

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	13
	b. Cap-Exempt	0

**B. Temporary Need Information**

1. Job Title* Landscape Laborer		
2. SOC Code* 37-3011.00	3. SOC Occupation Title* Landscaping and Groundskeeping Workers	
4. Number of Workers* 13	5. Begin Date* (mm/dd/yyyy) 2/1/2025	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-00012254		

**C. Employer Information**

1. Legal Business Name* Bay Country Services LLC		
2. Trade Name/Doing Business As (DBA), if applicable § Bay Country Landscape		
3. Address 1* 227 S Bridge St		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Elkton	6. State* Maryland	7. Postal Code* 21921
8. Country* United States Of America		9. Province §
10. Telephone Number* +1 (410) 398-0880		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)*		13. NAICS Code* 56173

**D. Employer Point of Contact Information**

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name* Bathon	2. First (given) Name* William	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* Vice President		
5. Address 1* 227 S Bridge St		
6. Address 2 (apartment/suite/floor and number) § Mailing Address: PO Box 671, Elkton, MD 21922		
7. City* Elkton	8. State* Maryland	9. Postal Code* 21921
10. Country* United States Of America		11. Province §
12. Telephone Number* +1 (410) 398-0880	13. Extension §	14. Business Email Address* wbathon@baycountrylandscape.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 § Birkenstock	3. First (given) Name § Veronica	4. Middle Name(s) § T.	
5. Address 1 § 7776 Main Street			
6. Address 2 (apartment/suite/floor and number) § Suite 200			
7. City § Frisco	8. State § Texas	9. Postal Code § 75033	
10. Country § United States Of America		11. Province §	
12. Telephone Number § +1 (972) 778-9690	13. Extension §	14. Law Firm/Business Email Address § brooke@pesusa.com	
15. Law Firm/Business Name § Practical Employee Solutions		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 * Maryland				3. Date Job Order Submitted * 11/3/2024					
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> 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	<b>a. Total Hours</b>		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>4</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. *			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 * 227 S Bridge St		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Elkton	4. State * Maryland	5. Postal Code * 21921

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



6. County * Cecil	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
8a. Basic Wage Rate Paid * From: \$ 19 . 76 To: \$ 19 . 76	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: \$ 29 . 64 To: \$ 29 . 64	
9. Additional conditions about the wage rate to be paid at any work locations § <b>Please see Section F.a.4.</b>	
<b>DOL Prevailing Wage Determination (PWD) Information</b>	
10. 1st PWD Case Number * P-400-24183-164210	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 <b>Appendix A</b> 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 checked="" type="checkbox"/> Yes <input 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). * Please See Addendum	

**e. Recruitment Information**

1. Telephone Number to Apply * +1 (410) 398-0880	2. Email Address to Apply * N/A
3. Website address (URL) to Apply * <a href="https://mwejobs.maryland.gov/vosnet/default.aspx">https://mwejobs.maryland.gov/vosnet/default.aspx</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 <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 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 <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 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 <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.**



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



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**ADDENDUM**  
Section F.a.4: Job Duties

ADDENDUM FOR SECTION F.A.4: JOB DUTIES

LANDSCAPE OR MAINTAIN GROUNDS OF PROPERTY USING HAND OR POWER TOOLS OR EQUIPMENT, MOW, TRIM/EDGE, PLANT, LAY SOD, WEEDING, WATERING, RAKING, BLOW LEAVES; USE A HAND SHOVEL TO DIG HOLES (UP TO 24 INCHES DEPTH AND 36 INCHES IN WIDTH) FOR INSTALLING PLANTS, TREES, SHRUBS, OR IRRIGATION SYSTEMS; SPREAD SEED, FERTILIZER AND MULCH; WORKS ON THE GROUND TO PRUNE OR TRIM TREES, SHRUBS, OR HEDGES USING SHEARS, PRUNERS, OR CHAIN SAWS; CORE AERATING; SPRINKLER INSTALLATION/REPAIR, INSTALLATION OF MORTARLESS SEGMENTAL CONCRETE MASONRY WALL UNITS, MAINTAIN EQUIPMENT TO ENSURE PROPER FUNCTIONING, MAY DRIVE A COMPANY TRUCK OR OTHER VEHICLE TO TRANSPORT WORK CREW, PLANTS, MATERIALS AND TOOLS TO/FROM OR AT WORKSITES.

