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Expiration Date: 9/30/2026

H-2B Application for Temporary Employment Certification
Form ETA-9142B
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***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	1
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * NANNY		
2. SOC Code * 39-9011.01	3. SOC Occupation Title * Nannies	
4. Number of Workers * 1	5. Begin Date * (mm/dd/yyyy) 10/1/2026	6. End Date * (mm/dd/yyyy) 9/1/2029
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 * 110 Reade Street		
4. Address 2 *(apartment/suite/floor and number)* § Apt 2		
5. City * New York	6. State * New York	7. Postal Code * 10013
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) §
Bomers		

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4. Contact's Job Title * OWNER			
5. Address 1 * 110 Reade Street			
6. Address 2 *(apartment/suite/floor and number)* § Apt 2			
7. City * New York		8. State * New York	9. Postal Code * 10013
10. Country *		11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * hello@bomers.family	

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 § Denoble	3. First (given) Name § Damjan		4. Middle Name(s) § Petar
5. Address 1 § 51 Elm Street			
6. Address 2 *(apartment/suite/floor and number)* § Suite 408			
7. City § New Haven		8. State § Connecticut	9. Postal Code § 06510
10. Country §		11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § info@fronteratech.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) § 49660	18. State of highest court where attorney is in good standing § North Carolina
19. Name of the highest state court where attorney is in good standing § North Carolina Supreme Court	

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 * 7/1/2026

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.)

Childcare & Development:

Gentle guidance / no physical discipline
Follow nap schedule
Arrange healthy meals/snacks
Daily outdoor time (90 minutes, weather permitting)
Daily updates to parents (text/photo/video)

Transportation:

Transport child in family vehicle (with car seat provided)
Only with prior parental consent
Cover associated insurance costs

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

50	**a. Total Hours**	8	c. Monday	8	e. Wednesday	8	g. Friday
5	b. Sunday	8	d. Tuesday	8	f. Thursday	5	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. *	12
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. *
CPR/First Aid

b. Place of Employment and Wage Information

1. Worksite Address * 110 Reade Street		
2. Worksite Address § *(apartment/suite/floor and number)* Apt 2		
3. City * New York	4. State * New York	5. Postal Code * 10013

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6. County * New York County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * New York-Newark-Jersey City, NY-NJ
8a. Basic Wage Rate Paid * From: $ 18 . 45 To: $ 18 . 45	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: $ 27 . 68 To: $ 27 . 68	
9. Additional conditions about the wage rate to be paid at any work locations §	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-26145-946407	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 (207) 889-4089	2. Email Address to Apply * hello@bomers.family
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

PLEASE NOTE: COUNSEL RESPECTFULLY REQUESTS THAT THE CERTIFYING OFFICER REVIEW THIS STATEMENT IN ITS ENTIRETY, AND NOT MERELY THE SUMMARY FIELDS OF FORM ETA-9142B. SEE ETA V. MYSTICANGELS, LLC, 2023-TLN-00122 (SEPT. 21, 2023) (DENIAL OVERTURNED AS ARBITRARY AND CAPRICIOUS WHERE THE FULL ADDENDUM WAS NOT REVIEWED).

