OMB Approval: 1205-0451 Expiration Date: 10/31/2025

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



ADDITIONAL WORKSITE INFORMATION

Λ.	Additional	Markaita	1 0

1. County		2. State/District/Territory				
3. MSA/OES Area Code	3a. MSA Name/OES Area Title					
B. Additional Worksite 2 §						
1. County		2. State/District/Territory				
3. MSA/OES Area Code	3a. MSA Name/OES Area Title					
C. Additional Wor	rksite 3 §					
1. County		2. State/District/Territory				
3. MSA/OES Area Code	3a. MSA Name/OES Area Title					
D. Additional Worksite 4 §						
1. County		2. State/District/Territory				
3. MSA/OES Area Code	3a. MSA Name/OES Area Title					
E. Additional Worksite 5 §						
1. County		2. State/District/Territory				
3. MSA/OES Area Code	3a. MSA Name/OES Area Title					
For Public Burden Statement, see the Instructions for Form ETA-9089.						

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