OMB Approval: 1205-0451
Expiration Date:
XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089 – General Instructions
U.S. Department of Labor

IMPORTANT: Please read these instructions carefully before completing the Form ETA-9089 – *Application for Permanent Employment Certification* and Appendices A to E. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9089 and Appendices A to E. For applications submitted by mail, the Form ETA-9089, the Form ETA-9089 – General Instructions, and Appendices A to E, are available to be downloaded from the Office of Foreign Labor Certification (OFLC) website at https://www.dol.gov/agencies/eta/foreign-labor. All filers must review the Form ETA-9089 for completeness and accuracy prior to submission electronically or by mail and ensure that all supporting documentation required to be submitted concurrently with the Form ETA-9089 is attached. ***In accordance with 20 CFR 656.10(g), incomplete applications will be returned without review by the Department of Labor (Department or DOL) and will not retain a filing date.***

Those items marked with an asterisk (*) are required and must be completed. Items marked with a section symbol (§) are conditional and must be completed if applicable. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A." Although not required, applications and documents submitted by mail should include a cover page with the full name, job title, address, and phone number of the employer's point of contact with an index for the documents included with the application.

Anyone who knowingly and willingly furnishes any false information in the preparation of Form ETA-9089 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fines, imprisonment or both (18 U.S.C. 2, 1001, 1546, 1621).

Employing or continuing to employ a foreign worker unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record. Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named foreign workers or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, the Occupational Safety and Health Administration, the Department of Homeland Security (DHS), Department of Justice, the Equal Employment and Opportunity Commission, and the Department of State. Further relevant disclosures may be made in accordance with the Privacy Act.
To obtain information on further relevant disclosures of this record, please visit the DOL website at http://www.dol.gov.

AILA Doc. No. 26112306. (Posted 11/23/26)

Public Burden Statement *(1205-0451)*

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 hour and 52 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information, although not all appendices are required to be completed by every applicant. Employers are required to maintain all records associated with this application for a period of 5 years from the latest of the following dates: the date on which the Immigrant Petition is approved by USCIS; the date the approved Application for Permanent Employment Certification expires, if the employer does not file an Immigrant Petition using the certification; or the date the Application for Permanent Labor Certification or Immigrant Petition is denied or withdrawn. The burden estimate is as follows: Form ETA-9089 – 10 minutes, Appendix A – 12 minutes, Appendix B – 3 minutes, Appendix C – 6 minutes, Appendix D – 3 minutes, Appendix E – 4 minutes, and recordkeeping – 5 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, Section 212(a)(5)). Please send comments regarding this burden, including suggestion to reduce this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box N-5311, Washington, DC, 20210 or by email to ETA.OFLC.Forms@dol.gov. (Paperwork Reduction Project OMB 1205-0466). **Please do not send the completed application to this address.**

Section A
Employer Information (Headquarters or Main Office)

Note: The information entered in this section must be the same as the employer information stated for the employer's job opportunity on the prevailing wage determination (PWD) for the Form ETA-9141, *Application for Prevailing Wage Determination*, issued by the Department.

1. Enter the full name of the individual employer, partnership, corporation (i.e., the employer filing this application). The employer's full legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).

2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization (i.e., the employer filing this application). If no trade name or "Doing Business As" (DBA) name, enter "N/A."

3. Enter the street address of the employer's principal place of business. The place of business must be a physical location and not a Post Office (P.O.) Box.

4. If additional space is needed for the street address, use this field to complete the employer's street address. If no additional space is needed, enter "N/A."

5. Enter the city of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.

6. Enter the state, district, or territory of the employer's principal place of business.

7. Enter the postal (zip) code of the employer's principal place of business.

AILA Doc. No. 26112306. (Posted 11/23/26)

8. Enter the country of the employer's principal place of business.

9. Enter the province of the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

10. Enter the area code and telephone number for the employer's principal place of business. Include country code, if outside of the United States.

11. Enter the extension of the telephone number for the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

12. Enter the nine-digit Federal Employer Identification Number (FEIN), as assigned by the IRS. **Do not enter a social security number**. All employers, **including private households**, MUST obtain a FEIN from the IRS before completing this application. Information on obtaining a FEIN can be found at www.irs.gov.

13. Enter the four-digit North American Industry Classification System (NAICS) code that best describes the employer's business, not the PERM job opportunity. A listing of NAICS codes can be found at https://www.census.gov/naics.

14. Enter the number of employees currently on the employer's payroll (i.e., employees employed by the employer) in the place(s) of employment. The place(s) of intended employment is the area within normal commuting distance of the address of the place of intended employment.

15. Enter the year the employer began business or was incorporated. If the employer is a private household, enter the year the IRS issued a FEIN. Use a full year (YYYY) format.

16. If the employer is a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest, mark "Yes." Otherwise, mark "No." A closely held corporation is typically one with relatively few shareholders and whose shares are not generally traded in the securities market.

17. If there is a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators of the employer, mark "Yes." A familial relationship includes any relationship established by blood, marriage, or adoption, even if distant. For example, cousins of all degrees, aunts, uncles, grandparents and grandchildren are included. It also includes any relationship established through marriage (including domestic partnerships, common-law marriages or civil unions), such as in-laws and stepfamilies. Otherwise, mark "No."

Section B
Employer Point of Contact Information

An employer point of contact is a person employed by the employer whose position authorizes the person to provide information and supporting documentation concerning the *Application for Permanent Employment Certification* and to communicate with the Department on behalf of the employer. The employer point of contact should be the individual most familiar with the content of the application and

AILA Doc. No. 26112306. (Posted 11/23/26)

circumstances of the permanent employment offered through this application.

Note: The employer point of contact information in this Section—specifically, the name, telephone number, and email address—must be different from the attorney/agent information listed in Section C, except when an attorney listed in Section C is an employee of the employer.

1. Enter the last (family) name of the employer's point of contact.

2. Enter the first (given) name of the employer's point of contact.

3. Enter the middle name(s) of the employer's point of contact, if applicable. Enter "N/A" if not applicable.

4. Enter the job title of the employer's point of contact.

5. Enter the business street address of the employer's point of contact. The place of business must be a physical location and not a P.O. Box.

6. If additional space is required for the street address, use this field to complete the street address. If no additional space is required, enter "N/A."

7. Enter the city of the employer's point of contact. If the city in B.7 and the country in B.10 are the same, the name must be entered in both fields.

8. Enter the state, district, or territory of the employer's point of contact.

9. Enter the postal (zip) code of the employer's point of contact.

10. Enter the country of the employer's point of contact.

11. Enter the province of the employer's point of contact, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and telephone number for the employer's point of contact. Include country code, if outside of the United States.

13. Enter the extension of the telephone number for the employer's point of contact, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the employer's point of contact in the format name@emailaddress.top-level domain. The email entered in this field must be the same as the one regularly used by the employer's point of contact for its business operations and must be capable of sending and receiving electronic communications from the Department with respect to the processing of this application. If the employer's point of contact does not possess a business email address, please enter "N/A."

AILA Doc. No. 26112306. (Posted 11/23/26)

Section C
Attorney or Agent Information (If applicable)

Note: The attorney/agent information in this section—specifically the name, telephone number, and email address—must be different from the employer's point of contact information in Section B, except when an attorney listed in this Section is an employee of the employer.

1. Identify whether an attorney or agent is filing this application on behalf of the employer. Only mark one box. If "Attorney" or "Agent" is selected, complete the remainder of Section C. If "None" is selected, skip questions 2 to 19 in this section and continue to Section D.

2. Enter the last (family) name of the attorney/agent.

3. Enter the first (given) name of the attorney/agent.

4. Enter the middle name(s) of the attorney/agent, if applicable. If the attorney/agent does not have a middle name, enter "N/A."

5. Enter the business street address of the attorney/agent.

6. If additional space is required for the street address, use this field to complete the attorney/agent's street address. If no additional space is required, enter "N/A."

7. Enter the city of the attorney/agent.

8. Enter the state, district, or territory of the attorney/agent.

9. Enter the postal (zip) code of the attorney/agent.

10. Enter the country of the attorney/agent.

11. Enter the province of the attorney/agent, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and telephone number of the attorney/agent. Include country code, if outside of the United States.

13. Enter the extension of the telephone number of the attorney/agent, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the attorney/agent in the format name@emailaddress.top-level domain. The email entered in this field must be the one regularly used by the attorney/agent's point of contact to send and receive electronic communications from the Department with respect to the processing of this application. If the attorney/agent's point of contact does not possess a business email address, please enter "N/A."

AILA Doc. No. 26112306. (Posted 11/23/26)

15. Enter the attorney/agent's law firm or business name. The attorney/agent's law firm or business name is the exact name that is reported to the IRS.

16. Enter the attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS. **Do not enter a social security number**. See Page 4 of these instructions for more information on how to obtain a FEIN.

Note: Questions 17 through 19 in this section must be answered when "Attorney" is selected and instances in which an "Attorney" is acting as an "Agent" in response to question C.1. The answers to questions 18 and 19 below should correspond to the same state for which a bar number was provided in question 17, if there is any.

17. Enter the attorney's state bar number. If the attorney is licensed in more than one state, enter only one state bar number. If submitting this form electronically and the attorney is licensed in a state that does not issue state bar numbers, leave the field blank and once confirmed the field will be automatically pre-populated with "N/A." If the employer is not filing electronically, please enter "N/A."

18. Enter the state of the highest court where the attorney is in good standing.

19. Enter the name of the highest court in the state where the attorney is in good standing.

Section D
Foreign Worker Information

1. In order to request a labor certification, the employer must **mark the "Yes" checkbox** to indicate that a completed **Appendix A** identifying the foreign worker being sponsored for permanent employment is attached to this application. If the "No" checkbox is selected, the application will be denied.

2. Identify whether the attorney/agent representing the foreign worker is also contracted with the employer by checking "Yes" or "No." Mark only one box.

Section E
Job Opportunity and Wage Information

Note: The job opportunity and wage information data will be directly imported from the Form ETA-9141, *Application for Prevailing Wage Determination* associated with the PWD tracking number. The PWD captures the employer and agent information, as well as the specific job requirements, special skills, licenses, certifications, etc., required for the job opportunity. The PWD also lists the specific place(s) of employment where the work will be performed. OFLC's electronic filing system will use this same information to confirm the place(s) of intended employment and the job duties and requirements for the job opportunity listed on the Form ETA-9089. By using the PWD tracking number to link and pre-populate certain areas of the Form ETA-9089, OFLC enhances the application submission and review

AILA Doc. No. 26112306. (Posted 11/23/26)

process by reducing the amount of time and potential data entry errors associated with manually entering data into fields that historically have not been linked, which produces more accurate applications that can be reviewed more quickly. This enhancement also limits any modification between the approval of the PWD and the filing of the Form ETA-9089, thus reducing potential clerical errors that would result in

a request for information, Audit Notification, or Denial. If the PWD includes two wages, the wage in Section G.4 of the PWD is based on the minimum requirements, and the wage in Section G.5 of the PWD is based on the alternative requirements. The higher of the two wages as the determined prevailing wage must be used when completing the Form ETA-9089, *Application for Permanent Employment Certification*. The offered wage must be equal to or greater than the higher wage of the two sets of requirements. If the employer submits a Form ETA-9089 with only one set of requirements (whether the minimum or alternative requirements), the offered wage in Section E.3 must be at least the prevailing wage associated with that set of requirements on the PWD.

In the event that an employer must file the Form ETA-9089 by mail, OFLC's electronic filing system will link the approved PWD by tracking number. ***The PWD sections that will be linked to the Form ETA-9089 are the Employer Information, Attorney or Agent Information, the Wage Source, and the Job Offer Information.***

1. Enter the 14-digit PWD number assigned by the Foreign Labor Application Gateway (FLAG) System or the National Prevailing Wage Center for the job opportunity listed on the application. Example: P-100-xxxxx-xxxxxx.

2. If the employer has been notified that it must undergo supervised recruitment for the job opportunity covered by this application, as set forth in 20 CFR 656.21, and a valid PWD has not been obtained, indicate whether a completed Form ETA-9141 is attached to this application by marking "Yes" or "No". If the employer has not been notified that it must undergo supervised recruitment for the job opportunity covered by this application, mark "N/A".

3. Enter the rate of pay to be paid to the worker. If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the "From:" line and enter the top of the wage range on the "To:" line.

4. Indicate whether the rate of pay is per hour, week, bi-weekly, month, or year by selecting the corresponding box. Make only one selection.

5. Briefly describe any conditions about the wage rate to be paid. For example, **"the wage rate does not account for future increases due to annual cost of living increases or allowances."** Please also describe here any bonuses, fringe benefits, subsidized housing or meals, or any other benefits associated with this job opportunity, as applicable.

Section F
Place of Employment Information

Note: It is important for the employer to define the place(s) of intended employment with as much geographic specificity as possible by identifying every place of employment where work will be performed. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, notice requirements, layoff requirements, and prevailing wage requirements.

a. Place(s) of Employment Information

1. Identify whether the location(s) that best describes the place(s) of employment where work will be performed is a business premises, employer's private household (including live-in and domestic household workers), employee's private residence (when work is performed directly out of the employee's residence), third-party business premises, or that no one specific place of employment or physical location (if there is more than one place of employment or geographic area).

   Note: If submitting this form non-electronically and "No one specific place of employment or physical location" is marked in question 1, enter "N/A" or "0" (zero), as appropriate, in questions 2-7, mark "N/A" in question 8 and 8a, and continue to Section F.b.

2. Enter the street address of the worksite location identified in question 1, where work will be performed. The address for the place of employment must be a physical location and cannot be a P.O. Box.

3. If additional space is required for the street address, use this line. If submitting this form non-electronically and no additional space is required, enter "N/A."

4. Enter the city of the place of employment.

5. Enter the county of the place of employment.

6. Enter the state/district/territory of the place of employment.

7. Enter the postal (zip) code of the place of employment.

8. Enter the Metropolitan Statistical Area (MSA) name/Occupational Employment and Wage Statistics (OEWS) area code covering the place of employment.

9. Enter the MSA/OEWS area title covering the place of employment.

b. Additional Place(s) of Employment

Note: Additional place(s) of employment must be one or more of the additional place(s) of employment identified in Appendix A of the Form ETA-9141 for this specific job opportunity and must have the appropriate wage offer rate. Place(s) of employment within the same Bureau of Labor Statistics (BLS) Area (Metropolitan or Non-Metropolitan Statistical Areas) should also be listed if a Notice of Filing will be posted at that location.