I. SUMMARY OF EMPLOYER AND NEED

NICOLE B. BOMERS AND HER HUSBAND VICTOR TOGETHER FILING AS EMPLOYER VICTOR BERNARD QUENTIN BOMERS - SEEK ONE FULL-TIME NANNY TO CARE FOR THEIR DAUGHTER MARGOT (THEN APPROXIMATELY 3 YEARS OLD) AND THEIR SECOND DAUGHTER, DUE BY SCHEDULED CESAREAN ON JULY 21, 2026. THE NEED IS TEMPORARY AND ONE-TIME, TRIGGERED BY THE CONVERGENCE OF THREE DISCRETE EVENTS IN 2026: (1) THE BIRTH OF THE COUPLE'S SECOND CHILD; (2) THE MOTHER'S SERIOUS, TIME-LIMITED MEDICAL COURSE RECOVERY FROM A JULY 2026 CESAREAN FOLLOWED ROUGHLY SIX MONTHS LATER BY A MEDICALLY NECESSARY HYSTERECTOMY RELATED TO STAGE 4 DEEP INFILTRATING ENDOMETRIOSIS; AND (3) THE FATHER'S COMMENCEMENT OF A DEMANDING NEW SENIOR ROLE IN SEPTEMBER 2026. TOGETHER THESE TEMPORARILY PREVENT BOTH PARENTS FROM PROVIDING THE DAY-TO-DAY CARE OF AN INFANT AND A TODDLER. THIS IS A ONE-TIME OCCURRENCE UNDER 8 C.F.R. 214.2(H)(6)(II)(B)(1). THEY ARE REQUESTING START AND END DATES FROM OCTOBER 1, 2026 SEPTEMBER 14, 2029.

II. LEGAL STANDARD TEMPORARY, ONE-TIME OCCURRENCE NEED

UNDER 20 C.F.R. 655.6(A)(B) AND 8 C.F.R. 214.2(H)(6)(II)(A)(B), A NEED IS TEMPORARY WHEN LIMITED IN DURATION. A ONE-TIME OCCURRENCE UNDER 214.2(H)(6)(II)(B)(1) EXISTS WHERE THE EMPLOYER HAS NOT EMPLOYED WORKERS FOR THE SERVICE IN THE PAST AND WILL NOT IN THE FUTURE, OR HAS AN OTHERWISE PERMANENT SITUATION IN WHICH A TEMPORARY EVENT OF SHORT DURATION CREATED THE NEED. THIS APPLICATION SATISFIES THE STANDARD ON BOTH FORMULATIONS.

III. THE EMPLOYER'S TEMPORARY NEED

A. TRIGGERING EVENT. THE NEED IS CREATED BY THE SECOND CHILD'S JULY 2026 BIRTH COINCIDING WITH THE MOTHER'S SURGICAL RECOVERY TIMELINE AND THE FATHER'S NEW POSITION. THE MOTHER'S CONDITION IS DOCUMENTED AND TIME-LIMITED: A JULY 21, 2026 CESAREAN AND, APPROXIMATELY SIX MONTHS LATER, A HYSTERECTOMY, WITH RECOVERY PERIODS THAT LIMIT HER ABILITY TO LIFT, CARRY, AND TRANSPORT AN INFANT AND A TODDLER. THE FATHER'S NEW SENIOR ROLE AT A FOUNDING-STAGE FUND, BEGINNING SEPTEMBER 2026, MAKES EXTENDED LEAVE IMPOSSIBLE.

B. BACKGROUND: LICENSED CENTERS GENERALLY WILL NOT ACCEPT INFANTS UNTIL SIX WEEKS TO THREE MONTHS OF AGE AND CARRY LONG WAITLISTS, LEAVING THE NEWBORN WITHOUT CENTER CARE DURING THE PERIOD OF NEED. MARGOT WILL ATTEND A MONTESSORI PROGRAM ON A PART-DAY BASIS BEGINNING SEPTEMBER 2026, WHICH LEAVES SUBSTANTIAL WRAP-AROUND HOURS, SCHOOL CLOSURES, AND FULL DAYS WHEN SCHOOL IS NOT IN SESSION UNCOVERED. THE FAMILY HAS NO RELATIVES ABLE TO PROVIDE DAY-TO-DAY CARE: RELATIVES ARE SEVERAL HOURS AWAY BY AIR, EMPLOYED FULL-TIME, OR HAVE MEDICAL AND MOBILITY LIMITATIONS.

