OMB Approval: 1205-0509
Expiration Date: 7/31/2026

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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	10
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * Snow Removal Laborer		
2. SOC Code * 37-2011.00	3. SOC Occupation Title * Janitors and Cleaners, Except Maids and Housekeeping Cleaners	
4. Number of Workers * 10	5. Begin Date * *(mm/dd/yyyy)* 10/2/2026	6. End Date * *(mm/dd/yyyy)* 3/31/2027
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 * Ogden	6. State * Utah	7. Postal Code * 84401
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) §
Price		

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4. Contact's Job Title * Owner			
5. Address 1 *			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City * Ogden		8. State * Utah	9. Postal Code * 84401
10. Country *		11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * john@wasatchlp.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 § Kiser		3. First (given) Name §	4. Middle Name(s) §
5. Address 1 § 9450 SW Gemini Dr.			
6. Address 2 *(apartment/suite/floor and number)* § (ECM #65112)			
7. City § Beaverton		8. State § Oregon	9. Postal Code § 97008
10. Country §		11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § H2B@sesolabor.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 * Utah	3. Date Job Order Submitted * 7/4/2026

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.)
Please See Addendum

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. *	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. *
Must be able to perform physical labor outdoors in all weather conditions including cold temperatures, snow, and sleet.

b. Place of Employment and Wage Information

1. Worksite Address * 1402 S 4700 W		
2. Worksite Address § *(apartment/suite/floor and number)*		
3. City * Ogden	4. State * Utah	5. Postal Code * 84401

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6. County * Weber County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Ogden, UT
8a. Basic Wage Rate Paid * From: $ 17 . 08 To: $ 17 . 08	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: $ 25 . 62 To: $ 25 . 62	
9. Additional conditions about the wage rate to be paid at any work locations § See section f.a.4	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-26097-767123	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 (801) 626-3000	2. Email Address to Apply * N/A
3. Website address (URL) to Apply * https://jobs.utah.gov	

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

SECTION 1: THE EMPLOYER BUSINESS HISTORY, ACTIVITIES, AND SCHEDULE OF OPERATIONS
WASATCH LAWN PROS LLC IS A LANDSCAPING AND OUTDOOR SERVICES COMPANY HEADQUARTERED AT 1402 S 4700 W, OGDEN, UTAH 84401. THE COMPANY IS OWNED AND OPERATED BY JOHN PRICE AND IS DEDICATED TO DELIVERING HIGH-QUALITY PROPERTY CARE TO RESIDENTIAL AND COMMERCIAL CLIENTS THROUGHOUT THE GREATER OGDEN AREA AND SURROUNDING COMMUNITIES. WASATCH LAWN PROS LLC OFFERS A COMPREHENSIVE RANGE OF SERVICES, INCLUDING LAWN MAINTENANCE, SPRINKLER AND IRRIGATION SYSTEM INSTALLATION AND REPAIR, FERTILIZATION, FENCING, AND LANDSCAPE INSTALLATION, WITH A FOCUS ON QUALITY, RELIABILITY, AND CUSTOMER SATISFACTION IN EVERY PROJECT UNDERTAKEN.
DUE TO THE SEASONAL DEMANDS OF NORTHERN UTAH WINTERS ALONG THE WASATCH FRONT, WASATCH LAWN PROS LLC ALSO PROVIDES SNOW REMOVAL SERVICES TO ENSURE SAFE AND ACCESSIBLE PROPERTIES FOR ITS CLIENTS DURING THE WINTER MONTHS. THE COMPANY'S SNOW REMOVAL OPERATIONS SERVE RESIDENTIAL AND COMMERCIAL CLIENTS ACROSS WEBER, DAVIS, AND BOX ELDER COUNTIES. TO MEET THE INCREASED OPERATIONAL DEMAND DURING THE 20262027 SNOW SEASON, THE COMPANY IS SEEKING 10 TEMPORARY SNOW REMOVAL LABORERS TO SUPPLEMENT ITS EXISTING WORKFORCE AND FULFILL ITS CONTRACTUAL SERVICE COMMITMENTS IN A TIMELY AND EFFECTIVE MANNER.
SECTION 2: THE NATURE OF THE TEMPORARY NEED SEASONAL
A.WEATHER CONDITIONS AND DATES OF NEED
WASATCH LAWN PROS LLC IS HEADQUARTERED IN OGDEN, UTAH, A CITY SITUATED AT THE BASE OF THE WASATCH MOUNTAIN RANGE IN WEBER COUNTY, WHICH EXPERIENCES SIGNIFICANT AND PROLONGED WINTER WEATHER CONDITIONS EACH SEASON. ACCORDING TO NOAA CLIMATE DATA, OGDEN RECEIVES AN AVERAGE OF 64.7 INCHES OF SNOWFALL ANNUALLY, WITH THE HEAVIEST ACCUMULATION OCCURRING BETWEEN NOVEMBER AND MARCH THE PRECISE WINDOW COVERED BY THE EMPLOYER'S DATES OF NEED OF OCTOBER 2, 2026 THROUGH MARCH 31, 2027. JANUARY IS THE PEAK SNOWFALL MONTH, AVERAGING 18.1 INCHES, WHILE DECEMBER AND FEBRUARY EACH CONTRIBUTE AN ADDITIONAL 14 AND 12 INCHES RESPECTIVELY. SNOWSTORMS EXCEEDING FIVE INCHES IN A SINGLE DAY OCCUR REGULARLY, AND SINGLESEASON TOTALS HAVE HISTORICALLY SURPASSED 130 INCHES.
AVERAGE LOW TEMPERATURES IN OGDEN REMAIN AT OR BELOW FREEZING THROUGHOUT THE ENTIRE PERIOD OF NEED WITH JANUARY AVERAGING A LOW OF 22F ENSURING THAT SNOW ACCUMULATES AND DOES NOT MELT BETWEEN EVENTS, REQUIRING ONGOING AND REPEATED REMOVAL THROUGHOUT THE SEASON. THE VOLUME, FREQUENCY, AND UNPREDICTABILITY OF SNOWFALL EVENTS IN OGDEN AND THE SURROUNDING TRI-COUNTY SERVICE AREA OF WEBER, DAVIS, AND BOX ELDER COUNTIES MAKE IT IMPOSSIBLE FOR WASATCH LAWN PROS LLC TO MEET RESIDENTIAL AND COMMERCIAL CLIENT DEMAND USING ONLY ITS PERMANENT YEAR-ROUND WORKFORCE, CREATING A CLEAR AND DOCUMENTED SEASONAL NEED FOR 10 TEMPORARY SNOW REMOVAL LABORERS DURING THE OCTOBER THROUGH MARCH WINTER PERIOD. [redacted]