1. If "No one specific place of employment or physical location" is marked in question F.a.1 **or** the employer's job opportunity will be performed in geographic areas other than the one disclosed in Section F.a. of this application, including geographic areas with multiple county-level PWDs, mark "Yes." Otherwise, mark "No."

If the answer to question F.b.1 is "Yes," indicate whether the employer has attached to this application a completed **Appendix B** by selecting "Yes" or "No." If the answer to question F.b.1 is "No," mark "N/A."

2. For this intended place of employment, indicate whether the employer is placing the foreign worker(s)

AILA Doc. No. 26112306. (Posted 11/23/26)

with a third-party entity. A third-party entity is another entity at which or with which permanent employment certification workers will be placed during the period of certification.

3. If "Yes" to Item F.2, provide the legal business name of the third-party entity (e.g., another entity) at which or with which the foreign worker(s) will be placed. Note: The entry must include the legal business name of the third-party entity. Any trade name or DBA name should also be entered, as space permits.

4. Enter the street address of the intended place of employment.

5. If additional space is needed for the street address, use this line.

6. Enter the city of the intended place of employment.

7. Enter the county of the intended place of employment. If there is no county designation or it is not known, please enter "N/A". Note: In the absence of a county, enter the appropriate parish or borough in this field. Do not enter a country in this field.

8. Enter the State/district/territory of intended employment.

9. Enter the postal (zip) code of the intended place of employment

c. Other Definable Geographic Area(s)

i. Complete this question if the MSA(s) for the employer's job opportunity are not known **or** are

AILA Doc. No. 26112306. (Posted 11/23/26)

dispersed over a wide geographical area **or** additional details regarding the geographic area(s) where work will be performed is needed (e.g., work itinerary, listing of cities or townships/states, counties/states, or several states). If the job opportunity requires roving, travel or possible relocation; enter the phrase "Various Places of employment,' otherwise, enter "N/A."

Section G
Additional Job Opportunity Information and Other Requirements

1. If the job opportunity is a full-time position (generally 35 hours or more), mark "Yes." Otherwise, mark "No." As requested by the Department, the employer must provide information and/or documentation to substantiate that the job opportunity is a full-time position (e.g. payroll records, position descriptions, etc.).

2. If the job opportunity is for a foreign worker who will be alive-in household domestic service worker, mark "Yes." Otherwise, mark "No." A live-in domestic household service worker is a worker who resides at and performs job duties in or around the employer's private home. The employer's private home may be a fixed place of residence or a temporary dwelling, if traveling or on vacation. Any separate and distinct dwelling occupied by the employer, which may take the form of a house, apartment, condominium, hotel, etc.—may be considered a private home.

3. 2a. Indicate whether the foreign worker is employed by the employer listed in this application by marking "Yes" or "No."

3a. If "Yes" to question G.3, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1 by marking "Yes" or "No." Otherwise, mark "N/A."

3b. If "Yes" to questions G.3 and G.3a and the employer is willing to accept any suitable combination of education, experience, or training, mark "I ACCEPT." If "Yes" in questions G.3 and G.3a, but the employer is not willing to accept any suitable combination of education, experience, or training, mark "I **DO NOT** ACCEPT."

Note: For more information on "suitable combination," read the Board of Alien Labor Certification

AILA Doc. No. 26112306. (Posted 11/23/26)

Appeals decision in the *Matter of Francis Kellogg*, 1994 INA 00465 (Feb. 2, 1998) (*en banc*).

4. Indicate whether the employer is relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application by marking "Yes" or "No."

4a. If "Yes" to question G.4, indicate whether the foreign worker gained any of the qualifying experience with the employer in a position substantially comparable to the job opportunity identified in Section F of the PWD and identified in Question E of the Form ETA-9089. If "Yes" in question G.4, but the foreign worker did not gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity, mark "No." If the answer to question G.4 is "No," mark "N/A."

Note: A substantially comparable position/job is one that requires performance of the same job duties as the foreign worker's current position/job with the employer 51% or more of the time. If "Yes" is marked for this question, please be prepared to provide documentation, upon request from the Certifying Officer, demonstrating why it is no longer feasible to train a U.S. worker to qualify for the position.

4b. If "Yes" to question G.4, indicate whether the employer paid for any education or training that qualified the foreign worker for the job opportunity by marking "Yes" or "No." If "Yes" in question G.4, but the employer did not pay for any education and/or training that qualified the foreign worker for the job opportunity, mark "No."

5. Indicate whether the employer is seeking to employ the foreign worker as a professional athlete or professional sports team coach through this application by marking "Yes" or "No."

IMPORTANT INSTRUCTIONS FOR QUESTIONS 6 THROUGH 12
For each question marked "Yes," the employer must complete one (1) section of the Form ETA-9089 – Appendix C to provide a brief explanation justifying the response.

6. Indicate whether the employer's job opportunity requires the foreign worker to live on the employer's premises by marking "Yes" or "No."

7. Indicate whether the employer's job opportunity involves a combination of occupations (e.g., engineer/pilot) by marking "Yes" or "No."

Note: If "Yes" is marked for this question, please use Appendix C to explain briefly how the combination is supported by business necessity, the employer has normally employed persons for that combination of occupations, and/or workers customarily perform the combination of occupations in the place(s) of intended employment.

8. Indicate whether proficiency in a foreign language is required or preferred by the employer in order for the worker to perform the job duties described in the job opportunity by marking "Yes" or "No."

Note: If "Yes" is marked for this question, please use Appendix C to explain briefly how the foreign

AILA Doc. No. 26112306. (Posted 11/23/26)

language requirement is supported by business necessity.

9. Indicate whether the employer's job requirements exceed the Specific Vocational Preparation (SVP) level assigned to the occupation, as shown in the O*NET Job Zones, by marking "Yes" or "No." Otherwise, mark "N/A."

   Note: If "Yes' is marked for this question, please use Appendix C to explain briefly how the job requirements are supported by business necessity.

10. Indicate whether the employer has received any kind of payment or service in-kind for preparing and submitting this application by marking "Yes" or "No."

    Note: If "Yes" is marked for this question, please use Appendix C to include a brief explanation of who paid the employer and an explanation of services for which the payment was received, including the amount and the date of the contract, if applicable. The explanation should also include a statement regarding if the payment was received as an incentive, inducement, or reimbursement for filing the application and if the payment is associated with the employer's attorney fees or other related activities as indicated in 20 CFR 656.12(b). The explanation must indicate whether the same attorney represents both the employer and the foreign worker. Payment includes, but is not limited to, monetary payments; wage concessions, including deductions from wages, salary, or benefits; kickbacks, bribes, or tributes; in-kind payments; and free labor.

11. Indicate whether the employer had a layoff in the occupation involved in this application or in a similar occupation within the two years immediately preceding the filing of this application in the area of intended employment of the place(s) of employment by marking "Yes" or "No."

    Note: If "Yes" is marked for this question, please use Appendix C to explain briefly the nature of the layoff specifying the job title(s), job location(s), and the number of employees laid off. The explanation should also include how the laid off employees were notified of the job opportunity listed in this application.

12. Indicate whether the employer has placed the foreign worker identified in Appendix A with another employer (including that employer's parent, subsidiary, or affiliate) where there is an employment relationship between the foreign worker and that other employer that had a layoff in the same or similar occupation involved in this application or in a related occupation within the two years immediately preceding the filing of this application in the place(s) of intended employment by marking "Yes" or "No."

    Note: If "Yes" is marked for this question, please use Appendix C to explain briefly the nature of the layoff specifying the job title(s), job location(s), and the number of employees laid off. The explanation should include how the laid off employees were notified of the job opportunity listed in this application. The explanation should also include the employer's name and location of the other employer where the foreign worker was placed.

AILA Doc. No. 26112306. (Posted 11/23/26)

Section H
Recruitment Information

Note: This information will capture the employer's recruitment efforts and notice of the filing of the application. Each section is specifically designed to determine if the appropriate recruitment type was used and that the recruitment and Notice of Filing were conducted within the required timeframes, in accordance with 20 CFR 656.10, 656.14, 656.17, and 656.18 and 656.21. In addition, compliance with the filing requirements of 20 CFR 656.10 requires submission of the following supporting documentation concurrently with the Form ETA-9089: a copy of all records and documentation demonstrating compliance with pre-filing recruitment requirements set forth in § 656.17 or § 656.18; the employer's recruitment report and meeting the requirements set forth in § 656.17(f) and copies of all resumes and/or applications for each applicant who applied for the job opportunity; and a copy of the NOF providing notice to employees, as set forth in § 656.14.

a. Supervised Recruitment

1. Indicate if the employer was notified that it must conduct supervised recruitment by marking "Yes" or "No." Only select "Yes" if the employer has either received a Notice of Supervised Recruitment or a determination letter that specifically requires the employer to file the application via supervised recruitment. If "Yes" is marked because the employer must conduct supervised recruitment after filing this application, do not complete subsections b and c below, as the employer will not conduct pre-filing recruitment. *See* 20 CFR 656.10 and 656.21. Proceed to subsection d to provide information about the notice of the filing of the *Application for Permanent Employment Certification* the employer must begin before filing. *See* 20 CFR 656.10 and 656.21., the employer must provide the Notice of Filing to the bargaining representative(s) or post the Notice of Filing before filing the *Application for Permanent Employment Certification* with the Department and include a copy of the Notice of Filing concurrently with the application, in accordance with 20 CFR 656.10 and 656.14. The employer must also retain evidence of the Notice of Filing. The Certifying Officer may order employers subject to supervised recruitment to update and redistribute notice to the bargaining representative or repost Notice(s) of Filing with revised information or content. Additionally, various governmental agencies, such as DHS, DOS, EEOC, DOJ, etc., may receive findings from the employer's supervised recruitment.

b. Recruitment Type

Note: Only mark one box.

1a. Mark this box if the employer recruited for the job opportunity under 20 CFR 656.17.

1b. Mark this box if the job opportunity is for a college or university teacher

or a professional athlete or professional sports team coach and the candidate

was selected using the competitive recruitment process in accordance with 20

CFR 656.18.

Note: If this option is selected, skip subsections H.c and H.d below. The employer must submit a

AILA Doc. No. 26112306. (Posted 11/23/26)

completed Appendix D with this application.

1.c. Mark this box if the employer claims the foreign worker identified in Appendix A possesses exceptional ability

Note: Where the employer identifies the job opportunity on the *Application for Permanent Employment Certification* as being offered to a foreign worker of exceptional ability, the employer must conduct pre-filing recruitment under 20 CFR 656.17, and prepare a recruitment report and all other supporting documentation demonstrating compliance with the requirements of 20 CFR 656.17(f) for submission with the *Application for Permanent Employment Certification. See* 20 CFR 656.24(b)(2)(i) for exceptional ability in business; and 20 CFR 656.24(b)(2)(ii) for exceptional ability in sciences or the arts. DOL will assess the employer's test of the labor market for U.S. workers and adherence to the requirements of 20 CFR part 656; and DHS's USCIS will make determinations regarding exceptional ability in accordance with its requirements.

c. Prefiling Recruitment Information

1a. Enter the name of the State Workforce Agency.

1b. Enter the job order number.

1c. Enter the start date for the State Workforce Agency job order in MM/DD/YYYY format.

1d. Enter . end date for the State Workforce Agency job order in MM/DD/YYYY format.

Note: Indicate the Recruitment type, the Name of the recruitment event and the period of advertising in this section. If the employer is filing electronically the FLAG system will auto populate the recruitment type providing various recruitment options (Employer Website, Job Search Website, Job Fair, etc.) in a drop-down listing.

2a. Enter the type of recruitment conducted by the employer.

2b. Enter the name of the recruitment event conducted.

2c. Enter the start date for the period of advertising in MM/DD/YYYY format.

2d. Enter the end date for the period of advertising in MM/DD/YYYY format.

3a. Enter the type of recruitment conducted by the employer.

3b. Enter the name of the recruitment event conducted.

3c. Enter the start date for the period of advertising MM/DD/YYYY format.

3d. Enter the end date for the period of advertising in MM/DD/YYYY format.

4a. Enter the type of recruitment conducted by the employer.

AILA Doc. No. 26112306. (Posted 11/23/26)

4b. Enter the name of the recruitment event conducted.

4c. Enter the start date for the period of advertising MM/DD/YYYY format.

4d. Enter the end date for the period of advertising in MM/DD/YYYY format.

5a. Enter the type of recruitment conducted by the employer.

5b. Enter the name of the recruitment event conducted.

5c. Enter the start date for the period of advertising MM/DD/YYYY format.

5d. Enter the end date for the period of advertising in MM/DD/YYYY format.

6a. Enter the type of recruitment conducted by the employer.

6b. Enter the name of the recruitment event conducted.

6c. Enter the start date for the period of advertising MM/DD/YYYY format.

6d. Enter the end date for the period of advertising in MM/DD/YYYY format.

7a. Enter the type of company-generated referral conducted by the employer.

7b. Enter the name of the company-generated referral program/system conducted.

7c. Enter the start date for the period of company-generated referral MM/DD/YYYY format.

7d. Enter the end date for the period of company-generated referral in MM/DD/YYYY format.

d. Notice of Filing

Note: The employer must provide notice of the filing of the *Application for Permanent Employment Certification* and must be able to document that notice was provided to the bargaining representative(s), or if there is no bargaining representative, by physically or electronically posting the notice to the employer's employees at the facilities or location(s) of employment, as indicated in Form ETA-9089 – Appendix B, in accordance of 20 CFR 656.14. This includes employers who, at the time of the

AILA Doc. No. 26112306. (Posted 11/23/26)

Application for Permanent Employment Certification filing, are subject to supervised recruitment requirements. Mark **ALL** boxes that apply in this section, but please note that 1c and 1d should only be selected if 1b is selected, and only one box should be selected if 1a, 1e, or 1f is selected.

1a. Indicate r=that the notice of this filing was provided to the bargaining representative(s) for workers in the occupation in which the foreign worker will be employed; „within 10 working days before this application was filed and continued to be available to the bargaining representative throughout the period specified in 20 CFR 656.14(f)

1b. Indicate if notice of this filing has been physically posted within ten (10) business days before this application was filed in at least 2 conspicuous locations at the place(s) of employment and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f) by marking the box.

