
Multiple Cities and Towns	OR	LANE	EUGENE, OR	Work throughout entire BLS/MSA Area.	5	6	5/16/2025	5/31/2025	25.15	25.15	Hour

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Form ETA-9142B H-400-24277-381985  
 H-2B Case Number: \_\_\_\_\_

Case Status: Full Certification

Determination Date: 11/07/2024

Validity Period: 1/1/2025 to 10/31/2025