

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	

B. Temporary Need Information

1. Job Title* Groundskeeper		
2. SOC Code* 37-3011.00	3. SOC Occupation Title* Landscaping and Groundskeeping Workers	
4. Number of Workers* 42	5. Begin Date* (mm/dd/yyyy) 10/1/2025	6. End Date* (mm/dd/yyyy) 12/31/2025
7. Nature of Temporary Need (Choose only one)* ☒ Seasonal ☐ Peakload ☐ One-Time Occurrence ☐ 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-00010166		

C. Employer Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Estill	6. State* South Carolina	7. Postal Code* 29918
8. Country*	9. Province §	
10. Telephone Number *	11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS)*	13. NAICS Code*	

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 * Ramirez	2. First(given) Name * Heriberto	3. Middle Name(s) § N/A
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4. Contact's Job Title * Owner		
5. Address 1 *		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Estill	8. State * South Carolina	9. Postal Code * 29918
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * ramirezpinestraw2018@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.		☐ Attorney ☒ Agent ☐ None
2. Attorney or Agent's Last (family) Name § Beaugrand	3. First (given) Name § Katelyn	4. Middle Name(s) § N/A
5. Address 1 §		
6. Address 2 (apartment/suite/floor and number) §		
7. City § Coeur d'Alene	8. State § Idaho	9. Postal Code § 83815
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § katelyn@laborci.com
15. Law Firm/Business Name §		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? §	☒ Yes ☐ 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? §	☐ Yes ☐ No ☐ 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. *		☒ Yes ☐ No			
2. Name of the State * South Carolina		3. Date Job Order Submitted * 6/3/2025			
4. Job Duties – Description of the specific services or labor to be performed. * (All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Duties may include: Rake, gather, and bale pine straw; clean-up around trees to shape and improve growth (trimming/edging). Rake, mulch, and compost leaves. Gather and remove litter/debris. Load/unload trucks with bales and/or needed tools/equipment. Sweep and clean worksites. Apply pine straw and/or mulch for landscaping purposes & other related Groundskeeper activities as per SOC/OES 37-3011 (onetonline.org). Standard/Expected Schedule: Monday-Friday 7:00AM-5:00PM. 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).					
5. Anticipated days and hours of work per week (an entry is required for each box below) *		6. Hourly work schedule *			
40	a. Total Hours 8	c. Monday 8	e. Wednesday 8	g. Friday	a. 7 : 00 ☒ AM ☐ PM
0	b. Sunday 8	d. Tuesday 8	f. Thursday 0	h. Saturday	b. 5 : 00 ☐ AM ☒ PM
7. Education: minimum U.S. diploma/degree required. * ☒ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)					
8. Training: number of months required. *		0	9. Work Experience: number of months required. *		0
10. Supervision: does this position supervise the work of other employees? *		☐ Yes ☒ 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 * 441 Old House Road (Report to Work)		
2. Worksite Address \$ (apartment/suite/floor and number)		
3. City * Estill	4. State * South Carolina	5. Postal Code * 29918

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6. County * Hampton		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Northeast South Carolina nonmetropolitan area	
8a. Basic Wage Rate Paid * From: \$ 17 . 88 To: \$.		8b. Per (Choose only one) * ☒ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	
8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A? * ☒ Yes ☐ No			
8d. Wage Rate Range for Overtime Pay \$ From: \$ 26 . 82 To: \$.			
9. Additional conditions about the wage rate to be paid at any work locations \$ N/A			
DOL Prevailing Wage Determination (PWD) Information			
10. 1st PWD Case Number * P-400-25107-875273		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. \$			☐ Yes ☐ No ☒ 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.? *	☒ Yes ☐ No
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. \$	☒ Yes ☐ 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. *	☒ Yes ☐ N/A
2. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	☒ Yes ☐ 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. *	☒ Yes ☐ 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. *	☐ Yes ☒ N/A
5. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * 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 (803) 842-7386	2. Email Address to Apply * ramirezpinestraw2018@gmail.com
3. Website address (URL) to Apply * N/A	

G. Other Supporting Documentation

1. Type of Employer Application (Choose only one) *	☒ Individual Employer ☐ 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? *	☐ Yes ☐ No ☒ N/A
If "Joint Employer" (e.g. Job Contractor) is marked in question G.1, complete questions 3 and 4 below.	