THE EMPLOYER WILL OFFER 40 HOURS OF WORK PER WEEK, NORMAL SCHEDULE MONDAY-FRIDAY 7AM-4PM, SHIFT INCLUDES 1 HOUR UNPAID BREAK TIME, WORK ON SATURDAYS MAY BE REQUIRED, WORK DAYS AND SHIFT TIME MAY VARY DEPENDING ON WEATHER CONDITIONS.

BASIC WAGE RATE: \$19.76 PER HOUR, EMPLOYER MAY INCREASE WAGE BASED ON EXPERIENCE, MARKET CONDITIONS, AND/OR PROVIDE ADDITIONAL PAY FOR PERFORMANCE AND TENURE, WORKERS ARE ELIGIBLE TO ACCRUE PAID TIME OFF, BONUSES PROVIDED FOR EXEMPLARY/MERIT BASED WORK, AN OVERTIME PREMIUM WILL BE PAID WHEN REQUIRED BY FEDERAL, STATE, OR LOCAL LAW, INCLUDING AT TIME-AND-A-HALF AFTER 40 HOURS IN A WORKWEEK, GENERALLY, WHEN OVERTIME IS AVAILABLE IT WILL BE PAID AT \$29.64 PER HOUR.

A SINGLE WORKWEEK WILL BE USED IN COMPUTING WAGES DUE, WORKERS WILL BE PAID WEEKLY.

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



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

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

MUST BE ABLE TO LIFT 50 LBS.  
MUST BE ABLE TO WORK A 5-DAY SCHEDULE, INCLUDING SATURDAYS AS NEEDED.  
APPLICANT MUST COMPLETE AN EMPLOYMENT APPLICATION.  
REQUIRED UNIFORM PROVIDED AT NO CHARGE TO THE WORKER.

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



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**ADDENDUM**  
Section F.d.6: Deductions from Pay

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

THE EMPLOYER WILL MAKE ALL DEDUCTIONS FROM THE WORKER'S PAYCHECK REQUIRED BY LAW. OPTIONAL EMPLOYEE SHARED HOUSING AVAILABLE, INCLUDING UTILITIES, AT APPROXIMATELY \$100 PER WEEK, COST OF HOUSING DEDUCTED FROM PAYCHECK IF WORKER ELECTS. DAILY TRANSPORTATION PROVIDED BETWEEN THE EMPLOYER'S ARRANGED HOUSING AND THEIR WORKSITES IN ELKTON AND SMYRNA. THE EMPLOYER WILL THEN PROVIDE DAILY TRANSPORTATION AMONG MULTIPLE WORKSITES IN CECIL, KENT AND NEW CASTLE COUNTIES. THE EMPLOYER WILL PROVIDE WORKER AT NO CHARGE ALL TOOLS, SUPPLIES, AND EQUIPMENT REQUIRED TO PERFORM JOB.





OMB Approval: 1205-0509  
 Expiration Date: 6/30/2026

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

1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information \$	6. Additional Work Itinerary Information \$				Per Hour
					Crew ID	Total Workers	Begin Date	End Date	
Multiple cities and towns	MD	CECIL	PHIA-CAMDEN-WILMINGTON, PA						Hour
Multiple cities and towns	DE	NEW CASTLE	PHIA-CAMDEN-WILMINGTON, PA						Hour
Smyrna	DE	KENT	DOVER, DE	2421 S DuPont Blvd, Smyrna, DE 19977					Hour
Multiple Cities and Towns	DE	KENT	DOVER, DE						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-400-24308-449520 Case Status: Full Certification  
 H-2B Case Number: 12/09/2024 Determination Date: 2/1/2025 Validity Period: 10/31/2025



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) §
Martinez Olvera	Luis Eduardo	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Saldana	Karina	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Delgado Leija	Gabriela Elizabeth	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Moreno Cisneros	Perla Jessenia	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Reyes Hipolito	Yovana Itzel	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

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

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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) §
Rios Campos	Ana Cristina	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Frias	Joana	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Montelongo	Hector	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Chavez	Cornelio	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Chavez	Norberto	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

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

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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) §
Hernandez	Marcos	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Morales	Salvador	
4. Name of Employer/Recruiting Organization *		
LLS Visa Electronica		
5. City *	6. State *	7. Postal Code *
Monterrey	N/A	64000
8. Country *	9. Province §	
MEXICO	N/A	

**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 §	

**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.**

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