1c. Indicate if the notice of this filing was disseminated electronically, in a manner in accordance with the employer's normal practice of informing employees of terms and conditions of employment within 10 business days before the date this application was filed and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f) by marking the box.

1d. Indicate if notice of this filing has been disseminated using all in-house media, in a manner in accordance with the employer's normal practice of informing employees of terms and conditions of employment within 10 business days before the date this application was filed and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f), by marking the box.

1e. Indicate if notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing employees in the private household, terms and conditions of employment within 10 business days before the date this application was filed and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f), by marking the box.

1f. Mark this box if the employer **DID NOT** post the notice of filing.

1g. Indicate the date the notice was provided to the bargaining unit representatives; or, if no bargaining unit, indicate the start date of the physical or electronic posting(s).

Section I
Other Supporting Documentation

Note: Applications filed under 20 CFR 656.21 (supervised recruitment), skip I.1, I.2, and I.3.

1. Indicate that you have attached a signed and dated recruitment report by the employer stated in Section A of this application meeting the requirements listed under 20 CFR 656.17(f) by marking the box "Yes."

2. Indicate that you have attached legible copies of all recruitment materials used to advertise for all applicants for the job opportunity by the employer identified in this application meeting the

AILA Doc. No. 26112306. (Posted 11/23/26)

requirements listed under 20 CFR 656.17 or 656.18 by marking the box "Yes."

3. Indicate that you have attached legible copies of all resumes and/or applications submitted by applicants for the job opportunity listed by the employer identified in Section A of this application by marking the box "Yes."

Note: Questions I.4 and I.5 are ONLY for live -in household domestic workers. If you marked "Yes" to question G.2 of this application, you MUST answer questions I.4 and I.5.

4. Indicate that a copy of the executed contract between the employer listed in Section of A of this application and the foreign worker identified in Appendix A of this application has been retained and will be provided upon request by marking the box "Yes" or "N/A."

5. Indicate that you are attaching documentation substantiating the foreign worker listed in Appendix A of this application has at least one year experience as a full-time paid live-in domestic worker has been retained and will be provided upon request by marking the box "Yes" or "N/A."

Note: Question I.6 is ONLY for a foreign worker listed in this application with ownership interest(s) or a familial relationship with the employer listed in Section A of this application. If you marked "Yes" to question A.16 or A.17 of this application, you MUST answer question I.6.

6. Indicate that documentation necessary to assess the extent of the foreign worker's influence over the job opportunity and such documentation that meets regulatory requirements has been retained and will be provided upon request by marking the box "Yes" or "N/A."

Note: Questions I.7 and I.8 are ONLY for professional athletes and coaches. If you marked "Yes" to question G.8 of this application, you MUST answer questions I.7 and I.8.

7. Indicate that you are attaching a copy of a fully executed contract that is signed and dated by the employer listed in Section A of this application and the foreign worker listed in Appendix A of this application covering the entire year or time period that shows specific payments made to the foreign worker by marking the box "Yes" or "N/A."

8. Indicate that you are aware attaching an employment letter to the foreign worker listed in Appendix A of this application providing that the foreign worker will work at least 10 hours per week during the off-season period by marking the box "Yes" or "N/A."

Note: Question I.9 is ONLY for a foreign worker listed in this application who is a professional athlete. Under the regulations, a condition of certification is verification of notice to a Players Association or trade union(s) and their non-objection of this application.

9. Indicate that you are attaching a copy of a letter or response from the Player's Association or applicable trade union(s) that they have no objection to the employment of the foreign worker listed in Appendix A of this application after receiving notice from the employer listed in Section A of this application by marking the box "Yes" or "N.A"

AILA Doc. No. 26112306. (Posted 11/23/26)

Section J
Declaration of Employer and Attorney/Agent

Note: Read the employer's attestations carefully before signing. It is the employer's responsibility to verify the accuracy of the terms, assurances and obligations provided in this application as a condition of applying and receiving a permanent labor certification from the United States Department of Labor. Additionally, the employer must ensure that Appendix E is attached to this application. Failure to provide the required Appendix E will result in an incomplete application subject to return.

1. Indicate whether you have signed and dated Appendix E for the employer identified in section A of this application and have attached Appendix E by marking "Yes."

Section K
Preparer

1. Enter the full legal (family) last name of the preparer's point of contact.
2. Enter the full (given) first name of the preparer's point of contact.
3. Enter the middle name of the preparer's point of contact.
4. Enter the nine-digit FEIN as assigned by the IRS. Do not enter a social security number.
5. Enter the full legal name of the business, person, association, firm, corporation, i.e. the preparer filing this application. The preparer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the IRS.
6. Enter the full business email address of the preparer's point of contact in the format name@emailaddress.top-level domain.

APPENDIX A – Foreign Worker Information

Note: The foreign worker information in this section must be different from the attorney/agent information listed in Section C and **must be different** from the employer information listed in sections B and C, unless the employer's job opportunity is for a live-in household domestic service worker. Appendix A must be submitted with the Form ETA-9089 in order for the application to be considered complete. If filing electronically, Appendix A will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089 – Appendix A, and all other required appendices. ***In accordance with 20 CFR 656.10(g), incomplete.***

Applications will be returned without review and will not retain a filing date. Applications and documents submitted by mail should include a cover page with the name, title, address, and phone number of the point of contact. The cover page should also index the documents included in the mailing.

A. Foreign Worker Contact Information

AILA Doc. No. 26112306. (Posted 11/23/26)

1. Enter the last (family) name of the foreign worker. If the foreign worker has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field.

2. Enter the first (given) name of the foreign worker. If the foreign worker has only one name, enter "FNU" (first name unknown) in this field.

3. Enter the full middle name of the foreign worker. If the foreign worker does not have a middle name, enter "N/A."

4. Enter the street address of the foreign worker's current residence.

5. If additional space is needed for the street address, use this line. If no additional space is needed, enter "N/A."

6. Enter the city of the foreign worker's current residence. If the city and country of residence are the same, the name must still be entered in both fields.

7. Enter the state of the foreign worker's current residence. If no state, enter "N/A."

8. Enter the postal (zip) code of the foreign worker's current residence. If no postal code, leave blank.

9. Enter the country of the foreign worker's current residence. If the city and country of residence are the same, the name must still be entered in both fields.

10. Enter the province of the foreign worker's current residence. If no province, enter "N/A."

11. Enter the foreign worker's date of birth. Use a MM/DD/YYYY format.

12. Enter the foreign worker's class of admission at the time of filing (e.g., H-1B, H-2A, etc.). If no class of admission, enter "N/A."

13. Enter the foreign worker's alien registration number (A#) assigned by DHS. If no alien registration number, enter "0" (zero).

14. Enter the foreign worker's country of birth.

15. Enter the foreign worker's country of current citizenship.

B. Foreign Worker Education

Note: This section is required if there is an educational requirement for the job opportunity. Identify any relevant diplomas/degrees attained that qualify the foreign worker for the job opportunity for which the employer is seeking permanent labor certification. List the most recent diploma/degree attained first and complete every field for each set. This section will collect five (5) sets of diplomas/degrees. For electronic filings, if the employer needs to disclose more sections of educational attainment information, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of educational attainment sets B.a.1 through B.a.1e under this section of the Appendix to complete and attach to the Form ETA-9089. ***Submission of additional educational information in any other form or format will not be accepted.***

If the foreign worker does not hold relevant U.S. diplomas/degrees or foreign equivalent, mark "None" in question 1 and in questions 1a through 1e, enter "N/A" or leave blank, as appropriate. Where the foreign worker attained a diploma/degree outside the U.S., mark "Other" and specify the U.S. equivalent of the diploma/degree.

1. Identify whether the foreign worker's minimum U.S. diploma or degree, relevant to the job opportunity, is None, High school/GED, Associate, Bachelor's, Master's, Doctorate, or Other degree. Only mark one box. If no relevant diploma or degree, enter "N/A."

1a. If you marked "Other" in question 1, enter the specific U.S. diploma or degree received (e.g., JD, MD, DDS, foreign equivalent or credentialing service, etc.). If you did not mark "Other" in question 1, or no relevant diploma/degree, enter "N/A."

1b. Enter the foreign worker's major(s) and/or field(s) of study for the diploma or degree indicated in question 1. You may list more than one field and/or more than one related major. If you marked "None" or "High School" in question 1, or no relevant diploma/degree, enter "N/A."

1c. Enter the name of the institution where the foreign worker received the diploma or degree identified in question 1. If no relevant diploma/degree, enter "N/A."

1d. Enter the country of the institution identified in question 1c. If no relevant diploma or degree, enter

"N/A."

1e. Enter the month and year the foreign worker received the diploma or degree identified in question 1. Use a full year (MM/YYYY) format. If no relevant diploma or degree, leave blank.

C. Foreign Worker Training Qualifications

Note: This section is required if training, a certification(s), and/or a license(s) is required for the job opportunity. Identify any relevant completed training programs, coursework, and/or other training experience (other than employment) that qualify the foreign worker for the job opportunity for which the employer is seeking permanent labor certification. This may include, but is not limited to, programs, coursework, training experience (other than employment), etc. List the most recent training completed first. Be sure to complete every field for each set. This section will collect three (3) sets of information related to training, certifications, and/or licensure. For electronic filings, if the employer needs to disclose more sections of training, certification, and/or licensure information, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of training, certification, and/or licensure information sets C.a through C.c under this section of the Appendix to complete and attach to the Form ETA-9089. ***Submission of additional training qualifications in any other form or format will not be accepted.***

1. Enter the full name of the institution, school, or training provider that conducted the foreign worker's training. If the foreign worker has completed no training, enter "N/A."

1a. Enter the name of training, coursework, and/or experience received by the foreign worker with the institution, school, or training provider listed in question 1. If the foreign worker has completed no training, enter "N/A."

1b. Enter any license(s), certificate(s), and certification(s) attained or issued as a result of training, coursework, or experienced received by the foreign worker. If the foreign worker has completed no training, enter "N/A."

1c. Enter the month and year the foreign worker began the training, coursework, or experience identified in question 1b. Use a MM/YYYY format. If the foreign worker has completed no training, leave blank.

1d. Enter the month and year the foreign worker ended the training, coursework, or experience identified in question 1b. Use a MM/YYYY format. If the foreign worker has completed no training, leave blank.

1e. Enter the month and year the foreign worker received the license(s), certificate(s), and/or certification(s) as a result of completing the training, coursework, and/or experience identified in question 1b. Use a MM/YYYY format. If the foreign worker has completed no training, leave blank.

D. Foreign Worker Skills, Abilities, and Proficiencies

Note: This section is required if there are special skills, abilities, and/or proficiencies required for the job opportunity. Identify any other relevant specific skills, abilities, and/or proficiencies the foreign worker possesses for the minimum requirements of the job opportunity for which the employer is seeking permanent labor certification. Identify with whom (e.g., employer, school, training provider) and the geographic location (e.g., United States of America, Maryland) the foreign worker attained these skills, abilities, and/or proficiencies. This section will collect two (2) sets of information related to skills, abilities, and/or proficiencies. For electronic filings, if the employer needs to disclose more sections of skills, abilities, and/or proficiencies, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of skills, abilities, and proficiencies sets D.a and D.b under this section of the Appendix to complete and attach to the Form ETA-9089. ***Submission of additional skills, abilities, and/or proficiencies in any other form or format will not be accepted.***

1. Enter the legal business name of the employer or the full name of the institution, school, or training provider from which the foreign worker attained the skills, abilities, and/or proficiencies. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

1a. Enter the country of the employer, institution, school, or training provider where the foreign worker attained the skills, abilities, and/or proficiencies listed in question 1. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

1b. Enter the state, territory, or province of the employer, institution, school, or training provider from which foreign worker attained the skills, abilities, and/or proficiencies listed in question 1. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

1c. In the space provided (up to 1,500 characters), enter a brief description of specific skills, abilities, and/or proficiencies the foreign worker attained for the minimum requirements of the employer's job opportunity. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

E. Foreign Worker Work Experience

Note: This section is required if there are experience requirements for the job opportunity. Identify any relevant employment experiences (other than training) that qualify the foreign worker for the job opportunity for which the employer is seeking permanent labor certification. This may include, but is not limited to, paid and unpaid experience, internships, apprenticeships, etc. List the most recent experience first. This section will collect one (1) set of information related to work experience. For electronic filings, if the employer needs to disclose more sections of work experience, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of the work experience set E.a of the Appendix to complete and attach to the Form ETA-9089. ***The employer must complete every field for each set and submission of additional work experience information in any other form or format will not***

AILA Doc. No. 26112306. (Posted 11/23/26)

be accepted.

DO NOT include contact information (e.g., telephone number, email address) of the employer and the name(s) of the foreign worker's supervisor(s) or manager(s).

DO NOT include periods of unemployment.

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer that employed the foreign worker. If the foreign worker does not have any relevant work experience, enter "N/A."

1a. Enter the street address of the employer identified in question 1. If the foreign worker does not have any relevant work experience, enter "N/A."

1b. Enter additional information about the street address of the employer identified in question 1. If the foreign worker does not have any relevant work experience, or no additional space is needed, enter "N/A."

1c. Enter the city or town of the employer identified in question 1. If the city and country are the same, the name must still be entered in both fields. If the foreign worker does not have any relevant work experience, enter "N/A."

1d. Enter the postal (zip) code of the employer identified in question 1. If the foreign worker does not have any relevant work experience, or the postal code is not known or does not exist, leave blank.

1e. Enter the country of the employer identified in question 1. If the city and country are the same, the name must still be entered in both fields. If the foreign worker does not have any relevant work experience, enter "N/A."

1f. Enter the state, territory, or province of the employer identified in question 1. If the foreign worker does not have any relevant work experience, or no state, territory, or province exists, enter "N/A."

1g. Enter the foreign worker's job title with the employer identified in question 1. If the foreign worker does not have any relevant work experience, enter "N/A."

1h. Enter the month and year the foreign worker started working for the employer identified in question 1. Use a MM/ YYYY format. If the foreign worker does not have any relevant work experience, enter "N/A."

1i. Enter the month and year the foreign worker stopped working or ended employment with the employer identified in question 1. Use a MM/YYYY format. If the foreign worker does not have any relevant work experience, leave blank.

1j. Mark "Yes" to indicate that the foreign worker is currently working for the employer identified in question 1. If the foreign worker is not currently working with the employer identified in question 1, mark "No." If the foreign worker does not have any relevant work experience, leave blank.