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ADDENDUM

Section F.a.4: Job Duties

ADDENDUM FOR SECTION F.A.4: JOB DUTIES

WORKERS WILL REMOVE SNOW FROM SIDEWALKS AND PARKING LOTS USING HAND SHOVELS, SNOW BLOWERS, AND RIDEON SIDEWALKCLEARING MACHINES SUCH AS SNOW RATORS (NON-DOT). DUTIES INCLUDE CLEARING SNOW IN DESIGNATED AREAS AND SPREADING SALT DURING LOWTEMPERATURE CONDITIONS USING SALT SPREADERS. ALL WORK IS PERFORMED ON PRIVATE RESIDENTIAL AND COMMERCIAL PROPERTIES ONLY. WORK IS PERFORMED ONLY ON PRIVATELY OWNED OR PRIVATELY CONTRACTED PROPERTIES AND DOES NOT INCLUDE MAINTENANCE OF PUBLIC ROADS, HIGHWAYS OR MUNICIPAL INFRASTRUCTURE.
WAGE: BASIC WAGE RATE IS $17.08/HR. OVERTIME IS NOT ANTICIPATED. IF OVERTIME IS WORKED, AN OVERTIME PREMIUM AT THE RATE OF, $25.62/HR., WILL BE PAID WHEN REQUIRED BY FEDERAL, STATE, OR LOCAL LAW, INCLUDING AT TIME-AND-A-HALF AFTER 40 HOURS IN A WORK WEEK. THE EMPLOYER MAY OFFER RAISES/BONUSES TO TEMPORARY EMPLOYEES HIRED UNDER THIS JOB ORDER, AT THE COMPANY'S SOLE DISCRETION, BASED ON INDIVIDUAL FACTORS SUCH AS PERFORMANCE, SKILL, AND JOB TENURE. WAGES WILL BE CALCULATED BASED ON A SINGLE WORKWEEK. EMPLOYEES WILL BE PAID BI-WEEKLY ON FRIDAY'S.
SCHEDULE: SHIFTS MAY VARY, BUT AN AVERAGE SCHEDULED WORKDAY CAN BE FROM 8AM TO 5PM, MON.-FRI. WORK ON SATURDAY OR SUNDAY MAY BE REQUIRED DEPENDING ON WEATHER CONDITIONS AND NEEDS OF THE BUSINESS. THE EXPECTED WORK SCHEDULE IS APPROXIMATELY {{40}} HOURS PER WEEK. THE EMPLOYER MAY OFFER MORE HOURS THAN SPECIFIED, DEPENDING ON COMPANY NEEDS, AND OTHER CONDITIONS.

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ADDENDUM

Section F.d.6: Deductions from Pay

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

DEDUCTIONS: EMPLOYER OFFERS OPTIONAL HOUSING. IF A WORKER CHOOSES EMPLOYERPROVIDED HOUSING, $150 WILL BE DEDUCTED FOR RENT/UTILITIES PER PAY PERIOD. THE EMPLOYER MAKES ALL PAYROLL DEDUCTIONS REQUIRED BY LAW.
IF REQUIRED, THE EMPLOYER WILL PROVIDE COMPANY-EXCLUSIVE UNIFORMS AND, AT NO CHARGE, THE TOOLS, SUPPLIES, AND EQUIPMENT NECESSARY TO PERFORM THE ASSIGNED JOBS.
THE EMPLOYER WILL PROVIDE DAILY TRANSPORTATION TO AND FROM THE WORK SITE AT NO COST TO THE WORKER. USE OF TRANSPORTATION IS VOLUNTARY.
EMPLOYER PROVIDES DAILY TRANSPORTATION BETWEEN WORK SITES.

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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 worksites	UT	DAVIS COUNTY	OGDEN, UT	Multiple cities and town within the area of intended employment.			10/2/2026	3/31/2027	17.08	17.08	Hour
multiple worksites	UT	BOX ELDER COUNTY	ONT FRINGE UTAH NONMETROP	Multiple cities and town within the area of intended employment.			10/2/2026	3/31/2027	17.08	17.08	Hour
Ogden	UT	WEBER COUNTY	OGDEN, UT	Multiple cities and town within the area of intended employment.			10/2/2026	3/31/2027	17.08	17.08	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

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H-2B Case Number: H-400-26186-078950 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____