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3. Indicate whether a completed Appendix D identifying the joint employer (or employer-client for a job contractor) has been included. §	☐ Yes ☐ 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. §	☐ Yes ☒ No ☐ 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? *	☒ Yes ☐ 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. *	☒ Yes ☐ No ☐ 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. *	☒ Yes ☐ No ☐ 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. *	☒ Yes ☐ 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. *	☐ Yes ☐ No ☒ N/A

I. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or Section E (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

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

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ADDENDUM
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

MUST BE 18 DUE TO INSURANCE. MUST SHOW PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. DRUG/ALCOHOL/TOBACCO FREE WORK ZONE. PERFORM PHYSICAL ACTIVITIES: SUCH AS LIFT, BALANCE, WALK, STOOP, HANDLE, POSITION, MOVE, MANIPULATE MATERIALS USE STATIC STRENGTH TO EXERT MAXIMUM MUSCLE FORCE TO LIFT, PUSH, PULL, CARRY OBJECTS UP TO 50LBS. 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. 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	SC	BEAUFORT	HEAD ISLAND-BLUFFTON-BEAUF	Work throughout BLS/MSA Area.	1	42	10/1/2025	12/31/2025	17.88		Hour
Multiple Cities and Towns	SC	HAMPTON	SOUTH CAROLINA NONMETROP	Work throughout BLS/MSA Area.	1	42	10/1/2025	12/31/2025	17.88		Hour
Multiple Cities and Towns	SC	JASPER	HEAD ISLAND-BLUFFTON-BEAUF	Work throughout BLS/MSA Area.	1	42	10/1/2025	12/31/2025	17.88		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. **Please do not send the completed application to this address.**

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B H-400-25184-149860

H-2B Case Number: _____ Case Status: _____

Determination Date: _____

Validity Period: _____ to _____



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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) §
Tamayo Ramirez	Beatriz	N/A
4. Name of Employer/Recruiting Organization *		
Del AI Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Herrera Leal	Isabel	N/A
4. Name of Employer/Recruiting Organization *		
Del AI Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Cardenas Reyes	Omar	N/A
4. Name of Employer/Recruiting Organization *		
Del AI Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Sanchez Contreras	Edgar	N/A
4. Name of Employer/Recruiting Organization *		
Del AI Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Penaflor Ruiz	Juan	N/A
4. Name of Employer/Recruiting Organization *		
Del AI Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
8. Country *	9. Province §	
MEXICO	N/A	

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Sanchez Gonzalez	Belen	Piedad
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tampico	N/A	89319-0000
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) §
Ventura Moreno	Tania	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Boca del Rio	N/A	94298-0000
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) §
Gonzalez Reyes	Maria	Cristina
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Boca del Rio	N/A	94298-0000
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) §
Acoltzi Roldan	Dolores	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Puebla	N/A	72080-0000
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) §
Parga Adame	Yuri	Vanessa
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Puebla	N/A	72080-0000
8. Country *	9. Province §	
MEXICO	N/A	

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ortega Sosa	Jessica	Guadalupe
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Durango	N/A	34190-0000
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) §
Hernandez Gallegos	Brenda	Daniela
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Durango	N/A	34190-0000
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) §
Hernandez Carmona	Marcela	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Durango	N/A	34190-0000
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) §
Gallegos Gomez	Ma	Cristina
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Durango	N/A	34190-0000
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) §
Hernandez Carmona	Manuel	Alfonso
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Cd. Guzman	N/A	49053-0000
8. Country *	9. Province §	
MEXICO	N/A	

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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) §
Solis Vargas	Maria	Luisa
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Cd del Maiz	N/A	79300-0000
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) §
Murua	Cindy	Lucia
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
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) §
Sanchez Segura	Carlina	Alehi
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
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) §
Sanchez Segura	Zinnia	Jazmin
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
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) §
Estrada Alonso	Citlali	Estefania
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
8. Country *	9. Province §	
MEXICO	N/A	

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 PP11 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

Validity Period: _____ to _____



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) §
Gonzalez Perez	Leticia	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
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) §
Penaflor Gonzalez	Amyzadahi	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
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) §
Penaflor Rodriguez	Felix	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Tepic	N/A	63110-0000
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) §
Ramos Bartolo	Diana	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Chilchota	N/A	59792-0000
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) §
Espicio Sebastian	Jazmin	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Chilchota	N/A	59792-0000
8. Country *	9. Province §	
MEXICO	N/A	