AILA Doc. No. 26112306. (Posted 11/23/26)

1k. Enter the normal number of hours the foreign worker worked per week while working for the employer identified in question 1. If the foreign worker does not have any relevant work experience, leave blank.

11. Enter a description of the job duties the foreign worker performed while working for the employer identified in question 1. Include work done, managerial or supervisory functions performed, equipment and tools used, materials or products handled, and all other relevant information (up to 3,500 characters). ***The description must be completed in the space provided.*** If the foreign worker does not have any relevant work experience, enter "N/A."

AILA Doc. No. 26112306. (Posted 11/23/26)

APPENDIX B – Place(s) of Employment

Note: Employers are required to complete Appendix B when "Yes" is marked for question b.1 under Section F on the Form ETA-9089, indicating that work for the job opportunity will be performed in geographic areas other than the one identified under Section F.a on the application.

If filing electronically, Appendix B will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089, Appendix A, and all other required appendices in order for the application to be considered complete. ***In accordance with 20 CFR 656.10(g), incomplete applications will be returned without review and will not retain a filing date.*** Applications and documents submitted by mail should include a cover page with the name, title, address, and phone number of the point of contact. The cover page should also index the documents included in the mailing.

This Appendix will collect five (5) sections of additional place(s) of employment information. For electronic filings, if the employer needs to disclose more sections of information, the filing system will automatically provide the employer with the option of adding more sections of this Appendix until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of this Appendix to complete and attach to the Form ETA-9089. If the employer is required to undergo supervised
recruitment in accordance with 20 CFR 656.21, the Certifying Officer may complete this Appendix, on behalf of the employer and as applicable. All filers must review the Form ETA-9089 for completeness and accuracy prior to submission either by electronic filing or by mail.

Submission of additional place(s) of employment in any other form or format will not be accepted. Additional place(s) of employment must be one or more of the additional place(s) of employment identified in Appendix A of the Form ETA-9141 for this specific job opportunity associated with the PWD tracking number in section of the Form-ETA-9089 and must have the appropriate wage offer rate. Place(s) of employment within the same BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) should also be listed if a Notice of Filing will be posted at that location.

1. Enter the county (or independent city, township(s), borough(s), parish(es), as appropriate) of the place(s) of intended employment.

2. Enter the state of the place(s) of intended employment.

3. Enter the Metropolitan Statistical Area (MSA) Name/Occupational Employment and Wage Statistics (OEWS) area code covering the place(s) of employment.

3a. Enter the MSA/OEWS area title covering the place(s) of employment.

APPENDIX C – Supplemental Information

Note: Employers are required to complete Appendix C when "Yes" is marked in any of the questions 6 through 12 under Section G on the Form ETA-9089. Specifically, this Appendix is used to elaborate or further explain the business necessity of one or more requirements of the employer's job opportunity under consideration for permanent labor certification.

If filing electronically, Appendix C will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089, Appendix A, and all other required appendices in order for the application to be considered complete. ***In accordance with 20 CFR 656.10(g)), incomplete applications will be returned without review and will not retain a filing date.*** Applications and documents submitted by mail should include a cover page with the name, title, address, and phone number of the point of contact. The cover page should also index the documents included in the mailing.

This Appendix will collect two sections of additional information per page. For electronic filings, if the employer needs to disclose more sections of information, the filing system will automatically provide the employer with the option of adding more sections of this Appendix until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of this Appendix to complete and attach to the Form ETA-9089. If the employer is required to undergo supervised recruitment in accordance with 20 CFR 656.21, the Certifying Officer may complete this Appendix, on behalf of the employer and as applicable. ***Submission of additional information in any other form or format will not be accepted.*** All filers must review the Form ETA-9089 for completeness and accuracy prior to submission either by electronic filing or by mail.

1. Enter the Form ETA-9089 Section and Item number associated with the additional information to be disclosed. For example, if the employer marked "Yes" that the job opportunity requires the worker to live on the employer's premises, enter "G.6" in the space provided. Valid values for this item include the following: G.7, G.8, G.9, G.10, G.11 and G.12,.

1a. Enter the Form ETA-9089 section name and category associated with the additional information to be disclosed. For example, if the employer marked "Yes" that the job opportunity requires the worker to live on the employer's premises, enter "Job Information – Living on Employer's Premises" in the space provided. Valid values for this item include the following:

For Item G.6 "Job Information – Living on Employer's Premises"
For Item G.7 "Job Information – Combination of Occupations"
For Item G.8 "Job Information – Foreign Language Required"
For Item G.9 "Job Information – Exceed SVP Level"
For Item G.10 "Job Information – Receipt of Payments"
For Item G.11 "Job Information – Occupational Layoff"
For Item G.12 "Job Information – Employment Relationship"

1b. Enter a brief explanation or business necessity justification in the space provided on the form (up to 1,500 characters). **No attachments will be accepted**.

APPENDIX D – Optional Pre-filing Recruitment for College and University Teachers and Professional Athletes and Sports Team Coaches

Note: Employers are required to complete Appendix D when option 1b under question H.b is selected on the Form ETA-9089. Specifically, this Appendix collects information only if recruitment for the employer's job opportunity is for a college or university teacher or professional athlete or professional sports team coach and the candidate was selected using the optional pre-filing recruitment process in accordance with 20 CFR 656.18.. If the employer is required to undergo supervised recruitment in accordance with 20 CFR 656.21, the Certifying Officer may complete this Appendix, on behalf of the employer, to document recruitment efforts. ***Submission of special recruitment and documentation procedures in any other form or format will not be accepted.*** All filers must review the Form ETA-9089 for completeness and accuracy prior to submission either by electronic filing or by mail.

If filing electronically, Appendix D will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089, Appendix A, and all other required appendices in order for the application to be considered complete. ***In accordance with 20 CFR 656.10(g), incomplete applications will be returned without review and will not retain a filing date.*** Applications and documents submitted by mail should include a cover page with the name, title, address and phone number of the point of contact. The cover page should also index the documents included in the mailing.

1. Enter the date the foreign worker was selected for the position. Use a month/day/full year (MM/DD/YYYY) format.

2. Enter the names of the recruitment source or event for the job opportunity. If not applicable, enter "N/A."

2a. Enter the period of recruitment referenced in question 2 was started. Use a MM/DD/YYYY format. If not applicable, leave blank.

2b. Enter the period of recruitment referenced in question 2 had ended. Use a MM/DD/YYYY format. If not applicable, leave blank.

3. Enter the names of the recruitment source or event for the job opportunity. If not applicable, enter "N/A."

3a. Enter the period of recruitment referenced in question 3 was started. Use a MM/DD/YYYY format. If not applicable, leave blank.

3b. Enter the period of recruitment referenced in question 3 had ended. Use a MM/DD/YYYY format. If not applicable, leave blank.

4. Enter the names of the recruitment source or event for the job opportunity. If not applicable, enter "N/A."

4a. Enter the period of recruitment referenced in question 4 was started. Use a MM/DD/YYYY format. If not applicable, leave blank.

AILA Doc. No. 26112306. (Posted 11/23/26)

4b. Enter the period of recruitment referenced in question 4 had ended. Use a MM/DD/YYYY format. If not applicable, leave blank.

5. Describe additional recruitment conducted by the employer for the position, including sources used. A description must be completed in the space provided. **No attachments will be accepted**. If not applicable, enter "N/A."

APPENDIX E – Assurances and Obligations
For Use in Filing Applications under the PERM Program ONLY

Note: Attorneys or agents are required to complete Section A of Appendix E and employers are required to complete Section B of Appendix E. All filers must review, attest and sign those declarations prior to submission either by electronic filing or by mail.

A. Attorney or Agent Declaration

If "Attorney" or "Agent" is marked in Section C on the Form ETA-9089 , the "Attorney" or "Agent" must complete Section A of Appendix E. In accordance with 20 CFR 656.5, an attorney or agent filing a Form ETA-9089 *Application for Permanent Employment Certification* on behalf of an employer must provide upon request to the Certifying Officer a copy of the agent agreement or other document demonstrating the agent's authority to represent the employer. For more information concerning the definitions of an attorney and agent, please read the Department's regulation at 20 CFR 656.3. This should be the same information as listed in Section C of the Form ETA-9089.

1. Enter the last (family) name of the attorney/agent representing the employer in the filing of this application.
2. Enter the first (given) name of the attorney/agent representing the employer in the filing of this application.
3. Enter the middle initial of the attorney/agent representing the employer in the filing of this application.
4. Enter the firm/business name of the attorney/agent representing the employer in the filing of this application.
5. The attorney/agent must sign the application. Read the entire application and verify all contained information before signing.
6. The attorney/agent must date the application. Use a month/day/full year (MM/DD/YYYY) format.

B. Employer Declaration

1. Enter the last (family) name of the person with authority to sign on behalf of the employer.
2. Enter the first (given) name of the person with authority to sign on behalf of the employer.
3. Enter the middle initial of the person with authority to sign on behalf of the employer.

AILA Doc. No. 26112306. (Posted 11/23/26)

4. Enter the job title of the person with authority to sign on behalf of the employer.

5. The person with authority to sign on behalf of the employer must sign the application. Read the entire application and verify all contained information before signing.

6. The person with authority to sign on behalf of the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format.

Form ETA-9089 – Final Determination: Permanent Employment Labor Certification Approval

Note: The instructions detailed below are specifically for applications that have been certified by the Department. This information ensures that the employer, preparer and foreign worker understand that by signing the application, they are declaring that the information provided in the submitted application is correct and true, and that the agent/attorney is authorized to act on behalf of the employer under penalty of perjury.

A submitted Form ETA-9089 resulting in certification MUST be signed immediately upon receipt from DOL before it can be submitted to USCIS for final processing. When the Department enables the electronic filing system to receive electronic signatures, the employer, foreign worker, attorney, agent, and preparer, as appropriate, will be required to sign the labor certification electronically prior to submission.

A. For Government Use Only

This section identifies key information documenting the Department's decision to grant permanent labor certification on the Form ETA-9089 for purposes of filing the Form I-140 petition with USCIS. This information is pre-populated by the Department and is ***for government use only***.

B. Foreign Worker Declaration

Note: The foreign worker is required to review the information detailed in Appendix A of the Form ETA-9089 for accuracy and completeness.

1. The foreign worker must sign, by hand or electronically, their full name in (first name or given name) and (last name or family name) format. If the foreign worker has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field. For example: "John Doe" or "FNU Doe."

2. The foreign worker must enter the date the foreign worker signed field number 1 of this form in MM/DD/YYYY format.

C. Attorney or Agent Declaration

Note: This information is required if there is an attorney or agent who was hired to represent the employer for the purpose of filing a Form ETA-9089. This should be the same information as listed in Section C of the Form ETA-9089. This may also be the preparer listed in section J of the Form ETA-9089.

1. Enter the last (family) name of the attorney/agent.

2. Enter the first (given) name of the attorney/agent.

AILA Doc. No. 26112306. (Posted 11/23/26)

3. Enter the middle initial of the attorney/agent, if applicable. If the attorney/agent does not have a middle name, enter "N/A."

4. Enter the attorney/agent's law firm or business name. The attorney/agent's law firm or business name is the exact name that is reported to the IRS.

5. If the employer has designated an attorney/agent to represent the employer for the purpose of filing a Form ETA-9089, the attorney or agent must sign by hand or electronically their full name in (first name or given name) and (last name or family name) format. If the attorney or agent has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field. For example: "John Doe" or "FNU Doe."

6. The Attorney/Agent must enter the date the attorney/agent signed field number 5 of this form in MM/DD/YYYY format.

D. Employer Declaration

Note: This information must either be the employer's point of contact listed in section B of the Form ETA-9089 or another individual that has hiring authority for the employer. This may also be the preparer listed in section J of the Form ETA-9089.

1. Enter the last (family) name of the employer.

2. Enter the first (given) name of the employer.

3. Enter the middle initial of the employer, if applicable. Enter "N/A" if not applicable.

4. Enter the employer's job title.

5. The employer must sign by hand or electronically their full name in (first name or given name) and (last name or family name) format. If the employer has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field. For example: "John Doe" or "FNU Doe."

6. The employer must enter the date the employer signed field number 5 of this form in MM/DD/YYYY.

AILA Doc. No. 26112306. (Posted 11/23/26)

OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor

***IMPORTANT**: Please review and read the filing instructions carefully before completing the Form ETA-9089. A copy of the instructions can be found at https://www.dol.gov/agencies/eta/foreign-labor. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional and must be completed if applicable as indicated by the section (§) symbol.*

In accordance with Federal Regulations at 20 CFR 656.10, incomplete applications will be returned by the Department of Labor without review and will not retain a filing date. If submitting this form non- electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank and, at the end of each page, the electronic filing system will ask you to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

A. Employer Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. Address 2 *(apartment/suite/floor and number)* §		
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 *	
14. Number of current employees on payroll in the place(s) of intended employment *	15. Year Commenced Business * (if household, year issued FEIN)	
16. Is the employer a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest? *	☐ Yes ☐ No	
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators? *	☐ Yes ☐ No	

B. Employer Point of Contact Information

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 C, except when the attorney is an employee of the employer.

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 *(apartment/suite/floor and number)* §		
7. City *	8. State *	9. Postal Code *
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address *

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor

C. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * *(complete the remainder of this section if "Attorney" or "Agent" is marked)*		☐ Attorney ☐ Agent ☐ None
2. Attorney or Agent's Last (family) Name §	3. First (given) Name §	4. Middle Name(s) §
5. Address 1 §		
6. Address 2 *(apartment/suite/floor and number)* §		
7. City §	8. State §	9. Postal Code §
10. Country §	11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address §
15. Law Firm/Business Name §		16. Law Firm/Business FEIN §

If "Attorney" is marked in question C.1 or an Attorney is acting as an "Agent", complete questions 17 to 19 below.	
17. State Bar Number(s) §	18. State of highest court where attorney is in good standing §
19. Name of the highest state court where attorney is in good standing §	

D. Foreign Worker Information

1. A completed **Appendix A** identifying the foreign worker being sponsored for permanent employment by the employer named in Section A of this application is attached. *	☐ Yes ☐ No
2. Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application? *	☐ Yes ☐ No

E. Job Opportunity and Wage Information

1. Enter the valid Prevailing Wage Determination (PWD) case number issued by the Department of Labor to identify the job opportunity and prevailing wage(s) covered by this application. *	
2. If a valid PWD has not been obtained due to the employer being required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21, indicate whether a completed Form ETA-9141 is attached to this application. *	☐ Yes ☐ No ☐ N/A
3. Offered Wage * From: $ ☐ ☐ * To: $ ☐ ☐	4. Per *(Choose only one)* * ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year
5. Additional conditions about the offered wage. *(Enter up to 500 characters)* §	

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

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT OF LABOR USE ONLY

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor

F. Information

a. *Place of Employment Information*

1. Type of place of employment that best describes where work will be performed (Choose only one): *
   a. ☐ Employer's business premises
   b. ☐ Employer's private household (includes live-in and domestic household worker)
   c. ☐ Employee's private residence (when work is performed directly out of the residence)
   d. ☐ No one specific place of employment or physical location
   e. ☐ Third-party business premises

If submitting this form non-electronically and marked "No one specific place of employment or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2- 7 below, mark questions 8 and 8a, and continue to Section F.b.

