

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	15
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title* Acoustic ceiling installer		
2. SOC Code* 47-2081.00	3. SOC Occupation Title* Drywall and Ceiling Tile Installers	
4. Number of Workers* 15	5. Begin Date* (mm/dd/yyyy) 10/1/2026	6. End Date* (mm/dd/yyyy) 12/15/2026
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* OKLAHOMA CITY	6. State* Oklahoma	7. Postal Code* 73159
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 *	2. First(given) Name *	3. Middle Name(s) §
Juvera		

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4. Contact's Job Title * Accountant		
5. Address 1 *		
6. Address 2 (apartment/suite/floor and number) §		
7. City * OKLAHOMA CITY	8. State * Oklahoma	9. Postal Code * 73159
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * JUVERASTAXSERVICE@OUTLOOK.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 § Valero	3. First (given) Name § Maria	4. Middle Name(s) § Gabriela
5. Address 1 §		
6. Address 2 (apartment/suite/floor and number) §		
7. City § Norman	8. State § Oklahoma	9. Postal Code § 73026
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § mgcorpconsulting@gmail.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 * Oklahoma				3. Date Job Order Submitted * 7/3/2026					
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> Ceiling Installer is responsible for installing and repairing suspended or acoustic ceilings in both residential and commercial buildings; measuring and cutting tiles and panels, securing them in place and ensuring a smooth finish. The installer may also be required to patch and repair existing ceilings. Must be able to lift 50Lbs.									
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *						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 <u>months</u> required. *			0		9. Work Experience: number of <u>months</u> required. *			3	
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. * Must be able to lift 50 Lbs. Bend, stand and walk for long periods of time. Saturday Work when required.									

b. Place of Employment and Wage Information

1. Worksite Address * 1337 SW 60TH ST		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * OKLAHOMA CITY	4. State * Oklahoma	5. Postal Code * 73159

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6. County * Oklahoma County		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Oklahoma City, OK	
8a. Basic Wage Rate Paid * From: \$ 24 . 16 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: \$ 36 . 24 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-400-26128-889477		10b. 3rd PWD Case Number \$	
10a. 2nd 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). * Only deductions required by law. Employer will assist workers with securing housing but will not provide housing.	

e. Recruitment Information

1. Telephone Number to Apply * +1 (405) 534-9828	2. Email Address to Apply * JUVERASTAXSERVICELLC@OUTLOOK.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 B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

ALTHOUGH OUR NORMAL PERIOD OF NEED BEGINS IN APRIL, COMPLICATIONS IN THE H 2B PAPERWORK PROCESS EARLIER IN THE YEAR PREVENTED US FROM FILING DURING OUR USUAL TIMEFRAME. BECAUSE OF THIS DELAY, WE ARE REQUESTING WORKERS ONLY FOR THE REMAINING PORTION OF THE 2026 SEASON, FROM OCTOBER THROUGH DECEMBER, WHICH STILL REPRESENTS A HIGH VOLUME PERIOD DUE TO COMMERCIAL PROJECT DEADLINES AND SEASONAL INTERIOR FINISHING. RAMIREZ ACOUSTIC HAS BEEN AWARDED SIX NEW COMMERCIAL PROJECTS, EACH REQUIRING EXTENSIVE ACOUSTICAL CEILING INSTALLATION. EACH PROJECT INCLUDES 2,000 SQUARE METERS OF CEILING INSTALLATION, WHICH CONVERTS TO APPROXIMATELY 21,528 SQUARE FEET PER PROJECT. BASED ON OUR EXPERIENCE WITH COMMERCIAL ACOUSTICAL CEILINGS, A SINGLE INSTALLER CAN REASONABLY COMPLETE APPROXIMATELY 300 SQUARE FEET OF CEILING PER DAY. OVER THE OCTOBER/DECEMBER PERIOD (ABOUT 66 WORKDAYS), THIS EQUALS ROUGHLY 19,800 SQUARE FEET PER WORKER FOR THE REMAINING SEASON. OUR SIX NEW PROJECTS ALONE TOTAL APPROXIMATELY 129,168 SQUARE FEET OF ACOUSTICAL CEILING INSTALLATION.

RAMIREZ ACOUSTIC CURRENTLY EMPLOYS 20 CEILING INSTALLERS, WHO ARE ALREADY COMMITTED TO OUR ONGOING CONTRACTS, REPAIRS, WARRANTY WORK, AND SMALLER PROJECTS THROUGHOUT THE OKLAHOMA CITY METRO AREA. EVEN ASSUMING FULL AVAILABILITY, THEIR EFFECTIVE CAPACITY MUST BE DISTRIBUTED ACROSS ALL EXISTING OBLIGATIONS AND CANNOT BE DEDICATED EXCLUSIVELY TO THESE SIX NEW PROJECTS. TO MEET THE ADDITIONAL 129,168 SQUARE FEET OF CEILING INSTALLATION WITHIN THE COMPRESSED OCTOBER/DECEMBER TIMEFRAME, WHILE MAINTAINING SAFETY STANDARDS AND HONORING OUR EXISTING COMMITMENTS, WE REQUIRE 15 ADDITIONAL TEMPORARY WORKERS. THESE H 2B WORKERS WILL PROVIDE THE NECESSARY LABOR CAPACITY TO COMPLETE THE NEW PROJECTS ON TIME AND PREVENT OVERWORK, DELAYS, AND POTENTIAL LOSS OF FUTURE CONTRACTS. BECAUSE THESE PROJECTS WERE AWARDED LATE IN THE YEAR, MOST DEADLINES FALL BETWEEN OCTOBER AND DECEMBER, CREATING A CONCENTRATED WORKLOAD THAT REQUIRES SIGNIFICANTLY MORE MANPOWER.

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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	OK	CLEVELAND COUNTY	OKLAHOMA CITY, OK								Hour
MULTIPLE CITIES AND TOWNS	OK	CANADIAN COUNTY	OKLAHOMA CITY, OK								Hour
OKLAHOMA CITY	OK	OKLAHOMA COUNTY	OKLAHOMA CITY, OK								Hour
MULTIPLE CITIES AND TOWNS	OK	OKLAHOMA COUNTY	OKLAHOMA CITY, OK								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-400-26185-078582
H-2B Case Number: _____

Case Status: _____

Determination Date: _____

Validity Period: _____ to _____