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

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	30
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * Outdoor Holiday lighting/Décor Installation & Removal		
2. SOC Code * 49-9099.00	3. SOC Occupation Title * Installation, Maintenance, and Repair Workers, All Other	
4. Number of Workers * 30	5. Begin Date * *(mm/dd/yyyy)* 11/1/2025	6. End Date * *(mm/dd/yyyy)* 2/15/2026
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.)* Please See Addendum		

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 * Wildwood	6. State * Missouri	7. Postal Code * 63005
8. Country *	9. Province §	
10. Telephone Number *	11. Extension §	
12. Federal Employer Identification Number *(FEIN from IRS)* * [redacted]	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 *	2. First (given) Name *	3. Middle Name(s) §
Miller	Nicholas	S

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4. Contact's Job Title * Managing Member			
5. Address 1 *			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City * Wildwood		8. State * Missouri	9. Postal Code * 63005
10. Country *		11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * NSM@bloomlawn.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 § Watson		3. First (given) Name § Anique	4. Middle Name(s) § M
5. Address 1 §			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City § Wylie		8. State § Texas	9. Postal Code § 75098
10. Country §		11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § production@actionvisa.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 * Missouri	3. Date Job Order Submitted * 8/3/2025

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.)

Unpack, inspect and test lights and decorations, replace bulbs if needed. Hang lights on exterior landscape and buildings. Maintain/service lights and décor that break or go out. Light landscape maintenance/clean up to prep/maintain sites for installation; Mow, cut, edge lawns: rake and blow leaves. Remove lights and décor, inspect and pack for storage. Snow shovel and blow walkways, decks and driveways. Involves loading and unloading tools and supplies and equipment weighing up to 50 lbs. Involves working outdoors in all types of weather. Involves extensive standing, sitting or walking. Involves frequent stooping or bending. Involves repetitive movements.. Optional housing provided at $80 per week, depending on availability (subject to change based on local market/inflation). Possibility of performance based raise, bonuses, overtime and Saturdays as required. Transportation provided to multiple worksites from central location in Wildwood, MO. Daily hours may vary between start and end times listed depending on weather or job assignments.

5. Anticipated days and hours of work per week *(an entry is required for each box below)* *

40	**a. Total Hours**	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday

6. Hourly work schedule *

a. 8 : 00 ☑ AM ☐ PM

b. 5 : 30 ☐ 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. *

None

b. Place of Employment and Wage Information

1. Worksite Address * 1708 Rieger Farms Rd		
2. Worksite Address § *(apartment/suite/floor and number)*		
3. City * Wildwood	4. State * Missouri	5. Postal Code * 63005

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6. County * St Louis	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * St. Louis, MO-IL
8a. Basic Wage Rate Paid * From: $ 25 . 19 To: $ 27 . 19	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: $ 37 . 79 To: $ 40 . 79	
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-400-25127-948102	10a. 2nd PWD Case Number §	10b. 3rd PWD Case Number §
11. If a valid PWD has not 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). * Please See Addendum	

e. Recruitment Information

1. Telephone Number to Apply * +1 (636) 887-6155	2. Email Address to Apply * N/A
3. Website address (URL) to Apply * https://app-jobs.mo.gov/vosnet/Default.aspx	

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. employer-client for a job contractor) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix B** and has attached a separate 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 B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

SEE ATTACHED FOR FULL STATEMENT OF TEMPORARY NEED.

DESCRIPTION OF EMPLOYERS BUSINESS HISTORY AND ACTIVITIES AND A SCHEDULE OF OPERATIONS:

WE ARE A HOLIDAY EXTERIOR LIGHTING AND DCOR COMPANY. WE PROVIDE CONSULTATIONS, DESIGN, INSTALLMENT, MAINTENANCE AND REMOVAL OF HOLIDAY LIGHTING AND DCOR PRIMARILY FOR RESIDENTIAL CUSTOMERS. AFTER INSTALLATION WE PROVIDE MAINTENANCE ON LIGHTS AND DCOR AS NEEDED, REMOVE DECORATIONS AT THE END OF THE SEASON AND STORE. OUR CLIENTS TYPICALLY PREFER LIGHTS AND DCOR TO BE INSTALLED ANYWHERE FROM MID-OCTOBER TO EARLY DECEMBER WITH ALL DECORATIONS AND LIGHTS INSTALLED BEFORE THE CHRISTMAS HOLIDAY. PRIOR TO INSTALLATIONS WE START TO PULL LIGHTS AND DCOR FROM STORAGE TO INSPECT AND MAKE SURE THEY ARE IN WORKING ORDER, WHICH WE DO OURSELVES WITHOUT STAFF. THEN WE NEED OUR LABOR STARTING NOVEMBER AS THIS IS OUR HEAVIEST INSTALLATION MONTH. WE MAINTAIN AND REPAIR/REPLACE ANY DECORATIONS AS NEEDED, AND THEN BEGIN REMOVING ALL DCOR AFTER NEW YEARS WHICH CAN TYPICALLY TAKE ABOUT TWO WEEKS. THEN THE LIGHTS AND DECORATIONS MUST BE INSPECTED, CLEANED, PACKED AND STORED FOR THE FOLLOWING YEAR; WHICH CAN TAKE AN ADDITIONAL TWO WEEKS TO COMPLETE.

SCHEDULE OF OPERATIONS:

□OCTOBER MID-OCTOBER: PROVIDE CONSULTATIONS AND DESIGN, PREPARE AND INSPECT STORED LIGHTS/DECOR, INSTALL LIGHTS AND DECOR.

□MID-OCTOBER - DECEMBER 21: INSTALL LIGHTS AND DECOR.