2. Indicate whether the worker subject to this *Application for Permanent Employment Certification* will be placed with a third-party entity at this place of employment. *	☐ Yes ☐ No ☐ N/A
3. If "Yes" to question 2, provide the legal business name of the third-party entity. §	
4. Place of Employment Address *	
5. Place of Employment Address § *(apartment/suite/floor and number)*	
6. City *	7. County *
8. State/District/Territory *	9. Postal Code *
10. MSA/OEWS Area Code *	10a. MSA Name/OEWS Area Title *

b. *Additional Places of Employment*

1. Will work be performed in geographic areas other than the one identified in Section F.a above? *	☐ Yes ☐ No
2. If "Yes" is marked in question F.b.1, indicate whether a completed **Appendix B** is attached to this application. §	☐ Yes ☐ No ☐ N/A

c. *Other Definable Geographic Area(s)*

Complete this question where the specific MSA(s) are not known or the expected place(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A." If the job opportunity requires roving, travel or possible relocation, enter the phrase "Various Places of Employment," otherwise, enter "N/A".

1. Identify the geographic area(s) where work will be performed. For example, this can include a listing of cities or townships/states, counties/states, or states located within a geographic region *(up to 1,500 characters).* §

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

FOR DEPARTMENT OF LABOR USE ONLY

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor

G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	❑ Yes ❑ No
2. Is the employer seeking permanent labor certification to employ a foreign worker as a live-in household domestic service worker? *	❑ Yes ❑ No
3. Is the foreign worker currently working for the employer submitting this application? *	❑ Yes ❑ No
3a. If "Yes" in Question G.4, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1. §	❑ Yes ❑ No ❑ N/A
3b. If "Yes" in Questions G.4 and G.4a, please select the applicable statement describing the employer's willingness to accept any suitable combination of education, experience, or training. §	❑ I ACCEPT ❑ I DO NOT ACCEPT
4. Is the employer relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	❑ Yes ❑ No
4a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity identified in Section F of the PWD identified in Question E.1? §	❑ Yes ❑ No ❑ N/A
4b. If "Yes" in Question G.5, did the employer pay for any of the foreign worker's education or training necessary to satisfy any of the employer's requirements for the job opportunity identified in Section F of the PWD identified in Question E.1? §	❑ Yes ❑ No ❑ N/A
5. Is the employer seeking permanent labor certification to employ a foreign worker as a professional athlete or professional sports team coach? *	❑ Yes ❑ No

If "Yes" is marked in any of the questions below, complete one (1) section of the Form ETA-9089, Appendix C to provide a brief explanation justifying the response.	
6. Does the job opportunity require the worker to live on the employer's premises? *	❑ Yes ❑ No
7. Does the job opportunity identified in Section F of the PWD identified in Question E.1 involve a combination of occupations? *	❑ Yes ❑ No
8. Is proficiency in a foreign language required or preferred to perform the job duties identified in Section F of the PWD identified in Question E.1? *	❑ Yes ❑ No
9. Do the job requirements identified in Section F of the PWD identified in Question E.1 exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones? *	❑ Yes ❑ No ❑ N/A
10. Has the employer received payment of any kind for the submission of this application? *	❑ Yes ❑ No
11. Has the employer had a layoff in the occupation involved in this application or in a similar occupation within two years immediately preceding the filing of this application in the area of intended employment for the place(s) of employment? *	❑ Yes ❑ No
12. Has the employer placed the foreign worker identified in Appendix A of this application with another employer, where there are indicia of an employment relationship between the foreign worker and that other employer, that had a layoff in the occupation involved in this application or in a similar occupation within two years immediately preceding the filing of this application in the place(s) of intended employment? *	❑ Yes ❑ No

FOR DEPARTMENT OF LABOR USE ONLY

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

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor

H. Recruitment Information

a. *Supervised Recruitment*

1. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21? *	☐ Yes ☐ No

b. *Recruitment Type - All must complete this section.*

Mark ONE appropriate box below: *

☐	1a. Recruiting for this application was conducted in accordance with 20 CFR 656.17.
☐	1b. This application is for a **college or university teacher, or a professional athlete or professional sports team coach** and the candidate was selected using the **competitive recruitment process** in accordance with 20 CFR 656.18. *(Skip c. and d. of Section H. and go to Appendix D)*
☐	1c. The application is for r a foreign worker identified in Appendix A of this application who the employer claims possesses exceptional ability.,

c. *Pre-Filing Recruitment Information*

Complete this section if 1a is marked in Question H.b above.			
1a. Name of the State Workforce Agency (SWA). §		1b. Job Order Number. §	
1c. Start date of SWA job order		1d. End date of SWA job order §	

Recruitment Type §	*Name of Recruitment Source or Event §*	*Period of Advertising §*			
2a.	2b.	2c. From:		2d. To:	
3a.	3b.	3c. From:		3d. To:	
4a.	4b.	4c. From:		4d. To:	
5a.	5b.	5c. From:		5d. To:	
6a.	6b.	6c. From:		6d. To:	
7a.	7b.	7c. From:		7d. To:	

d. *Notice of Filing - All must complete this section.*

Mark ALL that apply in the appropriate box(es) below*:

☐	1a. **Bargaining Representative** Notice of this filing has been provided to the bargaining representative(s) for workers in the occupation in which the foreign worker will be employed within 10 business days before the date this application was filed and will continue to be available to the bargaining representative(s) throughout the period specified in 20 CFR 656.14(f).
☐	1b. **No Bargaining Representative – Physical Notice** Notice of this filing has been physically posted to in at least 2 conspicuous locations at the place(s) of employment within 10 business days before the date this application was filed and will continue to available to employees throughout the period specified in 20 CFR 656.14(f).
☐	1c. **No Bargaining Representative – Electronic Notice** Notice of this filing has been disseminated electronically, which is the employer's normal practice of informing employees about terms and conditions of employment, within 10 business days before the date this application was filed and will continue to be available to employees throughout the period specified in 20 CFR 656.14(f).
☐	1d. **No Bargaining Representative – In-House Media** Notice of this filing has been disseminated using all in-house media, which is the employer's normal practice of informing employees about terms and conditions of employment, within 10 business days before the date this application was filed and will continue to available to employees throughout the period specified in 20 CFR 656.14(f).
☐	1e. **No Bargaining Representative – Private Household Employing U.S. Workers** Notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing employees in the private household, within 10 business days before the date this application was filed and will continue to be available to employees throughout the period specified in 20 CFR 656.14(f).

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

☐	1f. The employer **DID NOT** post the notice of filing.

Complete this section by adding the start date of the Notice of Filing if any box in section H.d.1.a to H.d.1.e above is marked above, the employer MUST complete this section.	
1g. Date notice provided to the bargaining representative(s) or, if there is no bargaining unit, the start date of the physical or electronic posting(s) *	

I. Other Supporting Documentation

1. A completed recruitment report, signed and dated by the employer identified in Section A of this application, meeting the requirements set forth at 20 CFR 656.17(f) is attached? *	☐ Yes
2. A complete copy of all documents used to recruit U.S. workers for the job opportunity identified in this application, meeting the requirements set forth at 20 CFR 656.17 or 656.18 is attached?	☐ Yes
3. A complete copy of all resumes and/or applications of U.S. workers who applied for the job opportunity listed by the employer identified in this application is attached?	☐ Yes

J. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for applying and receiving a permanent labor certification from the U.S. Department of Labor. Applications that fail to attach **Appendix E** will be considered incomplete and will be returned without review and will not retain a filing date.

1. A signed and dated **Appendix E** for the employer identified in Section A of this application is attached. *	☐ Yes

K. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section B (employer point of contact) or Section C (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Name(s) §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

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

AILA Doc. No. 26112306. (Posted 11/23/26)

OMB Approval: 1205-0451
Expiration

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A: Foreign Worker Information
U.S. Department of Labor

FOREIGN WORKER INFORMATION

A. *Foreign Worker Contact Information*

1. Foreign Worker's Last (family) Name *		
2. Foreign Worker's First (given) Name *		
3. Foreign Worker's Middle Name(s) *		
4. Address 1 *(current)* *		
5. Address 2 *(apartment/suite/floor and number)* §		
6. City *	7. State *	8. Postal Code *
9. Country *	10. Province §	
11. Date of Birth *(mm/dd/yyyy)* *	12. Class of Admission *	13. Alien Registration Number (A#) (if applicable) *
14. Country of Birth *		
15. Country of Citizenship or Nationality *		

B. *Foreign Worker Education §*

a. *Educational Attainment Information 1*

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of institution identified in question 1c	1e. Month/year attained *(mm/yyyy)*

b. *Educational Attainment Information 2*

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained *(mm/yyyy)*

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____
AILA Doc. No. 26112306. (Posted 11/23/26)

Application for Permanent Employment Certification
Form ETA-9089 – APPENDIX A: Foreign Worker Information
U.S. Department of Labor

***B. Foreign Worker Education** (continued)*

c. Educational Attainment Information 3

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)

d. Educational Attainment Information 4

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)

e. Educational Attainment Information 5

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)

C. Foreign Worker Training Qualifications §

a. Training, Certification(s), and/or License(s) Information 1

1. Name of Institution/School/Training provider
1a. Name of training, coursework, experience received

AILA Doc. No. 26112306. (Posted 11/23/26)

1b. Training/Certifications/licenses attained (if applicable)		
1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)

b. Training, Certification(s), and/or License(s) Information 2

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/Certifications/Licenses attained (if applicable)		
1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)

c. Training, Certification(s), and/or License(s) Information 3

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/certifications/licenses attained (if applicable)		
1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)

D. Foreign Worker Skills, Abilities and Proficiencies §

a. Skills, Abilities, and Proficiencies 1

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity *(up to 1,500 characters)*	

AILA Doc. No. 26112306. (Posted 11/23/26)

b. Skills, Abilities, and Proficiencies 2

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity *(up to 1,500 characters)*	

E. Foreign Worker Work Experience §

a. Work Experience 1

1. Employer Name			
1a. Address 1			
1b. Address 2			
1c. City or Town			1d. Postal Code
1e. Country	1f. State, Territory, or Province		
1g. Job Title			
1h. Start Date *(mm/yyyy)*	1i. End Date *(mm/yyyy)*	1j. Present ☐ Yes ☐ No	1k. Hours Worked Per Week

AILA Doc. No. 26112306. (Posted 11/23/26)

1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (*up to 3,500 characters*)

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

AILA Doc. No. 26112306. (Posted 11/23/26)

OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089 – Appendix B: Additional Place(s) of Employment
U.S. Department of Labor

ADDITIONAL PLACE(S) OF EMPLOYMENT

A. Additional Place of Employment 1 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

B. Additional Place of Employment 2 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

C. Additional Place of Employment 3 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

D. Additional Place of Employment 4 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

E. Additional Place of Employment 5 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

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

Application for Permanent Employment Certification
Form ETA-9089 – Appendix C: Supplemental Information
U.S. Department of Labor

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number		1a. Section Name or Category of Supplemental Information	
1b. Supplemental Information. *(up to 1,500 characters)*			

B. Supplemental Information 2 §

1. Section and Item Number		1a. Section Name or Category of Supplemental Information	
1b. Supplemental Information. *(up to 1,500 characters)*			

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

OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

OPTIONAL PRE-FILING RECRUITMENT FOR COLLEGE AND UNIVERSITY TEACHERS AND PROFESSIONAL ATHLETES AND PROFESSIONAL SPORTS TEAM COACHES

1. Specify the date the foreign worker was selected for the position. *		
Name(s) of Recruitment Source or Event	**Period of Recruitment**	
2. §	2a. From: §	2b. To: §
3. §	3a. From: §	3b. To: §
4. §	4a. From: §	4b. To: §
5. Additional recruitment information *(up to 3,500 characters)*. §		

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

AILA Doc. No. 26112306. (Posted 11/23/26)

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

FOR DEPARTMENT OF LABOR USE ONLY

OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment Certification
Form ETA-9089 – Appendix E: Assurances and Obligations
U.S. Department of Labor

For Use in Filing Applications under the PERM Program ONLY

ASSURANCES AND OBLIGATIONS

A. Attorney or Agent Declaration

I hereby declare under penalty of perjury that I am an attorney or agent for the employer and that I have been designated by that employer to act on its behalf in connection with this application. I have retained an executed agent agreement that is available upon request by the Department, in accordance with 20 CFR 656.5.

