U.S. Department of Labor

Employment and Training Administration
Office of Foreign Labor Certification

Public Disclosure File: H-2B, Form ETA-9142B, Appendix D

Federal Fiscal Year: 2024

Reporting Period: October 1, 2023 through June 30, 2024

Important Note: This public disclosure file contains administrative data from employers' H-2B Applications, as provided by the employer or representative, for Temporary Employment Certification (Form ETA-9142B Appendix D) and the final determinations issued by the Department's Office of Foreign Labor Certification (OFLC), Employment and Training Administration (ETA), where the date of the determination was issued during the reporting period above.

The following form item is not included in the public disclosure file because it contains Personally Identifiable Information (PII): Employer's Federal Employer Identification Number (FEIN).

FIELD	DESCRIPTION
CASE_NUMBER	Unique identifier assigned to each application submitted for processing to OFLC.
EMPLOYER_CLIENT_LEGAL_ BUSINESS_NAME	Employer-Client Legal Business Name. Form ETA-9142B Appendix D, Section A, Item 1.
EMPLOYER_CLIENT_TRADE_NAME_DBA	Trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142B Appendix D, Section A, Item 2.
EMPLOYER_CLIENT_ADDRESS1	Contact information of Employer-Client requesting temporary labor certification. Form ETA-9142B, Appendix D Section A, Item 3 through Item 11.
EMPLOYER_CLIENT_ADDRESS2	
EMPLOYER_CLIENT_CITY	
EMPLOYER_CLIENT_STATE	
EMPLOYER_CLIENT_POSTAL_CODE	
EMPLOYER_CLIENT_COUNTRY	
EMPLOYER_CLIENT_PROVINCE	
EMPLOYER_CLIENT_PHONE	
EMPLOYER_CLIENT_PHONE_EXT	
EMPLOYER_CLIENT_NAICS_CODE	Industry code associated with the employer requesting temporary labor certification, as classified by the North American Industrial Classification System (NAICS). Form ETA-9142B, Appendix D, Section A Item 13.
EMPLOYER_CLIENT_POC_LAST_ NAME	Point of Contact (POC) name of the Employer-Client. Form ETA-9142B, Appendix D, Section B, Item 1 through Item 3.

FIELD	DESCRIPTION
EMPLOYER_CLIENT_POC_FIRST_ NAME	
EMPLOYER_CLIENT_POC_MIDDLE_NAME	
EMPLOYER_CLIENT_POC_JOB_TITLE	
EMPLOYER_CLIENT_POC _ADDRESS1	
EMPLOYER_CLIENT_POC _ADDRESS2	
EMPLOYER_CLIENT_POC_CITY	
EMPLOYER_CLIENT_POC_STATE	Employer-Client POC information. Form ETA-9142B, Appendix D, Section B, Item 5 through 14.
EMPLOYER_CLIENT_POC_POSTAL_ CODE	
EMPLOYER_CLIENT_POC_COUNTRY	
EMPLOYER_CLIENT_POC_PROVINCE	
EMPLOYER_CLIENT_POC_PHONE	
EMPLOYER_CLIENT_POC_PHONE_ EXT	
EMPLOYER_CLIENT_POC_BUSINESS _EMAIL	