OMB Approval: 1205-0509
Expiration Date: 8/31/2026

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	0
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * Grounds Maintenance Workers, All Other		
2. SOC Code * 37-3011.00	3. SOC Occupation Title * Landscaping and Groundskeeping Workers	
4. Number of Workers * 8	5. Begin Date * (mm/dd/yyyy) 11/2/2026	6. End Date * (mm/dd/yyyy) 5/31/2027
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 * 47 South Main Street		
4. Address 2 *(apartment/suite/floor and number)* § Suite 1		
5. City * Driggs	6. State * Idaho	7. Postal Code * 83422
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) §
Hatch	Lindsay	L.

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4. Contact's Job Title * President/COO		
5. Address 1 * 47 South Main Street		
6. Address 2 *(apartment/suite/floor and number)* § Suite 1		
7. City * Driggs	8. State * Idaho	9. Postal Code * 83422
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * trimlinelawn@yahoo.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 § Ahl	3. First (given) Name § Bradley	4. Middle Name(s) § N.
5. Address 1 § 1357 Water Valley Pkwy		
6. Address 2 *(apartment/suite/floor and number)* § Suite 500		
7. City § Windsor	8. State § Colorado	9. Postal Code § 80550
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address § h2b@laborsolutions-inc.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 * Idaho	3. Date Job Order Submitted * 8/4/2026

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.)

Duties include snow removal using shovels, snowblowers, and push blades. Light winter landscape duties include the following: Fall cleanup of dead leaves, drain landscape sprinkler system and winterize system, wrapping burlap around tree bases to protect from winter weather, placement of mulch around plants and shrubs, placement of temporary wind shield around other plants for winter protection, cleanup of broken tree branches due to snow weight. Light winter landscape tools include: hand rakes, shovels, saws, hand wheel barrows, refuge bags, hand wrenches, hammers, sockets & ratchets. All light landscape winter job duties are performed at ground level, no lifts or personnel suspension devises used, and no heavy equipment will be used.

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. *

No education/experience required. On-the-job training available. Possible weekend work. Time will be given for breaks daily.

b. Place of Employment and Wage Information

1. Worksite Address * 47 South Main Street		
2. Worksite Address § *(apartment/suite/floor and number)* Suite 1		
3. City * Driggs	4. State * Idaho	5. Postal Code * 83422

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6. County * Teton County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Southeast-Central Idaho nonmetropolitan area
8a. Basic Wage Rate Paid * From: $ 19 . 12 To: $ 28 . 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: $ 28 . 68 To: $ 42 . 00	
9. Additional conditions about the wage rate to be paid at any work locations § Possible raises, bonuses, or incentives dependent on tenure with company, experience, or job performance.	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-26147-955160	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). * All deductions required by law will be deducted from workers' pay.	

e. Recruitment Information

1. Telephone Number to Apply * +1 (208) 317-3107	2. Email Address to Apply * lindsayh@trimlinelawnservice.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