***I HEREBY CERTIFY** that I have provided to the employer the Form ETA-9089, including all applicable appendices and supporting documentation, for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and/or any supplement hereto, or to aid, abet, or counsel another to do so, is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. §§ 2, 1001, 1546, 1621).*

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Firm/Business Name *		
5. Signature *		6. Date Signed *

B. Employer Declaration

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

Bona Fide Job Opportunity and Non-Discrimination

1. The job opportunity identified in the *Application for Permanent Employment Certification* is a bona fide full-time permanent position and the terms and conditions of employment comply with applicable Federal, State, and local laws and regulations.
2. The job opportunity has been and will continue to be open to any qualified U.S. worker, regardless of race, color, national origin, age, sex, pregnancy, religion, disability, genetic information, or citizenship status, through the date on which the Immigrant Petition is approved by USCIS or the date of determination if the *Application for Permanent Employment Certification* or Immigrant Petition is denied or withdrawn, whichever is later.
3. Rejection(s) of any U.S. worker(s) who applied or apply for the job were or will be only for lawful, job-related reasons, and those not rejected on this basis have been or will be hired. The employer has not and will not reject any qualified U.S. worker over the prospective foreign worker based on any cost justifications, including those based on differences in any term, condition, or privileges of employment, including compensation and fringe benefits, between any qualified U.S. worker and the prospective foreign worker. The employer has and will continue to retain records of any hire(s) and rejection(s) as required by this part.
4. The employer has complied, and will continue to comply with:
   (a) Title VII of the Civil Rights Act of 1964, 42 U.S.C. 2000e *et seq.*, which prohibits discrimination in hiring, discharge, compensation, and the terms, conditions, or privileges of employment because of race, color, religion, sex, or national origin, including discriminating against U.S. workers because of their national origin and in favor of workers of a different national origin, and which is primarily enforced by the Equal Employment Opportunity Commission; and
   (b) 8 U.S.C. 1324b, which prohibits discrimination in hiring, recruitment or referral for a fee, and discharge because of citizenship status against protected individuals as defined in 8 U.S.C. 1324b(a)(3) (including U.S. citizens and nationals, lawful permanent residents, refugees, and asylees), prohibits discrimination because of national origin by employers with four or more employees that are not covered by Title VII, prohibits unfair documentary practices in the employment eligibility verification process, and prohibits retaliation, and which is enforced by Department of Justice.

   Note: Nothing in part 656 limits any obligation under these laws, and compliance with part 656 is not a defense to liability under these laws.
5. The employer has offered, and will continue to offer, to every able and qualified U.S. worker who applies for, is referred to, or is employed in the job opportunity or in a similarly situated position, terms, conditions, and privileges of employment—including hiring, job assignments, compensation, hours of work, training, fringe benefits, promotion, and demotion—that are no less favorable than those offered to the foreign worker who is the subject of the *Application for Permanent Employment Certification*. **Note:** This is a wage-and-working-conditions requirement of the permanent labor certification program; it does not construe, limit, or expand Title VII of the Civil Rights Act of 1964, 8 U.S.C. 1324b, or any other law.

No Strike, Lockout, or Work Stoppage

6. This job opportunity, including all places of employment for which the employer is requesting permanent labor certification, is not vacant because the former occupant(s) is (are) on strike or being locked out in the course of a labor dispute involving a work stoppage.

Offered Wage and Ability to Pay Guarantees

7. The employer has offered, and will continue to offer a wage that equals or exceeds the highest of the applicable Federal, State, or local

AILA Doc. No. 26112306. (Posted 11/23/26)

minimum wage, or the prevailing wage determination for the occupation that is issued by the Department to the employer, as reflected on the *Application for Permanent Employment Certification*. If, after the issuance of a prevailing wage determination, the Department issues a new or revised prevailing wage determination that is assigned to the employer's *Application for Permanent Employment Certification*, the employer will offer a wage that equals or exceeds the highest of the new prevailing wage or the applicable Federal, State, or local minimum wage, unless notified otherwise by the Department.

8. The employer has offered, and will continue to offer a wage that does not and will not result in less favorable treatment in compensation, fringe benefits, or other terms, conditions, and privileges of employment for current or prospective U.S. workers employed in, or seeking to be employed in, similarly situated positions at the employer, as required by all applicable federal anti-discrimination laws and regulations under Title VII of the Civil Rights Act of 1964 and the Immigration and Nationality Act's Antidiscrimination Provision, 8 U.S.C. Section 1324b.
9. The employer has offered, and will continue to offer a wage that is not based on commissions, bonuses or other incentives, unless the employer guarantees an offered wage earned on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
10. The employer has offered, and will continue to offer a wage that the employer has the ability to pay with existing, internally-available, non-contingent financial resources owned by the employer at the time of filing the *Application for Permanent Employment Certification*, for work performed in the job opportunity identified in the *Application for Permanent Employment Certification*. The employer will be able to place the foreign worker on the employer's payroll on or before the date of application for a visa and admission to the United States.

Good Faith Recruitment of U.S. Workers.

11. The employer has conducted, and will continue to conduct, recruitment of U.S. workers, as required under this part, in good faith in the same manner, through the same channels, and on terms no less favorable to U.S. workers as those on which it normally recruits and considers U.S. workers in the same job opportunities for which the employer does not seek labor certification to employ a foreign worker(s). This applies to, but is not limited to, the following:

    (a) The method, manner, and location of job postings (e.g., online versus paper job postings; posting in an employer's centralized job webpage versus specialized, PERM-specific job webpages) and the duration of any job posting;

    (b) The method by which an applicant may apply (e.g., online via a centralized employer website versus PERM-specific email addresses, fax, or paper applications);

    (c) The description of the job opportunity, qualifications, and requirements needed to perform the work, which cannot be tailored to the prospective foreign worker and the requirements for applying cannot be unduly restrictive so as to make it difficult for U.S. workers to be deemed qualified.

    (d) If the employer wishes to require interviews, it must conduct those interviews by phone or provide an alternative method (e.g., virtual meetings or conferencing, cloud calls) for the interviews to be conducted in the location where the U.S. worker(s) is/are being recruited so that the worker incurs little or no cost due to the interview. The employer cannot provide a prospective foreign worker with more favorable treatment than U.S. workers with respect to the requirements for applying and conducting interviews for the job opportunity. The employer representative conducting the interview must be a U.S. worker and one who normally interviews or considers, on behalf of the employer, applicants for job opportunities such as that offered the foreign worker which do not involve labor certifications.

    (e) Each method by which a U.S. worker may apply for the job opportunity must be operational, monitored, and capable of receiving and retaining applications throughout the period of recruitment, and the employer must retain and submit evidence of its operation as required by § 656.17(g); and

    (f) Recruitment for the job opportunity through any method, channel, or procedure that is less accessible or less favorable to U.S. workers than the employer's ordinary recruitment for similar job opportunities, or through an application channel that does not meet paragraph (d)(4) of this section, is presumed not to have been conducted in good faith; is an independent ground for denial under § 656.24; and will be referred under § 656.31(b) to DOJ and, where the facts indicate possible discrimination because of national origin, to the EEOC.

Layoffs and Consideration of Laid-off U.S. workers

12. Within two years prior to filing this application, the employer has not laid off any U.S. worker(s) in the same or similar occupation (i.e., the same SOC code or a substantially comparable position) that is the subject of the *Application for Permanent Employment Certification* in the area of intended employment of the place(s) of employment, including the placement of the foreign worker with another employer subject to 20 CFR 656.13(f).
13. If a layoff of any such U.S. worker(s) occurs after filing the application and before the date on which the Immigrant Petition is approved by USCIS, or the date of determination if the *Application for Permanent Employment Certification* or Immigrant Petition is denied or withdrawn, whichever is later, the employer:

    (a) Will notify the NPC, and USCIS in the case of a pending Immigrant Petition, in writing or by any other method specified by the Department in a notice published in the Federal Register or specified by USCIS not later than 5 business days after such layoff(s) occurs; and

    (b) Will offer the job opportunity that is the subject of the *Application for Permanent Employment Certification* to those laid-off U.S. worker(s) at no less than the offered wage and on the terms and conditions stated in the *Application for Permanent Employment Certification*, and document whether the U.S. worker(s) refused the job opportunity, was rejected for the job opportunity for lawful, job-related reasons, or was hired.

Placing Contract Workers with Other Employers Engaging in Layoffs Prohibited

14. The employer has not placed, and will not place, the foreign worker who is the subject of the *Application for Permanent Employment Certification* with another employer (including that employer's parent, subsidiary, or affiliate) where:

    (a)There are indicia of an employment relationship between the foreign worker and that other employer, consistent with the criteria set forth

AILA Doc. No. 26112306. (Posted 11/23/26)

in 20 CFR 655.738(d)(2); and

(b)The other employer laid off U.S. workers in its workforce who are employed in the same or similar occupation that is the subject of the *Application for Permanent Employment Certification*, between the date that is two years prior to the filing of the application and the date on which the Immigrant Petition is approved by USCIS or the date of determination if the *Application for Permanent Employment Certification* or Immigrant Petition is denied or withdrawn, whichever is later.

Compliance with Prohibition on Improper Commerce and Employees Paying Fees.

15. The employer and its agents, attorneys, and/or employees have not offered, and will not seek to offer, for sale, barter or purchase to any individual or entity *Applications for Permanent Employment Certification* at any time, including applications certified by the Department, and have not sought or received, and will not seek to receive, payment of any kind from the worker(s) for any activity related to obtaining permanent labor certification, including payment of the employer's attorneys' fees, whether as an incentive or inducement to filing, or as a reimbursement for costs incurred in preparing or filing a permanent labor certification application, except when work to be performed by the foreign worker in connection with the job opportunity would benefit or accrue to the person or entity making the payment, based on that person's or entity's established business relationship with the employer. A foreign worker may pay his or her own costs in connection with a labor certification, including attorneys' fees for representation of the foreign worker, except where the same attorney represents both the foreign worker and the employer, such costs shall be borne by the employer. Payment includes, but is not limited to, monetary payments; wage concessions, including deductions from wages, salary, or benefits; kickbacks, bribes, or tributes; in kind payments; and free labor.

Compliance with Applicable Laws

16. The employer has complied and will continue to comply with applicable Federal, State and local employment-related laws and regulations, including, but not limited to, employment-related health and safety laws, Federal, State, and local anti-discrimination laws, including Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e *et seq.*) and 8 U.S.C. 1324b; anti-trafficking laws, including 18 U.S.C. chapter 77, and all applicable provisions of the Fair Labor Standards Act, 29 U.S.C. 201 *et seq.* In addition, the employer and its agents and attorneys are prohibited from holding or confiscating workers' passports, visas, or other immigration documents pursuant to 18 U.S.C. 1592(a).

Compliance with Record Retention Requirements

17. The employer filing an *Application for Permanent Employment Certification* will retain all documents and records demonstrating compliance with this part 656 for a period of five (5) years from the latest of the following dates: the date on which the Immigrant Petition is approved by USCIS; the date the approved *Application for Permanent Employment Certification* expires, if the employer does not file an Immigrant Petition using the certification; or the date the *Application for Permanent Labor Certification* or Immigrant Petition is denied or withdrawn.

Cooperation with Federal Compliance Reviews

18. The employer will fully cooperate with any audit, supervised recruitment, compliance review, evaluation, or inspection conducted by DOL and any other federal agency related to compliance with this part 656.

I **hereby designate** the agent or attorney identified in Section C (if any) of the Form ETA-9089 and Section A above to represent me for the purpose of labor certification and, by virtue of my signature in Block 5 below, I **take full responsibility** for the accuracy of any representations made by my agent or attorney on every page of the Form ETA-9089, including all applicable appendices and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, including all applicable appendices and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. §§ 2, 1001, 1546, 1621).*

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Title *		
5. Signature *		6. Date Signed *

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

AILA Doc. No. 26112306. (Posted 11/23/26)

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Employment Certification Approval
U.S. Department of Labor

PERMANENT EMPLOYMENT CERTIFICATION APPROVAL

A. U.S. Government Agency Use Only

Pursuant to the provisions of Sections 212(a)(5)(A) of the Immigration and Nationality Act, as amended, the Department hereby certifies that there are not sufficient workers who are able, willing, and qualified, and who will be available at the time of application for a visa and admission into the United States and place needed to fill the job opportunities for which certification is sought, and the permanent employment of the foreign worker will not adversely affect the wages and working conditions of workers in the United States similarly employed.

Therefore, by virtue of the signature below, the Department hereby acknowledges granting certification for the following *Application for Permanent Employment Certification* (Form ETA-9089):

1. DOL Case Number		2. Case Status
3. Employer Legal Business Name		4. Employer FEIN
5. Foreign Worker's Last (family) Name		
6. Foreign Worker's First (given) Name		
7. Foreign Worker's Middle Name(s)		
8. Job Title		
9. SOC Code	10. SOC Occupational Title	
Labor Certification Validity Information		
11. Filing Date	12. Determination Date	13. Expiration Date
14. Department of Labor Office of Foreign Labor Certification *(electronic signature)*		

Pursuant to 20 CFR 656, the aforementioned permanent labor certification is valid only for the job opportunity, the foreign worker, the place(s) of intended employment, and the employer specified on the approved Form ETA-9089, including all appendices and any modifications approved by the Department. The aforementioned filing date on this approved *Application for Permanent Employment Certification*, established under 20 CFR 656.10(f), may be used as a priority date by the Department of Homeland Security and the Department of State, as appropriate. This approved *Application for Permanent Employment Certification* will expire if not filed in support of an initial *Immigrant Petition for Alien Workers* (Form I-140) with the Department of Homeland Security within 180 calendar days of the aforementioned certification date.

The foreign worker covered by this approved *Application for Permanent Employment Certification* has declared in Section B below, under penalty of perjury, that the foreign worker has read and reviewed every page of Appendix A of this approved Form ETA-9089, takes full responsibility for the accuracy of all information contained therein, and intends to accept permanent employment in the job opportunity specified on the approved Form ETA-9089, including all appendices, offered by the employer, if granted a visa or an adjustment of status based on this permanent labor certification.

The employer covered by this approved *Application for Permanent Employment Certification* has declared in Section D below under penalty of perjury that it has read and reviewed every page of this approved Form ETA-9089, including all appendices, and takes full responsibility for the accuracy of all information contained therein and all documentation supporting this approved *Application for Permanent Employment Certification*, including any representations made by the employer's authorized preparer, agent or attorney, as applicable.

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Labor Certification Approval
U.S. Department of Labor

B. Foreign Worker Declaration

I declare under penalty of perjury that I have read and reviewed all information contained in Appendix A of this approved Form ETA-9089, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

I further declare that I am the person identified under Section A, Fields 5, 6, and 7 above. I did not participate in any activities involving the interviewing or consideration of U.S. workers and intend to accept permanent employment in the job opportunity specified on this approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

1. Signature *	2. Date Signed *

C. Attorney or Agent Declaration

I declare under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9089, and that I have been designated by that employer in accordance with 20 CFR 656.4(a) to act on its behalf in connection with this application.

