OMB Approval: 1205-0451 Expiration Date: 05/31/2021

Application for Permanent Employment Certification Form ETA-9089 – Appendix B: Additional Worksite Information U.S. Department of Labor



ADDITIONAL WORKSITE INFORMATION

ADDITIONAL WORKSHE INFORMATION			
A. Additional Wo	rksite 1 §		
1. County		2. State/District/Territory	
3. MSA/OES Area Code	3a. MSA Name/OES Area Title		
B. Additional Wo	rksite 2 §		
1. County		2. State/District/Territory	
3. MSA/OES Area Code	3a. MSA Name/OES Area Title		
C. Additional Wo	rksite 3 §		
1. County		2. State/District/Territory	
3. MSA/OES Area Code	3a. MSA Name/OES Area Title		
D. Additional Wo	rksite 4 §		
1. County		2. State/District/Territory	
3. MSA/OES Area Code	3a. MSA Name/OES Area Title		
E. Additional Wo	rksite 5 §		
1. County		2. State/District/Territory	

For Public Burden Statement, see the Instructions for Form ETA-9089.

3a. MSA Name/OES Area Title

3. MSA/OES Area Code

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PERM Case Number:	Case Status:	Determination Date:	Expiration Date: