

OMB Approval: 1205-0466
 Expiration Date: 11/30/2011

Application for Temporary Employment Certification
 ETA Form 9142
 U.S. Department of Labor



C. Employer Information

Important Note: Enter the full name of the individual employer, partnership, or corporation as the employer in the section below and then submit a separate attachment that identifies each employer and the number of worker positions needed, under the application.

The employer listed in this section of the DOL's ETA Form 9142 should match the entity listed as the "petitioner" on the USCIS Form I-129.

1. Legal business name *		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 *		
4. Address 2		
5. City *	6. State *	7. Postal code *
8. Country *	9. Province	
10. Telephone number *	11. Extension	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
14. Type of employer application (choose only one box below) *		
<input 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) *
4. Contact's job title *		
5. Address 1 *		
6. Address 2		
7. City *	8. State *	9. Postal code *
10. Country *	11. Province	
12. Telephone number *	13. Extension	14. E-Mail address

I-129, Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

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Part 1. Petitioner Information

(If the employer is an individual, complete Number 1; Number 2.) Use the mailing address of the petitioner.

(1) An individual owner operating a business as a sole proprietorship should list his/her full name in this section only.

Reminder: The petitioner name listed on the Form I-129 must match the employer approved by the DOL on the ETA Form 9142.

1. Legal Name of Employer:

a. Last Name (Family Name)

b. First Name (Given Name)

c. Full Middle Name

(2) Companies or organizations should list their legally registered name in this section only.

2. Company or Organization:

Name of Company or Organization

3. Mailing Address:

a. C/O: (In Care Of, if any)

(3) USCIS recommends listing only information associated with the petitioner listed in item 1 or 2 above. Listing an attorney, representative, or preparer's information here may result in the issuance of an RFE.

b. Street Number and Name

c. Suite

d. City

e. State/Province

f. Country

g. Zip/Postal Code

h. Telephone Number (include area code) (Do not leave spaces or type any special characters)

i. E-Mail Address

j. Federal Employer Identification Number

k. Individual Tax Number

l. Social Security Number

Validity Dates: _____
From: _____
To: _____

Classification Approved

- Consulate/POE/PFI Notified
- At _____
- Extension Granted
- COS/Extension Granted

Partial Approval (explain)

Action Block

