OMB Approval: 1205-0509
Expiration Date: 9/30/2026

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	105
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * Landscape Laborer		
2. SOC Code * 37-2011.00	3. SOC Occupation Title * Janitors and Cleaners, Except Maids and Housekeeping Cleaners	
4. Number of Workers * 105	5. Begin Date * (mm/dd/yyyy) 10/1/2026	6. End Date * (mm/dd/yyyy) 2/26/2027
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 * High Ridge	6. State * Missouri	7. Postal Code * 63049
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) §
Fears	Brandon	James

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor

4. Contact's Job Title * Operations Manager		
5. Address 1 *		
6. Address 2 *(apartment/suite/floor and number)* §		
7. City * High Ridge	8. State * Missouri	9. Postal Code * 63049
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * brandon@lawngroomersinc.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 § Kershaw	3. First (given) Name § Robert	4. Middle Name(s) § Davidson
5. Address 1 § 2028 E. Ben White Blvd.		
6. Address 2 *(apartment/suite/floor and number)* § Ste. 405		
7. City § Austin	8. State § Texas	9. Postal Code § 78741
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § robert.kershaw@kershawlaw.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) § 24004737	18. State of highest court where attorney is in good standing § Texas
19. Name of the highest state court where attorney is in good standing § Supreme Court of Texas	

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

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor

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 * 7/13/2026

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.)

Position offered is for a landscape laborer performing winter duties: raking and cleaning up ground, leaf removal, and leftover debris; Remove accumulated deposits of snow on an ongoing basis in extreme weather conditions on various commercial properties using snow blowers and standard commercial snow shovels. Ice remediation and salt application. Lifting required up to 50 pounds. Work performed on local area jobsites with employer provided transportation to and from jobsites from a centralized pickup location in the specified area of employment.

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. 7 : 00 ☑ AM ☐ PM

b. 4 : 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. *
None

b. Place of Employment and Wage Information

1. Worksite Address * 1909 Gravois Rd.		
2. Worksite Address § *(apartment/suite/floor and number)*		
3. City * High Ridge	4. State * Missouri	5. Postal Code * 63049

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor

6. County * Jefferson County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * St. Louis, MO-IL
8a. Basic Wage Rate Paid * From: $ 18 . 62 To: $ 20 . 00	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 . 93 To: $ 30 . 00	
9. Additional conditions about the wage rate to be paid at any work locations § 1hr. for lunch. O.T/Wknds may be available but not guaranteed. Wage w/in wage range based on experience & performance	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-26161-002324	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) 677-6263	2. Email Address to Apply * brandon@lawngroomersinc.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.

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor

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.

H-2B Application for Temporary Employment Certification
ETA Form 9142B
U.S. Department of Labor

ADDENDUM

Section B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

THIS LETTER IS SUBMITTED TO SUPPORT THE LABOR CERTIFICATION APPLICATION AND I-129 PETITION OF LG SERVICES ON BEHALF OF MULTIPLE (105) ALIENS. OUR COMPANY IS ENGAGED IN THE WINTER LANDSCAPE/SNOW REMOVAL BUSINESS IN FRANKLIN, JEFFERSON, ST. LOUIS AND ST. CHARLES, MISSOURI COUNTIES AND MADISON AND ST. CLAIR COUNTIES ILLINOIS AREA. OUR SERVICES INCLUDE WINTER CLEANING UP, LEAF REMOVAL, AND LEFTOVER DEBRIS; SNOW REMOVAL INCLUDING REMOVAL OF ACCUMULATED DEPOSITS OF SNOW ON AN ONGOING BASIS IN EXTREME WEATHER CONDITIONS ON VARIOUS COMMERCIAL PROPERTIES USING SNOW BLOWERS AND STANDARD COMMERCIAL SNOW SHOVELS. ICE REMEDIATION AND SALT APPLICATION. THE DATES DURING WHICH MOST OF OUR BUSINESS ACTIVITY OCCURS, AND DURING WHICH WE HAVE THE MOST NEED FOR TEMPORARY PEAK LOAD WORKERS IS OCTOBER 1, 2026, TO FEBRUARY 26, 2027. OUR COMPANY HAS BEEN ENGAGED IN BUSINESS SINCE 2019 AND HAS GROSS REVENUES OF $3,670,358.00 FOR THE LAST FISCAL YEAR. WE WILL SUPPLY NAMES FOR THESE WORKERS IMMEDIATELY UPON RECRUITING THEM.

