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	50
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * WINDOW WASHER		
2. SOC Code * 37-2011.00	3. SOC Occupation Title * Janitors and Cleaners, Except Maids and Housekeeping Cleaners	
4. Number of Workers * 50	5. Begin Date * *(mm/dd/yyyy)* 4/1/2026	6. End Date * *(mm/dd/yyyy)* 11/30/2026
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 * MATTITUCK	6. State * New York	7. Postal Code * 11952
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) §
CIFARELLI		

H-2B Case Number: _____ Case Status: _____ Determination Date: _____ Validity Period: _____ to _____

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4. Contact's Job Title * OWNER			
5. Address 1 *			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City * MATTITUCK		8. State * New York	9. Postal Code * 11952
10. Country *		11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * N/A	

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 § GISMONDI	3. First (given) Name §		4. Middle Name(s) §
5. Address 1 §			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City § WESTBURY		8. State § New York	9. Postal Code § 11590
10. Country §		11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § USAMERICANS@AOL.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 *
New York

3. Date Job Order Submitted * 1/1/2026

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.)
CLEANS EXTERIOR OF WINDOWS ON HOMES & BUILDINGS USING SOAP AND WATER.

May get up to 10 hours overtime when available. A single work week will be used to compute wages. Workers will be paid weekly, on Friday.

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 : 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. * 1

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. *
1 MONTH EXPERIENCE AS A WINDOW WASHER

b. Place of Employment and Wage Information

1. Worksite Address *
8400 MAIN RD

2. Worksite Address § *(apartment/suite/floor and number)*

3. City *
MATTITUCK

4. State *
New York

5. Postal Code *
11952

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6. County * Suffolk County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * New York-Newark-Jersey City, NY-NJ
8a. Basic Wage Rate Paid * From: $ 21 . 61 To: $ 23 . 61	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: $ 32 . 42 To: $ 35 . 42	
9. Additional conditions about the wage rate to be paid at any work locations § **Wage based on experience.**	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-25191-166385	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). * NONE	

e. Recruitment Information

1. Telephone Number to Apply * +1 (631) 298-5500	2. Email Address to Apply * Lisa@CCWindows.net
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. 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

H-2B STATEMENT OF TEMPORARY NEED (REFILE SEASONAL)
EMPLOYER: CIFARELLIS CRYSTAL CLEAR CLEANING CORP
ADDRESS: 8400 MAIN RD., MATTITUCK, NY 11952
POSITION: WINDOW WASHERS
NUMBER OF WORKERS REQUESTED: 50
PERIOD OF NEED: APRIL 1, 2026 NOVEMBER 30, 2026
NATURE OF NEED: SEASONAL

STATEMENT OF TEMPORARY NEED
CIFARELLIS CRYSTAL CLEAR CLEANING CORP SUBMITS THIS STATEMENT OF TEMPORARY NEED IN SUPPORT OF ITS H-2B APPLICATION FOR TEMPORARY EMPLOYMENT CERTIFICATION. THIS FILING IS SUBMITTED AS A REFILE WITH A REVISED START DATE OF APRIL 1, 2026, IN THE EVENT THE EMPLOYER DOES NOT RECEIVE H-2B VISA NUMBERS UNDER THE FIRST HALF OF THE FISCAL YEAR CAP. THE EMPLOYERS UNDERLYING TEMPORARY NEED, JOB DUTIES, AND OPERATIONAL CIRCUMSTANCES REMAIN UNCHANGED.
CIFARELLIS CRYSTAL CLEAR CLEANING CORP PROVIDES EXTERIOR WINDOW CLEANING SERVICES TO RESIDENTIAL HOMES, COMMERCIAL BUILDINGS, AND OTHER PROPERTIES THROUGHOUT NASSAU AND SUFFOLK COUNTIES, NEW YORK. THE EMPLOYER EXPERIENCES A CLEAR, PREDICTABLE, AND RECURRING SEASONAL INCREASE IN WORKLOAD DRIVEN ENTIRELY BY WEATHER CONDITIONS AND CUSTOMER DEMAND THAT OCCURS ONLY DURING THE WARMER MONTHS OF THE YEAR. BEGINNING IN EARLY APRIL, RISING TEMPERATURES AND IMPROVED OUTDOOR CONDITIONS ALLOW EXTERIOR WINDOW CLEANING SERVICES TO RESUME. AT THAT TIME, CUSTOMER DEMAND INCREASES SIGNIFICANTLY AS HOMEOWNERS PREPARE FOR SPRING AND SUMMER, COMMERCIAL PROPERTIES SCHEDULE EXTERIOR CLEANING IN ADVANCE OF PEAK TOURISM, AND REAL ESTATE CLIENTS REQUIRE WINDOW CLEANING FOR SHOWINGS, RENTALS, AND SEASONAL OPENINGS. THIS ELEVATED DEMAND CONTINUES THROUGH THE SUMMER AND EARLY FALL AND REMAINS HIGH THROUGH NOVEMBER.
WINDOW WASHERS PERFORM PHYSICALLY DEMANDING OUTDOOR LABOR, INCLUDING WASHING EXTERIOR WINDOW SURFACES USING SOAP, WATER, SQUEEGEES, LADDERS, AND BASIC CLEANING TOOLS. WORKERS REGULARLY ACCESS MULTI-STORY PROPERTIES, TRAVEL BETWEEN NUMEROUS JOB SITES, AND PERFORM WORK IN OUTDOOR ENVIRONMENTS THAT REQUIRE SAFE WEATHER CONDITIONS. THESE TASKS CANNOT BE PERFORMED DURING COLD OR FREEZING TEMPERATURES, AS WATER CANNOT BE SAFELY APPLIED, EQUIPMENT BECOMES HAZARDOUS, AND SURFACES BECOME UNSAFE.