□NOVEMBER FIRST WEEK OF JANUARY: PROVIDE MAINTENANCE AND REPLACE LIGHTS/DCOR AS NEEDED.

□JANUARY - MID-FEBRUARY: REMOVE LIGHTS, INSPECT, CLEAN, PACK AND STORE.

THEREFORE, THE TIME WE NEED THE TEMPORARY LABOR IS FROM 10/1 TO 2/15 EACH YEAR, THE TIME WE DO NOT REQUIRE THE ADDITIONAL LABOR IS FROM 2/16 TO 9/30 EACH YEAR.

EXPLANATION OF HOW THE NATURE OF THE JOB OPPORTUNITY AND NUMBER OF FOREIGN WORKERS BEING REQUESTED FOR CERTIFICATION REFLECT A TEMPORARY NEED:

AS EXPLAINED ABOVE OUR BUSINESS TAKES PLACE OVER THE HOLIDAY SEASON FROM 10/1 TO 2/15, SO WE REQUIRE LABOR ON A TEMPORARY BASIS TO COVER THE SERVICES WE PROVIDE OUR CLIENTS OVER THE HOLIDAY SEASON. WE BEGIN OUR PREP AND INSTALLATIONS ON 10/1 THEN HAVE AN INCREASE IN NEED BEGINNING 11/1, ONCE OUR TAKE DOWNS ARE COMPLETE, WE NO LONGER HAVE A NEED FOR LABOR. WE ARE REQUESTING AN INCREASE IN WORKERS FROM 30 TO 40 FOR FY 2026. WE WILL BE REQUESTING 40 LABORERS ACROSS TWO PETITIONS, 10 FOR 10/1 TO 12/12 (WHICH IS A SLIGHT CHANGE OVER FY 2025 SEE BELOW FOR DETAILS) AND 30 FOR 11/1 TO 2/15. THIS IS THE SAME NUMBER OF WORKERS AS REQUESTED AND CERTIFIED IN FY 2025, BUT WE ARE MAKING ADJUSTMENTS TO THE NUMBER OF WORKERS ON EACH PETITION.

FIRST WE ARE MAKING A SLIGHT CHANGE TO OUR PETITIONS. WE ARE CHANGING THE END DATE ON OUR OCTOBER PETITION TO 2/12 FROM 2/15. AS OUR BUSINESS HAS GROWN WE NEED A HIGHER NUMBER OF LABORERS BETWEEN 11/1 AND 2/15 BUT WE DO ONLY NEED THE 10 IN OCTOBER, AND DO NOT REQUIRE THEM FROM MID-DEC TO MID-FEBRUARY. AS YOU CAN SEE ON THE ATTACHED PAYROLL SUMMARY WE HAVE ENOUGH HOURS IN OCTOBER FOR 18 LABORERS WHICH IS MORE THAN ENOUGH TO COVER THE 10 ON OUR 10/1 PETITION. THEN OUR LABORERS WORKED ON AVERAGE 6286 HOURS DURING OUR BUSIEST TIME OF NOV MID-DEC, WHICH IS ENOUGH FOR 40 LABORERS AT FULL TIME. THEN FOR THE REMAINDER OF OUR PEAK SEASON OUR LABORERS WORKED ENOUGH HOURS FOR 37 LABORERS. THIS IS MORE THAN SUFFICIENT TO SHOW WE HAVE A NEED FOR AND CAN PROVIDE FULL TIME HOURS FOR THE FULL 40LABORERS WE ARE REQUESTING DURING THE SPECIFIED DATES.

SEE ATTACHED FOR FULL STATEMENT OF TEMPORARY NEED.

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ADDENDUM

Section F.d.6: Deductions from Pay

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

EMPLOYER WILL MAKE ALL DEDUCTIONS FROM WORKER'S PAYCHECK REQUIRED BY LAW AND WILL NOT MAKE ANY DEDUCTIONS WHICH ARE NOT REQUIRED BY LAW UNLESS AGREED TO. H-2B WORKERS WHO PAID VISA, BORDER AND OR OTHER VISA RELATED FEES, INCLUDING THOSE MANDATED BY THE GOVERNMENT, WILL BE REIMBURSED BY EMPLOYER IN THE FIRST WORKWEEK. OPTIONAL DEDUCTION FROM PAY FOR RENT $80.00 PER WEEK. OPTIONAL DEDUCTIONS WILL NOT DROP THE OVERALL WAGES BELOW THE UDSOL MINIMUM; IF THE DEDUCTIONS ARE TOO GREAT, THEY WILL NOT BE MADE.

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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 *From:*	Basic Wage Rate *To:*	Per
Multiple Cities and Towns	MO	ST CHARLES	ST. LOUIS, MO-IL								Hour
Multiple Cities and Towns	MO	ST LOUIS	ST. LOUIS, MO-IL								Hour
Multiple Cities and Towns	MO	FRANKLIN	ST. LOUIS, MO-IL								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-2B Case Number: H-400-25215-217799 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____

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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) §
Garcia Coronado	Iris	Cristal
4. Name of Employer/Recruiting Organization *		
ACTION INTERNATIONAL INC.		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	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) §
Moreno Duarte	Luis	Fernando
4. Name of Employer/Recruiting Organization *		
ACTION INTERNATIONAL INC.		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	64000
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lynes	Jeff	
4. Name of Employer/Recruiting Organization *		
ACTION INTERNATIONAL INC.		
5. City *	6. State *	7. Postal Code *
Wylie	TEXAS	75098
8. Country *	9. Province §	
UNITED STATES OF AMERICA		

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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