H2B STATEMENT OF NEED
TRIMLINE LAWN SERVICE LLC
DATES OF NEED: 2026-11-02 - 2027-05-31
LANDSCAPING AND GROUNDSKEEPING WORKERS 37-3011
TEMPORARY NEED:
SEASONAL:
POSITIONS REQUESTED: 8
INTRODUCTION:
BUSINESS HISTORY: TRIMLINE LAWN SERVICE, LLC, ESTABLISHED IN 2008, PROVIDES GARDEN CARE AND LANDSCAPE MAINTENANCE TO ITS CLIENTS. BASED IN TETONIA, IDAHO AND WORKING THROUGHOUT THE SURROUNDING TOWNS AND VILLAGES. TRIMLINE LAWN SERVICE PRIDES ITSELF ON OFFERING FRIENDLY TOP-QUALITY LANDSCAPING SERVICES TO SEVERAL HAPPY AND SATISFIED CLIENTS. WE CAN HELP YOU ENHANCE YOUR PROPERTY AND GENERATE CURB APPEAL. WHETHER YOU ARE CREATING A NEW LANDSCAPE, RENOVATING AN EXISTING ONE, OR SIMPLY MAINTAINING YOUR CURRENT SURROUNDINGS, WE'LL TRANSLATE YOUR IDEAS INTO A PLAN THAT WILL ADD VALUE TO YOUR HOME WHILE SHOWCASING YOUR PROPERTY'S NATURAL BEAUTY.
BUSINESS ACTIVITIES: WINTER SNOW AND ICE REMOVAL AND WINTER STORM CLEAN-UP IS A SEASONAL SERVICE THAT IS ESSENTIAL FOR MAINTAINING SAFE AND ACCESSIBLE CONDITIONS AT OUR LOCATION DURING PERIODS OF WINTER WEATHER. HOLIDAY DECORATION INSTALLATION AND REMOVAL INCLUDES INSTALLATION OF GARLAND, LIGHTS, AND OTHER DECORATIONS THAT ARE SPECIFIC TO ANNUALLY, SEASONALLY SCHEDULED HOLIDAYS. THE DEMAND FOR THESE SERVICES IS DIRECTLY TIED TO SNOWFALL, ICE ACCUMULATION, AND WINTER STORM EVENTS, AS WELL AS HOLIDAYS WHICH OCCUR DURING A LIMITED PORTION OF THE YEAR. AS A RESULT, THE NEED FOR SNOW AND ICE REMOVAL, STORM CLEAN-UP AND HOLIDAY DECORATION INSTALLATION AND REMOVAL WORKERS IS TEMPORARY AND CORRESPONDS TO THE WINTER SEASON WHEN WEATHER CONDITIONS AND HOLIDAYS CREATE INCREASED SERVICE REQUIREMENTS.
TO MEET CLIENT OBLIGATIONS AND DEMANDS DURING THE WINTER SEASON, WE MUST MAINTAIN SUFFICIENT STAFFING LEVELS TO RESPOND PROMPTLY TO SNOW AND ICE EVENTS AND HOLIDAY EVENTS. THE VOLUME OF WORK INCREASES SIGNIFICANTLY DURING PERIODS OF SNOWFALL AND FREEZING CONDITIONS, TRADITIONAL HOLIDAYS AND EXCEEDS THE CAPACITY OF OUR WORKFORCE. ADDITIONAL TEMPORARY WORKERS ARE THEREFORE REQUIRED TO SUPPLEMENT THE PERMANENT STAFF DURING THE WINTER SEASON AND ENSURE THAT SNOW AND ICE REMOVAL AS WELL AS STORM CLEAN-UP AND HOLIDAY DECORATION SERVICES CAN BE PERFORMED SAFELY, EFFICIENTLY, AND WITHIN REQUIRED RESPONSE TIMES.
THE SNOW AND ICE MANAGEMENT INDUSTRY FOLLOWS ESTABLISHED STANDARDS AND BEST PRACTICES FOR WINTER OPERATIONS. INDUSTRY ORGANIZATIONS, INCLUDING THE SNOW & ICE MANAGEMENT ASSOCIATION (SIMA), PROVIDE GUIDANCE REGARDING THE PROPER USE OF SNOW REMOVAL EQUIPMENT, DEICING MATERIALS, STORM CLEAN-UP, AND OPERATIONAL PROCEDURES. THESE STANDARDS HELP ENSURE THAT SNOW AND ICE REMOVAL AND CLEAN-UP ACTIVITIES ARE PERFORMED SAFELY AND EFFECTIVELY UNDER VARYING WINTER WEATHER CONDITIONS.
THE TEMPORARY NEED FOR ADDITIONAL WORKERS EXISTS ONLY DURING THE WINTER OPERATING SEASON, WHEN SNOW AND ICE ACCUMULATION AND TRADITIONAL SEASONAL HOLIDAYS CREATES INCREASED LABOR DEMANDS. ONCE WINTER WEATHER CONDITIONS SUBSIDE AND THE HOLIDAY SEASONAL DEMAND RETURNS TO NORMAL LEVELS, THE NEED FOR THESE ADDITIONAL WORKERS ENDS, AND THE COMPANY RELIES ON ITS REGULAR WORKFORCE TO MEET ITS YEAR-ROUND OPERATIONAL NEEDS.
ADDITIONAL INFORMATION: OUR COMPANYS DETERMINATION OF ITS TEMPORARY NEED AND REQUESTED DATES OF NEED IS BASED ON A REVIEW OF MULTIPLE OPERATIONAL AND BUSINESS FACTORS, INCLUDING HISTORICAL WORKLOAD PATTERNS, SEASONAL DEMAND, WEATHER CONDITIONS, CUSTOMER CONTRACTS, AND ANTICIPATED BUSINESS REQUIREMENTS. OUR BUSINESS EXPERIENCES A RECURRING INCREASE IN LABOR DEMAND DURING SPECIFIC PERIODS OF THE YEAR WHEN WEATHER CONDITIONS AND SEASONAL FACTORS ALLOW FOR INCREASED BUSINESS ACTIVITY AND COMPLETION OF SCHEDULED PROJECTS.

PLEASE SEE ATTACHED STATEMENT OF NEED FOR ADDITIONAL INFORMATION.

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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 and towns	ID	TETON COUNTY	-CENTRAL IDAHO NONMETROPC			8	11/2/2026	5/31/2027	19.12	28	Hour
Multiple cities and towns	ID	MADISON COUNTY	-CENTRAL IDAHO NONMETROPC			8	11/2/2026	5/31/2027	19.12	28	Hour
Multiple cities and towns	ID	FREMONT COUNTY	-CENTRAL IDAHO NONMETROPC			8	11/2/2026	5/31/2027	19.12	28	Hour
Multiple cities and towns	ID	JEFFERSON COUNTY	IDAHO FALLS, ID			8	11/2/2026	5/31/2027	19.12	28	Hour
Multiple cities and towns	ID	BONNEVILLE COUNTY	IDAHO FALLS, ID			8	11/2/2026	5/31/2027	19.12	28	Hour
Driggs	ID	TETON COUNTY	-CENTRAL IDAHO NONMETROPC			8	11/2/2026	5/31/2027	19.12	28	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-400-26216-146792 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____

OMB Approval: 1205-0509
Expiration Date: 8/31/2026

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Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
DiTrolio	Ana	
4. Name of Employer/Recruiting Organization *		
Ana Associates LLC		
5. City *	6. State *	7. Postal Code *
San Antonio	TEXAS	78257
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

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