C. DEFINABLE END DATE. THE NEED ENDS AT THE START OF THE 20292030 SCHOOL YEAR (ON OR ABOUT SEPTEMBER 14, 2029, AS THE BEST INFORMATION AVAILABLE SHOWS A 2026 SCHOOL START DATE OF SEPTEMBER 14), WHEN BOTH CHILDREN ARE ENROLLED IN RELIABLE, FULL-DAY SCHOOL, AT WHICH POINT DAY-TO-DAY CARE CAN BE HANDLED BY THE MOTHER ALONE. AN END DATE TIED TO SCHOOL ENROLLMENT IS "DEFINABLE." MYSTICANGELS, LLC, 2023-TLN-00122; PHILLIP ALLEN, 2018-TLN-00034.

IV. NO PRIOR OR FUTURE EMPLOYMENT OF A FULL-TIME NANNY

THE FAMILY HAS NOT PREVIOUSLY EMPLOYED A FULL-TIME PROFESSIONAL NANNY. THEIR ONLY PRIOR ARRANGEMENT WAS A PART-TIME BABYSITTER FOR MARGOT (APPROXIMATELY OCTOBER 2024MAY 2025) THAT FAILED DUE TO CHRONIC UNRELIABILITY. PRIOR PART-TIME OR PIECEMEAL CARE "IS NOT A BAR TO ESTABLISHING A ONE-TIME OCCURRENCE NEED." HELPING HANDS II, 2024-TLN-00066; SELMARA R. RYDELL, 2018-TLN-00018. THE PROSPECTIVE NANNY'S BRIEF, TEMPORARY ENGAGEMENT WITH THE FAMILY ABROAD (IN LONDON, MAYJUNE 2026) DOES NOT CONSTITUTE PRIOR U.S. EMPLOYMENT OF A FULL-TIME NANNY.

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ADDENDUM

Section F.a.4: Job Duties

ADDENDUM FOR SECTION F.A.4: JOB DUTIES

CHILDCARE & DEVELOPMENT:

GENTLE GUIDANCE / NO PHYSICAL DISCIPLINE
FOLLOW NAP SCHEDULE
ARRANGE HEALTHY MEALS/SNACKS
DAILY OUTDOOR TIME (90 MINUTES, WEATHER PERMITTING)
DAILY UPDATES TO PARENTS (TEXT/PHOTO/VIDEO)

TRANSPORTATION:

TRANSPORT CHILD IN FAMILY VEHICLE (WITH CAR SEAT PROVIDED)
ONLY WITH PRIOR PARENTAL CONSENT
COVER ASSOCIATED INSURANCE COSTS

DOMESTIC DUTIES:

CLEAN BOTTLES/DISHES USED BY CHILD
SWEEP/VACUUM UNDER TABLES, WIPE DOWN COUNTERS
PICK UP TOYS/CLOTHES IN PLAY AREAS
OTHER DOMESTIC DUTIES (PACKING FOR TRIPS, ORGANIZING CHILD'S BEDROOM)

OTHER RESPONSIBILITIES:

FOLLOW RULES FOR RELEASING CHILD (TO PARENTS' AUTHORIZED PERSONS ONLY)
NO GUESTS WITHOUT CONSENT
EMERGENCY PROTOCOL (CALL 911/PARENTS)
PROVIDE SUPPLIES & EQUIPMENT (COVERED BY PARENTS)

ADDITIONAL DUTIES/SKILLS:

CPR/FIRST AID

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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 THAT ARE REQUIRED BY LAW. THE EMPLOYEE WILL RECEIVE DAILY TRANSPORTATION TO AND FROM THE WORKSITE, AS WELL AS ON-THE-JOB TRAINING TO PERFORM THEIR ASSIGNED DUTIES. THE EMPLOYER WILL ASSIST WORKERS IN SECURING BOARD, LODGING, OR OTHER FACILITIES AND/OR PROVIDE THEM. THE EMPLOYER WILL PROVIDE TO THE WORKER, WITHOUT CHARGE OR DEPOSIT CHARGE, ALL TOOLS, SUPPLIES, AND EQUIPMENT REQUIRED TO PERFORM THE ASSIGNED DUTIES.

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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
New York	NY	NEW YORK 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-400-26184-076904 Case Status: Full Certification Determination Date: 09/09/2026 Validity Period: 10/1/2026 to 9/30/2027