Public Burden Statement (1205-0509)

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

Validity Period: _____ to _____



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) §
Bartolo Sierra	Vladimir	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Chilchota	N/A	59792-0000
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) §
Francisco Camilo	Maria Rosa	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Chilchota	N/A	59792-0000
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) §
Molina Gregorio	Raul	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Chilchota	N/A	59792-0000
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) §
Molina Espicio	Cipriano	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Chilchota	N/A	59792-0000
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) §
Torres Rodriguez	Perla	Angelica
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Cd. Del Maiz	N/A	79300-0000
8. Country *	9. Province §	
MEXICO	N/A	

Public Burden Statement (1205-0509)

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

Validity Period: _____ to _____



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) §
Cerda Rodriguez	Ma	Felix
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Cd. Del Maiz	N/A	79300-0000
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) §
Solis Vargas	Olivia	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Cd. Del Maiz	N/A	79300-0000
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) §
Solis Vargas	Gloria	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Cd. Del Maiz	N/A	79300-0000
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) §
Herrera Leal	Ma	Isabel
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Camargo Martinez	Juana	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
8. Country *	9. Province §	
MEXICO	N/A	

Public Burden Statement (1205-0509)

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

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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) §
Tamayo Ramirez	Lucia	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Tamayo Ramirez	Beatriz	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Lafont Ramirez	Jaime	Martin
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Solis Vargas	Olga	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Apaseo el Alto	N/A	38500-0000
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) §
Campuzano Molina	Dulce	Maria
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
San Lucas	N/A	61993-0000
8. Country *	9. Province §	
MEXICO	N/A	

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

Validity Period: _____ to _____



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) §
Mariano Hilario	Frank	
4. Name of Employer/Recruiting Organization *		
Del AI Associates, Inc.		
5. City *	6. State *	7. Postal Code *
San Lucas	N/A	61993-0000
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) §
Mariano Macedo	Arianna	
4. Name of Employer/Recruiting Organization *		
Del AI Associates, Inc.		
5. City *	6. State *	7. Postal Code *
San Lucas	N/A	61993-0000
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) §
Mariano Diaz	Mateo	
4. Name of Employer/Recruiting Organization *		
Del AI Associates, Inc.		
5. City *	6. State *	7. Postal Code *
San Lucas	N/A	61993-0000
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) §
Castaneda Hilario	Edilberta	
4. Name of Employer/Recruiting Organization *		
Del AI Associates, Inc.		
5. City *	6. State *	7. Postal Code *
San Lucas	N/A	61993-0000
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) §
Sanchez Contreras	Edgar	
4. Name of Employer/Recruiting Organization *		
Del AI Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
8. Country *	9. Province §	
MEXICO	N/A	

Public Burden Statement (1205-0509)

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

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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) §
Quinones Rodriguez	Ezequiel	
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Penafior Ruiz	Juan	Angel
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Ramos Espino	Sergio	
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Ramos Arellano	Michelle	Alejandro
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Arellano Martinez	Graciela	
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
8. Country *	9. Province §	
MEXICO	N/A	

Public Burden Statement (1205-0509)

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Form ETA-9142B

H-2B Case Number: H-400-25184-149860

Case Status: _____

Determination Date: _____

Validity Period: _____ to _____



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) §
Ruiz Alanis	Blanca	Ninfa
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Penafior Rodriguez	Juan	Antonio
4. Name of Employer/Recruiting Organization *		
Del Al Mexico, S de RL de CV		
5. City *	6. State *	7. Postal Code *
San Pedro Garza Garcia	N/A	66269-0000
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) §
Santella Escobar	Fernando	
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Guatemala	N/A	00000
8. Country *	9. Province §	
GUATEMALA	N/A	

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Del Alamo	Juan	Carlos
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Arlington	VIRGINIA	22205-2605
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Warner	Isabel	Alamo
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Charlottesville	VIRGINIA	22901-7810
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	

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H-2B Application for Temporary Employment Certification
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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Warner	Jeff	Emanuel
4. Name of Employer/Recruiting Organization *		
Del Al Associates, Inc.		
5. City *	6. State *	7. Postal Code *
Charlottesville	VIRGINIA	22901-7810
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	

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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