DURING THE WINTER MONTHS, CUSTOMER DEMAND DECLINES SHARPLY AND EXTERIOR WINDOW CLEANING BECOMES IMPRACTICAL DUE TO COLD TEMPERATURES AND UNSAFE CONDITIONS. AS A RESULT, THE EMPLOYER MAINTAINS ONLY A SMALL PERMANENT WORKFORCE DURING THE OFF-SEASON, WHICH IS SUFFICIENT TO HANDLE THE MINIMAL WINTER WORKLOAD. HOWEVER, FROM APRIL THROUGH NOVEMBER, THE VOLUME OF WORK EXPANDS SUBSTANTIALLY AND EXCEEDS THE CAPACITY OF THE STAFF.
TO MEET SEASONAL CUSTOMER DEMAND, MAINTAIN SERVICE SCHEDULES, AND OPERATE EFFICIENTLY ACROSS A LARGE GEOGRAPHIC SERVICE AREA, THE EMPLOYER REQUIRES FIFTY (50) TEMPORARY FULL-TIME WINDOW WASHERS DURING THE SEASONAL PERIOD. AS COLDER WEATHER RETURNS IN LATE FALL, EXTERIOR WINDOW CLEANING ACTIVITY DECLINES PREDICTABLY, AND THE NEED FOR THESE TEMPORARY POSITIONS ENDS NATURALLY.
CONCLUSION
CIFARELLIS CRYSTAL CLEAR CLEANING CORPS NEED FOR WINDOW WASHERS IS STRICTLY SEASONAL, RECURRING ANNUALLY, LIMITED IN DURATION, AND DIRECTLY TIED TO WEATHER-DEPENDENT CONDITIONS AND SEASONAL CUSTOMER DEMAND. THE POSITIONS DO NOT EXIST YEAR-ROUND AND DO NOT REPRESENT A PERMANENT EXPANSION OF THE EMPLOYERS WORKFORCE.
ACCORDINGLY, THE EMPLOYER RESPECTFULLY REQUESTS CERTIFICATION TO EMPLOY FIFTY (50) TEMPORARY WINDOW WASHERS FROM APRIL 1, 2026 THROUGH NOVEMBER 30, 2026, CONSISTENT WITH THE DEFINITION OF SEASONAL NEED UNDER 20 CFR 655.6(B).

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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 & TOWNS	NY	SUFFOLK COUNTY	YORK-NEWARK-JERSEY CITY, N								Hour
MULTIPLE CITIES & TOWNS	NY	NASSAU COUNTY	YORK-NEWARK-JERSEY CITY, N								Hour
MATTITUCK	NY	SUFFOLK COUNTY	YORK-NEWARK-JERSEY CITY, N								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-400-26001-527346 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____