

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



Please read and review the filing instructions carefully before completing the ETA Form 9142B. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Employment-Based Nonimmigrant Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-2B
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**B. Temporary Need Information**

1. Job Title * Construction Laborer	
2. SOC (ONET/OES) code * 47-3019	3. SOC (ONET/OES) occupation title * Helpers, Construction Trades, All Other
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Period of Intended Employment</b>
	5. Begin Date * 04/23/2014 (mm/dd/yyyy)
	6. End Date * 12/19/2014 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="100"/> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)	
<input type="text" value="100"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *
8. Nature of Temporary Need: (Choose only one of the standards) *	
<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need	
9. Statement of Temporary Need * SEE ADDENDUM	

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**C. Employer Information**

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
Loenbro Inc.		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
409 14th Street SW		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
Great Falls	MT	59404
8. Country *		9. Province
UNITED STATES OF AMERICA		N/A
10. Telephone number *		11. Extension
406-453-1542		N/A
12. Federal Employer Identification Number (FEIN from IRS) *		13. NAICS code (must be at least 4-digits) *
[REDACTED]		23712
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	[REDACTED]	2001
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

**Important Note:** 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. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
Acra	Ryan	n/a
4. Contact's job title *		
Development Manager		
5. Address 1 *		
409 14th Street SW		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
Great Falls	MT	59404
10. Country *		11. Province
UNITED STATES OF AMERICA		N/A
12. Telephone number *	13. Extension	14. E-Mail address
406-453-1542	N/A	N/A

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Attorney or Agent's last (family) name § ADAMS	3. First (given) name § ERIC	4. Middle name(s) § CHRISTIAN	
5. Address 1 § 35520 FORTON COURT			
6. Address 2 N/A			
7. City § CLINTON TOWNSHIP		8. State § MI	9. Postal code § 48035
10. Country § UNITED STATES OF AMERICA		11. Province N/A	
12. Telephone number § 586-792-0660	13. Extension N/A	14. E-Mail address ERIC@DLABORSOLUTIONS.COM	
15. Law firm/Business name § DIVERSIFIED LABOR SOLUTIONS, L.L.C.		16. Law firm/Business FEIN § [REDACTED]	
17. State Bar number (only if attorney) § P71811		18. State of highest court where attorney is in good standing (only if attorney) § MICHIGAN	
19. Name of the highest court where attorney is in good standing (only if attorney) § MICHIGAN SUPREME COURT			

**F. Job Offer Information**

**a. Job Description**

1. Job Title * Construction Laborer	
2. Number of hours of work per week Basic *: <u>40</u> Overtime: <u>8</u>	3. Hourly Work Schedule * A.M. (h:mm): <u>8</u> : <u>00</u> P.M. (h:mm): <u>5</u> : <u>00</u>
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *  Prepare construction site, move and setup equipment, tools, and material required for construction project, common labor.	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § N/A	4b. Indicate the occupation required § N/A
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. * Laborers must be able to lift and carry 50lbs; must be able to bend, stoop, squat, twist, and kneel repeatedly; must be able and willing to work extended hours including weekends.	

**c. Place of Employment Information**

1. Worksite address 1 * 7587 Highway 2	
2. Address 2 N/A	
3. City * Stanley	4. County * Mountrail
5. State/District/Territory * ND	6. Postal code * 58784
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §  N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) §	
From: \$ <u>16</u> . <u>60</u> To (Optional): \$ <u>16</u> . <u>60</u>		From: \$ <u>24</u> . <u>90</u> To (Optional): \$ <u>24</u> . <u>90</u>	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: § N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. §  Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013.  N/A			

**H. Recruitment Information**

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
Job Service North Dakota		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
351247	02/25/2014	03/06/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement §
4. Williston Herald	From: 03/02/2014	To: 03/02/2014
5. Williston Herald	From: 03/03/2014	To: 03/03/2014
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *  N/A		

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**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will 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 A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A.</b> §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix B.</b> §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**J. 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 E (attorney or agent) of this application.

1. Last (family) name § Acra	2. First (given) name § Ryan	3. Middle initial § N/A
4. Job Title § Developent Manager		
5. Firm/Business name § Loenbro Inc.		
6. E-Mail address § www.loenbro.com		

**K. U.S. Government Agency Use (ONLY)**

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 04/23/2014 to 12/19/2014.

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

04/23/2014

Determination Date (date signed)

H-400-14092-890625

Case number

Full Certification

Case Status

**L. 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 1.5 hours to complete the form and 25 minutes per response for all other H-2B information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW, \* Washington, DC \* 20210 or by email [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**ADDENDUM**

**ADDENDUM SECTION B.9: Additional Notes Regarding Statement of Temporary Need**

Loenbro began as a welding company specializing in refinery and pipeline work. Today our services are as diverse as the terrain in which we work. From inspection services to plant maintenance, our goal is to offer turnkey solutions that meet our clients' needs today and in the future. However a large aspect of our focus remains in the construction of pipelines. I believe it is widely known that North Dakota has been a booming oil mecca of the last few years and as such finding and securing Construction Laborer's to provide construction site preparation, equipment positioning and the materials to the site is very difficult, and compounded by the fact that due the nature of the weather, these are seasonal and temporary positions.

We begin our efforts to obtain temporary construction laborers as soon as the weather permits in early spring to provide for the needs of the upcoming season. We do not employ these laborers during the winter months, mid December through April, as cold weather, snow, ice, shorter day-light hours prevent our ability to perform the work. With the onset of warmer weather and longer days, workload increases dramatically. Our ability to hire a sufficient number of local workers is sharply limited and we are far short of the number of Construction Laborers needed for this season.

For these reasons H-2B workers are sought for our seasonal labor needs. Having dependable, temporary workers available for our seasonal work is vital to the continued business operations of Loenbro.

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For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

**A. Attorney or Agent Declaration**

*I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct.* I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name ADAMS	2. First (given) name ERIC	3. Middle initial CHRISTIAN
4. Firm/Business name DIVERSIFIED LABOR SOLUTIONS, L.L.C.		
5. E-Mail address ERIC@DLABORSOLUTIONS.COM		
6. Signature		7. Date signed

**B. Employer Declaration**

By virtue of my signature below, **I HEREBY CERTIFY** the following conditions of employment:

1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the Application for Temporary Employment Certification in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.





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9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
  - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
  - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name Acra	2. First (given) name Ryan	3. Middle initial n/a
4. Title Development Manager		
5. Signature		6. Date signed

**Public Burden Statement (1205-0509)**

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