OUR COMPANY CURRENTLY HAS A TEMPORARY NEED FOR THE SERVICES OF A LABORER WHO IS ABLE TO PERFORM MANUAL LABOR. ASSOCIATED WITH WINTER DUTIES AS THE POSITION OFFERED IS FOR A LANDSCAPE LABORER WITH DUTIES TO INCLUDE SNOW REMOVAL, RAKING AND CLEANING UP GROUND, LEAF REMOVAL, AND LEFTOVER DEBRIS; REMOVE ACCUMULATED DEPOSITS OF SNOW ON AN ONGOING BASIS IN EXTREME WEATHER CONDITIONS ON VARIOUS COMMERCIAL PROPERTIES USING SNOW BLOWERS AND STANDARD COMMERCIAL SNOW SHOVELS. ICE REMEDIATION AND SALT APPLICATION. LOADING AND UNLOADING OF MATERIALS AND EQUIPMENT. LIFTING REQUIRED UP TO 50 POUNDS. ON-THE-JOB TRAINING PROVIDED. NO EXPERIENCE REQUIRED. TRANSPORTATION IS PROVIDED TO AND FROM AREA WORKSITES AT EMPLOYERS EXPENSE FROM CENTRALIZED PICK-UP LOCATION IN THE ABOVE SPECIFIED AREA OF EMPLOYMENT. OUR COMPANY HAS A TEMPORARY PEAK LOAD NEED FOR PERSONS WITH THESE SKILLS BECAUSE OUR BUSIEST SEASONS ARE TRADITIONALLY TIED TO THE WINTER MONTHS, FROM APPROXIMATELY OCTOBER 1ST TO FEBRUARY 26TH, DURING WHICH TIME WE NEED TO SUBSTANTIALLY SUPPLEMENT THE NUMBER OF WORKERS FOR OUR LABOR FORCE FOR THESE POSITIONS.

H-2B Application for Temporary Employment Certification
ETA Form 9142B
U.S. Department of Labor

ADDENDUM

Section F.d.6: Deductions from Pay

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

ASSISTANCE SECURING LODGING IS AVAILABLE. OPTIONAL EMPLOYER PROVIDED LODGING IS AVAILABLE FOR RENT $300.00 MONTHLY TO BE PAID OUT OF POCKET FOR RELOCATING WORKERS. RELOCATING WORKERS CAN GET PAY ADVANCE UP TO $75.00/WK. DURING THE FIRST TWO WEEKS OF EMPLOYMENT FOR HOUSING AND FOOD.
ADDITIONAL DEDUCTIONS INCLUDE: ANY PAY ADVANCES RECEIVED FOR HOUSING/FOOD WILL BE DEDUCTED AFTER THE FIRST TWO WEEKS OF WORK. IF OPTIONAL HEALTH BENEFIT SELECTED PREMIUM TO BE DEDUCTED FROM PAYCHECK. OPTIONAL CLEANING SERVICE FOR WORK UNIFORMS $8.00/WKLY.

OMB Approval: 1205-0509
Expiration Date: 9/30/2026

H-2B Application for Temporary Employment Certification
Form ETA-9142B – Appendix A
U.S. Department of Labor

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:*	
All Cites	IL	ST. CLAIR COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	Hour
All Cities	MO	ST. CHARLES COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	Hour
All Cities	MO	JEFFERSON COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	Hour
All Cities	MO	FRANKLIN COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	Hour
All Cities	IL	MADISON COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	Hour
High Ridge	MO	JEFFERSON COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	Hour
All Cities	MO	ST. LOUIS COUNTY	ST. LOUIS, MO-IL	Work performed on local area jobsites with employer provided transportation to and from the jobsites	1	105	10/1/2026	2/26/2027	18.62	20	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-400-26194-095047 Case Status: Full Certification Determination Date: 09/08/2026 Validity Period: 10/1/2026 to 2/26/2027