I hereby certify that I have provided to the employer the entire Form ETA-9089, appendices, and all required supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Firm/Business Name §		
5. Signature *	6. Date Signed *	

D. Employer Declaration

I hereby designate the agent or attorney identified in Section C (if any) of the Form ETA-9089 to represent me for the purpose of labor certification and, by virtue of my signature in Field 5 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney, and my designated preparer identified in Section C above, on every page of the Form ETA-9089, including all appendices, and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, appendices, and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Title *		
5. Signature *	6. Date Signed *	

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

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

SUPPORTING STATEMENT
APPLICATION FOR PERMANENT EMPLOYMENT CERTIFICATION
OMB Control Number 1205-0451

Introduction: *The Department Labor's (Department or DOL) Employment and Training Administration (ETA) is publishing a Notice of Proposed Rulemaking (NPRM or proposed rule) that modernizes aspects of the program through which the Department certifies job opportunities offered by U.S. employers seeking to employ foreign nationals on a permanent basis. The proposed rule better aligns the Program Electronic Review Management (PERM) program with the objectives of the employment-based immigration system, and the needs of foreign workers and the U.S. employers who sponsor them for permanent positions and lawful permanent resident (LPR) status. Th proposed rule is eliminating further administration of job opportunities covered by Schedule A; improving the minimum standards of recruitment to ensure all employers seeking labor certification access the broadest pool of high-quality U.S. workers using the latest technologies and methods; strengthening safeguards to U.S. workers impacted by layoffs, including those laid off by employers using third-party staffing companies and establishing standards for employers to report layoffs; clarifying and expanding requirements for employers to provide notice of filing applications for permanent labor certification; improving employer compliance with program requirements and consideration of qualified U.S. workers that is comparable to job opportunities for which permanent labor certification is not required; and codifying the Department's practice of electronically receiving, processing, and issuing final determinations on employer requests for prevailing wages and permanent labor certifications..*

Additionally, DOL requests an amendment for this Information Collection Request (ICR), which includes Form ETA-9089, Application for Permanent Employment Certification, Appendix A: Foreign Worker Information, Appendix B: Additional Worksite Information, Appendix C: Supplemental Information, Appendix D: Special Recruitment for College and University Teachers, Appendix E: Assurances and Obligations and Form ETA-9089, Final Determination: Permanent Employment Certification Approval, along with its accompanying instructions.

A. Justification.

A1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

The information collection for form OMB Control Number 1205-0451 is required by sections 203(b)(2) and (b)(3) and 212(a)(5)(A) of the Immigration and Nationality Act (INA) (8 U.S.C. 1153(b)(2) and (b)(3) and 1182(a)(5)(A)). The Department and the Department of Homeland Security (DHS) have promulgated regulations to implement these provisions of the INA at 20 CFR part 656 and 8 CFR 204.5, respectively.

AILA Doc. No. 26112306. (Posted 11/23/26)

Furthermore, the INA mandates the Secretary of Labor to certify that any foreign worker seeking to enter the United States for the purpose of performing skilled or unskilled labor is not adversely affecting wages and working conditions of U.S. workers similarly employed and that there are not sufficient U.S. workers able, willing, qualified, and available to perform such skilled or unskilled labor. Before an employer may request any skilled or unskilled foreign labor, it must submit a request for certification to the Secretary of Labor containing the elements prescribed by the INA and the regulations or, in limited circumstances, apply for a waiver thereof with DHS. The Department's foreign employment certification regulations require employers to document their recruitment efforts and substantiate the reasons no U.S. workers were hired.

Consequently, the information collected on the form is used not only by the Department, but also by other federal agencies in furtherance of meeting the requirements of the INA. The Department uses the information collected to provide employment certifications for foreign workers seeking to enter the United States on a permanent basis. DHS also uses the form to analyze the foreign worker's background and experience for Schedule A occupations and sheepherders in accordance with INA § 203(b)(2)(B)(i) (8 U.S.C. § 1153) and 8 CFR 204.5(k)(4)(ii).

The Department relies on this information collection (IC) for processing applications for the permanent labor certification (also known as PERM, or Program Electronic Review Management) program. Applications for PERM employment certification assess whether a foreign worker meets the requirements of Section 212(a)(5)(A) of the INA. DHS regulations at 8 CFR 204.5(k)(4)(ii) require foreign nationals applying for a National Interest Waiver (NIW) of the job offer requirement, under INA § 203(b)(2)(B)(i), to file the Form ETA-9089 with DHS.

The Department collects the information necessary to make the certification on the Form ETA-9089. The form and all associated documents can be found online at https://www.dol.gov/agencies/eta/foreign-labor/forms.

Regulatory Authority: 20 CFR part 656, subpart C, Labor Certification Process, and 8 CFR 204.5(k)(4)(ii)
Statutory Authority: INA, Section 203(b)(2)(B)(i) (8 U.S.C. § 1153) and Section 212(a)(5)(A), 8 U.S.C. § 1101 *et seq.* (as amended)

A2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

By the Federal Government

The established form(s) collect this information and are used not only by the Department, but also by other federal agencies, including DHS, Department of Justice (DOJ) and the Department of State (DOS), to meet INA requirements.

The Department will use the information collected through the form and its appendices to adjudicate PERM employment certification applications for foreign workers filed by employers

seeking to employ individuals on a permanent basis. The Department needs to reinstate this existing IC pertaining to employers seeking to import foreign labor. An employer seeking a PERM employment certification to employ an immigrant must submit the form to the Department, including all required appendices. Once submitted, the Department will determine whether the employer adequately sought available and willing U.S. workers qualified for the opportunity as required under the regulations, and whether U.S. workers who applied were rejected for lawful, job-related reasons. 20 CFR 656.24. If the Certifying Officer's (CO) Final Determination denies certification of the application, the regulations provide the employer with the ability to request reconsideration of the decision, or to request review of the denial by the Board of Alien Labor Certification Appeals. 20 CFR 656.24 and 656.26.

DHS will also use the information collected through the form and its appendices for the Job Offer Requirement of the NIW process, which exempts foreign workers from the job offer requirement if their expertise is in the national interest of the United States. The Department proposes to eliminate current alternative regulatory procedures at sections 656.15 (Schedule A) and 656.16 (Sheepherders). The NPRM proposes to establish a single set of recruitment requirements for all occupations and, except as permitted by Congress, eliminates the Department's continued management of Schedule A and Sheepherders that administratively exempts certain occupations from the statutory labor certification requirement. Additionally, this rule proposes replacing PERM's print-intensive and self-selective menu of recruitment options with a modern set of electronic recruitment requirements that leverages use of the employer website(s), job search website(s), social media platform(s), and other job fairs or on-campus recruiting methods. These provisions are intended to better align PERM's labor market test with modern recruitment practices and ensure employers conduct a more robust labor market test to access the broadest pool of qualified and available U.S. workers

By the Employer

A complete application consists of a Form ETA-9089, *Application for Permanent Employment Certification*, with all required fields completed with valid information, a valid prevailing wage determination (PWD), and the employer's recruitment report for the job opportunity offered on the *Application for Permanent Employment Certification*, as outlined in proposed section 656.10(a). The employer is required to submit attestations regarding the types and dates of its efforts to recruit U.S. workers. The Department has codified the type of recruitment steps that should be performed to test the U.S. labor market. 20 CFR 656.17(e) and (f). The regulations require employers to recruit for able, willing, qualified, and available U.S. workers at prevailing wages and working conditions. Without such a test of the labor market the Secretary would not be able to issue the certification of U.S. worker unavailability required under the law. Pursuant to the Department's regulation, employers are required to test the labor market during the 180 days preceding the filing of the form. 20 CFR 656.17(e).

Employers are also required to prepare a report of their recruitment activities. The regulations state that the employer must prepare a report signed by the employer describing the recruitment steps undertaken and the results achieved, including the number of U.S. workers who applied for the job opportunity, the number of hires, and, if applicable, the number of U.S. workers rejected, summarized by the lawful job-related reasons for such rejections. 20 CFR 656.17(g). This

documentation must be maintained by the employer for five years. 20 CFR 656.10(f). Upon reviewing the attestation-based form, the CO may request the recruitment documentation and recruitment report via the Audit Review process. 20 CFR 656.20. The CO requests workers' resumes sorted by the reasons they were rejected in every case that is audited. 20 CFR 656.17(g)(1). If the information provided by the employer fails to resolve the concerns of the CO, the case may be denied or inducted into supervised recruitment for closer review. 20 CFR 656.24.

In any case where the CO determines it to be appropriate, post-filing supervised recruitment may be ordered. 20 CFR 656.21. This includes cases selected for audit and cases where questions arise about the adequacy of the employer's test of the labor market. Supervised recruitment is a process whereby the Department oversees all aspects of the employer's recruitment of U.S. workers, including approving job advertisement text and informing the employer where to recruit, receiving all U.S. worker resumes, and reviewing the employer's recruitment report to ensure all U.S. worker applicants have been properly considered. Subsequently, at the completion of the supervised recruitment efforts, the employer is required to provide a report of its supervised recruitment steps, including documenting the lawful job-related reasons for not hiring any U.S. workers who applied for the position.

A3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.

In compliance with the Government Paperwork Elimination Act, a fillable version of the form and its associated documents can be found on-line at https://www.dol.gov/agencies/eta/foreign-labor/forms. U.S. employers electronically submit their applications via the Foreign Labor Application Gateway (FLAG) at https://flag.dol.gov/ or may complete, print, and submit by mail a copy of the form, if they choose to do so. In circumstances where the application is filed using the traditional paper-based method, the ETA Office of Foreign Labor Certification (OFLC) staff will manually enter the data and information contained on the paper application for processing in a similar manner as those filed electronically.

Employers have the option to use FLAG, which permits employers to fill out their PERM applications on the Department's website and submit them electronically. Because FLAG includes guidance to employers completing their applications on-line, there are fewer incomplete or inaccurate entries.

When the employer or, if applicable, its authorized attorney or agent initially enters contact information and establishes an account, the Form ETA-9089 Case Preparation Module will allow the system to automatically pre-populate all contact information from the *Application for Prevailing Wage Determination*, Form ETA-9141, significantly reducing the time and burden for repeated online data entry. The aforementioned process has resulted in the submission of all required information available at the time of filing the application, has facilitated a more efficient

and consistent review of the employer's application, and has reduced the incidence of the Department returning an incomplete application without further review.

FLAG includes detailed instructions, prompts, and checks to help employers fill out the Form ETA-9089. To file electronically, the employer must become a "registered user" by creating an account that contains secure files within the electronic filing system that can be accessed by password. Each time a registered user accesses the website to file an application, the information common to that user's applications is entered automatically by the electronic filing system, thereby reducing the burden on registered users. Moreover, in the response to an Audit or a Request for Information (RFI), where it is not practical to collect supporting documentation using a standard OMB-approved appendix, the system permits an employer to upload documentation supporting the application in an acceptable digitized format (*e.g.*, Adobe PDF, Microsoft Word, .TXT, etc.).

Lastly, the Department has eliminated the issuance of PERM labor certifications in paper form; now that PERM labor certifications are issued electronically through the OFLC FLAG system, employers, foreign workers, and their authorized attorneys or agents, as applicable, no longer need to request duplicate PERM labor certifications to submit to USCIS or Department of State. Through a combination of existing data sharing agreements with USCIS and Department of State and direct customer access to their authorized FLAG system accounts, OFLC makes all approved PERM labor certifications, as well as information related to any application, available real-time to USCIS and Department of State.

A4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

The procedures and documentation requirements are sufficiently specific to avoid duplication of activities. No other government agency collects similar information to adjudicate this type of application.

A5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

The information collected under this IC is required of small businesses that need foreign workers under the PERM visa classification of the INA. Based on FY 2025 data year-to-date, only 14.5 percent of applications for PERM employment certification are submitted by small entities.[1] The Department cannot make any exemptions or eliminate forms for small entities because the statute and regulations require all employers seeking PERM employment certification to make the necessary attestations and provide the information requested. These forms ensure that the Department relies on a uniform system that allows employers to provide the information that is necessary to process their requests for PERM employment certifications.

[1] A "small entity" has been determined based on information from NAICS, which determines whether an entity is "small" based on the number of its employees.

This collection of information is not disproportionately more burdensome for small entities than it is for large ones, because the forms and accompanying appendices are easy to understand and provide all necessary attestations and assurances to minimize the need for the filing employer to find the appropriate law or regulation to know how to request a PERM labor certification. Recordkeeping requirements largely involve information that already exists in payroll and other records kept by most employers for other purposes. The Department believes that the recruitment requirements are those that any business would use to legitimately recruit workers.

This IC does not impose any extra requirements on small entities. These forms collect the minimum information required from all PERM employers to determine program eligibility and allow DOL to issue an employment certification determination.

A6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

DOL would be unable to meet its statutory and regulatory mandates if this information were not collected. The information must be collected to enable DOL to meet its obligations by determining whether an employer and foreign worker meet the criteria necessary to be issued a certification and whether employment of the foreign worker will adversely affect the wages or working conditions of U.S. workers similarly employed.

A7. Explain any special circumstances that would cause an information collection to be conducted in a manner that requires further explanation pursuant to regulations 5 CFR 1320.5.

There are no special circumstances that would require the information to be collected or kept in any manner other than those normally required under the PRA, except that the Department's regulations require that employers retain applications for PERM employment certifications and all supporting documentation for five years after submission. 20 CFR 656.10(f). The Department requires that employers maintain supporting documentation because the CO may decide that it is necessary to conduct an Audit Review or Supervised Recruitment of the application, and DHS may decide it is necessary to review the employer's supporting documentation in the course of processing the Form I-140, *Immigrant Petition for Alien Workers*, to which the form is attached. Either Department may want to review the information for the purpose of investigating possible violations of the INA.

A8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping,

disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years—even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

In accordance with the PRA, the public will be allowed 60 days to comment in response to the Department's NPRM.

A9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payments or gifts will be made to respondents in exchange for the information provided in response to this information collection.

A10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), the information provided is protected under the Privacy Act. The extent of privacy that applicants can expect is delineated on Form ETA-9089. The Department maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records notice, case files developed in processing employment certification applications, labor condition applications, and prevailing wage determination, are released to the employers that filed such applications and their representatives; to review Department actions in connection with appeals of denials or other wage-related final determinations before the Office of Administrative Law Judges or Federal Courts; and to participating agencies such as the DOL Office of Inspector General, DOL Wage and Hour Division, DHS, the U.S. Citizenship and Immigration Services (USCIS), DOJ DOS in connection with administering and enforcing related immigration laws and regulations. Records may also be released to named foreign worker beneficiaries or their representatives, and third-party requests under the Freedom of Information Act.

A11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

The information collections do not involve sensitive matters.

A12. Provide estimates of the hour burden of the collection of information.

The Department is adjusting the hourly burden estimates for this information collection. The following table can be used as a guide to calculate the total information collection burden:

Activity	Number of Respondents	Frequency	Total Annual Responses	Time per Response (in minutes)	Total Annual Burden (Minutes)	Hourly Rate	Monetized Value of Respondent Time
Completion and Submission of Form ETA-9089	33,513	4.7	142,868	12	1,714,416.00	$54.43	$93,315,662.88
Appendix A	33,513	4.7	142,868	10	1,428,680.00	$54.43	$77,763,052.40
Appendix B #	3,184	5.2	16,557	2	33,114.00	$54.43	$1,802,395.02
Appendix C #	19,337	4.4	85,083	5	425,415.00	$54.43	$23,155,338.45
Appendix D #	469	4.6	2,157	2	4,314.00	$54.43	$234,811.02
Appendix E #	33,513	4.7	142,868	4	571,472.00	$54.43	$31,105,220.96
Gathering and Submission of Evidence	67	1	67	60	4,020.00	$54.43	$218,808.60
Recruitment	33,513	4.7	142,868	60	8,572,080.00	$54.43	$466,578,314.40
Retention of Supporting Documentation	33,513	4.7	142,868	5	714,340.00	$54.43	$38,881,526.20
Supervised Recruitment	19	8.2	156	240	37,440.00	$54.43	$2,037,859.20
Requests for Reconsideration and BALCA Appeals	2,106.00	2	4212	120	505,440.00	$54.43	$27,511,099.20
Professional Athlete Application	35	2	70	82	5,740.00	$54.43	$312,428.20
National Interest Waiver Qualifications $	7,103	1	7,103	12	85,236.00	$54.43	$4,639,395.48
Schedule A Applications $	1417	16.8	23,835	22	524,370.00	$54.43	$28,541,459.10
Sheepherder Applications	5	1	5	22	110.00	$54.43	$5,987.30
Notice Requirements	41,751	5.39629	178,736.33	30	5,362,089.90	$54.43	$291,858,553.26
Unduplicated Totals	**42,073**	**N/A**	**1,032,321**	**112**	**115,619,952.00**	$54.43	**$ $6,293,193,987.36**

* This figure represents the total respondents required for notice, but it does not include NIWs.
** This figure is not an aggregated total of all of the figures in this column. This total includes unique filers for applications filed with the Department as well as those submitted to DHS, including NIWs.
*** This estimate of 1.867 hours or 112minutes (or 1 hour and 52 minutes) is the average total estimated time burden incurred by respondents while performing the mandatory steps (e.g., submission, recruitment, document retention, notice, etc.) associated with this information collection for the basic labor certification process. 20 CFR 656.17. This figure is not an aggregated total of all of the figures in this column. Not all respondents must execute every step associated with this IC.
# This data is calculated o are calculated using the average of FY 2023 – 2025 data.

The Department receives PERM applications from a wide spectrum of U.S. employers. While compensation rates for the employees performing the reporting and recordkeeping functions related to the Form ETA-9089 vary, the Department believes that in most companies a human resources specialist will perform these activities. The national mean hourly wage for a human resource specialist (SOC code 13-1071) is $38.33.[2] The average percentage of benefits in total is 42%.[3] The total compensation is therefore $54.43 ($38.33 x 1.42) for a Human Resource Specialist.

1. Form ETA-9089 – *Application for Permanent Employment Certification*

Employers submit a Form ETA-9089 when they seek to employ immigrant workers. Burden calculations have been split to provide an estimate of the annual burden minutes associated with the form and each of its appendices, instead of a single figure estimating the burden for the form as a whole.

Over a period of three FYs (i.e., FYs 2023, 2024, 2025), the Department received 428,604 PERM applications.[4] These 428,604 applications were filed by 33,513 unique employers as identified by the Federal Employer Identification Number (FEIN), indicating that on average, the Department projects to receive 142,868 applications (428,604/ 3) each year.

- Completion & Submission of Form ETA-9089 – *Application for Permanent Employment Certification*

The Department estimates that it takes applicants 12 minutes to complete and submit the form once program requirements have been completed. The total annual burden for completing Form ETA-9089 is estimated to be 1,714,416 minutes (142,868 respondents x 12 minutes per application). This estimate is associated solely with the completion and submission of the Form ETA-9089 as the system will allow employers to electronically file their applications and to upload their responsive documents directly to their application. As determined by the system, information that is placed on the form is auto-populated from the employer's profile in FLAG

[2] *Occupational Employment and Wage Statistics, May 2025 OEWS Profiles: 13-1071 Human Resources Specialist*, U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics May 2024, Financial Analysts: https://www.bls.gov/oes/current/oes132051.htm_ (then input Business and Financial Operations Occupations in "Major occupational group" and "Human Resources Specialists" in "Detailed Occupations").
[3] *Employer Costs for Employee Compensation – December 2024*, U.S. Department of Labor, Bureau of Labor Statistics, https://www.bls.gov/news.release/ecec.nr0.htm.
[4] Figures for submissions of Form ETA-9089 applications to DHS or in support of NIWs, are addressed in Section A.12.8, below.

and the Form ETA-9141 to include the Employer Information, Employer Point of Contact, and Employer Worksite Information among other pertinent data associated with the form once the employer inputs their PWD tracking number for the job opportunity. This time estimate does not encompass the time estimate incurred by respondents in connection with other steps associated with this information collection. Separating Appendix A from the Form ETA-9089 also allows employers who file applications frequently for similar job opportunities to effectively reuse the same data, while only having to complete Appendix A for each foreign worker.

- Form ETA-9089 – *Appendix A: Foreign Worker Information*

The Department estimates that it will take employers an additional 10 minutes along with the completion of the form to complete Appendix A. The total annual burden for completing Appendix A is also estimated to be 1,428680 minutes (142,868 responses x 10 minutes per application).

- Form ETA-9089 – *Appendix B: Additional Worksite Information*

In circumstances where the employer needs workers to perform the services or labor at more than one specific worksite address or geographical area, the employer must complete the Appendix B. Employers already submit information disclosing all worksites, and Appendix B has established a standardized process and provided an electronic format for collecting this existing information.

The Department estimates that it will take employers an additional 2 minutes along with the completion of the Form ETA-9089 to complete Appendix B. The Department is basing its estimate on three years of data. Accordingly, the total annual burden for completing Appendix B is estimated to be 33, 114 minutes (16,557 responses x 2 minutes per application).

- Form ETA-9089 – *Appendix C: Supplemental Information*

When the employer does not have enough room in the body of Form ETA-9089 to determine the job needs and qualifications of the foreign worker, the employer uses Appendix C to provide additional information. Appendix C allows this additional information to be provided for fields G.6 through G.12.

As described in the methodology above for determining the estimated burden with the Form ETA-9089, 85,083 respondents filed 5.2 responses over three fiscal years, that would require the submission of an Appendix C, submitting on approximately 85,083 applications during that time period. The Department estimates that Appendix C should take on average 5 minutes to complete each application. This yields a total burden of 425,415 (85,083 responses x 5 minutes per application).

- Form ETA-9089 – *Appendix D: Special Recruitment for College and University Teachers*

The Department estimates that each unique employer will send, on average, 4,314 applications (2,157/ 2) requiring completion of Appendix D each year.

- Form ETA-9089 – *Appendix E: Assurances and Obligations*

This is a new form established by the proposed NPRM at 656.13 to enumerate by topic the assurances and obligations under the PERM program to which an employer must attest compliance. As this appendix has no data available for the previous three years, the Department is basing its estimate on the fact that this form is required for all applications. The Department estimates that Appendix E should take on average 4 minutes to complete (read and sign) each application. This yields a total burden of 571,472 minutes (142,868 responses x 4 minutes per application).

2. Gathering and Submission of Evidence – 20 CFR 656.10(e)

The regulations allow any person to submit to the CO documentary evidence regarding a PERM application that is filed with the Department. The Department estimates that 67 individuals or organizations will avail themselves of the opportunity to provide such evidence and each filing of documentary evidence will take approximately one hour or 60 minutes for a total annual burden of 4,020 minutes.

Individuals or organizations may provide to the appropriate DHS office documentary evidence of fraud or willful misrepresentation in a Schedule A application filed under 20 CFR 656.15 or a sheepherder application filed under 20 CFR 656.16. The Department estimates 1 individual, or organization will avail themselves of the opportunity to provide such evidence and each filing of documentary evidence will take approximately 60 minutes for a total annual burden of 4,020 minutes.

3. Recruitment – 20 CFR 656.17(e), (f) and (g)

Job advertisements. Recruitment activities, including advertising for workers and placing job orders, is the usual and customary activity of employers. Therefore, under OMB regulations at 5 CFR 1320.3(b)(2), the resources expended by employers to comply with the recruitment provisions at 20 CFR 656.17(e) and (f) are excluded from the paperwork burden estimates for this ICR.

Employer's recruitment report. All employers that file applications under the basic process at 20 CFR 656.17 must prepare a summary report under section 656.17(g) signed by the employer describing the recruitment steps undertaken and the results achieved, including the number of hires, and if applicable the number of U.S. workers rejected, summarized by the lawful job-related reasons. Further, the CO, after reviewing the employer's recruitment report, may request the resumes or applications of U.S. workers sorted by the reasons they were rejected.

The Department estimates that it will take an employer an average of one hour to prepare a recruitment report for each application it files, and, if resumes are requested by the CO, there should be no additional burden as an employer would already have reviewed and sorted the

resumes it received for the application as part of completing the recruitment report. Since the Department anticipates that142,868 applications for PERM employment certification will be filed under the basic process, which requires advertising, the total annual burden for preparing recruitment reports is estimated to amount to 8,572,080 recordkeeping minutes (142,868 responses x 60 minutest).

4. Retention of Supporting Documentation – 20 CFR 656.10(f)

The regulations require employers to retain records demonstrating their compliance with the advertising requirements, as well as records they used to prepare the required recruitment report. Employers already have an obligation to maintain such records.[5]

The records that employers must maintain pursuant to 29 CFR 1627.3(b) that are promulgated pursuant to the Age Discrimination in Employment Act, include but are not limited to the following:

- Job applications, resumes or any other form of employment inquiry whenever submitted to the employer in response to his advertisement or other notice of existing or anticipated job openings, including records pertaining to the failure or refusal to hire any individual;
- Promotion, demotion, transfer, selection for training, layoff, recall or discharge of any employee;
- Job orders submitted by the employer to an employment agency or labor organization for recruitment of personnel for job openings;
- Any advertisement or notice to the public or to employees relating to job openings, promotions, training programs, or to opportunities for overtime work; and
- Company generated referral procedures.

As noted, employers are already required to keep recruitment and hiring documents for one year under various equal opportunity federal laws, and the Department's regulations require that they be kept for five years. Therefore, the Department estimates that employers will spend: 714,340 minutes per application per year to retain an application and required supporting documentation in the four-year PERM regulations required for retention beyond the one-year retention period mandated under Title VII and other equal employment opportunity laws noted above. This results in an annual burden of XX recordkeeping minutes (142,868 respondents x . 5 minutes per application).

5. Supervised Recruitment – 20 CFR 656.21

[5] The burden to maintain such records can be excluded in compiling the burden under this ICR. *See, e.g.*, Equal Employment Opportunity Commission (EEOC) regulations at 29 CFR 1602.14 (OMB Control No. 3046-0040), promulgated pursuant to Title VII of the Civil Rights Act, the American With Disabilities Act, and the Genetic Information Nondisclosure Act; and at 29 CFR 1627.3(b) (OMB Control No. 3046-0018), promulgated pursuant to the Age Discrimination in Employment Act.

In a case where the CO determines it to be appropriate, post-filing recruitment may be required of the employer. As described in the methodology above for determining the estimated burden with the Form ETA-9089, 156 applications over the three-year period from FY 2023 through FY 2025 were filed under supervised recruitment procedures. The Department estimates that the time to complete all the requirements necessary for supervised recruitment is 37,440 minutes. Accordingly, the total burden is 37,440 minutes (156 responses x 240 minutes per application).

This burden is included in the estimate of the total paperwork burden for this ICR.

6. Requests for Reconsideration and BALCA Appeals – 20 CFR 656.24

Employers may request reconsideration of a denial by the CO of a PERM application. If the reconsideration is denied, they may appeal to the Board of Alien Labor Certification Appeals (BALCA). Employers may also choose to forego a request for reconsideration and appeal directly to BALCA if an application is denied. The employer is expected to retain all evidence relating to the submitted form and is not allowed to submit new evidence while going through this process.

As described in the methodology above for determining the estimated burden with the Form ETA-9089, 2,106 respondents filed 2 requests for reconsideration or appeals over the three-year period from FY 2023 through FY 2025. Similarly, the Department estimates that the time to complete all requirements necessary to file an appeal takes, on average, 120 minutes. Accordingly, the total annual burden is 505,440 minutes (4,212 respondents x 120 minutes per appeal).

7. Professional Athlete Applications

The Form ETA-9089 serves as the sole document, for not only the Department to certify that any foreign worker seeking to enter the United States for the purpose of performing skilled or unskilled labor that is not adversely affecting wages and working conditions of U.S. workers similarly employed and that there are not sufficient U.S. workers able, willing, qualified, and available to perform such skilled or unskilled labor, but also for an employer needing to file an application for a professional athlete or coach. As described in the methodology above, the filing requirements in proposed section 656.10 would apply to employers seeking to permanently employ foreign workers as professional athletes or professional sports team coaches in job opportunities subject to the EB-2 or EB-3 visa classifications requirements, including those currently covered by Schedule A, which would require a PERM labor certification under this proposed rule. For determining the estimated burden with the Form ETA-9089, 35 respondents filed 2 applications over the three-year period from FY 2023 through FY 2025. Accordingly, the Department estimates this burden to be 5, 5740 minutes (70 responses x 82 minutes).

8. National Interest Waivers

Form ETA-9089 and Appendix A now serve as the sole documents to collect more detailed information about the NIW application process that includes the job opportunity, specific worksite locations, foreign workers' qualifications, and other pertinent information filed by a

petitioner or self-petitioner with USCIS. As described in the methodology above for determining the estimated burden with the Form ETA-9089, 7,103 respondents filed 7,103 applications on average over the three-year period from FY 2023 through FY 2025 under the National Interest Waiver program, submitting on average approximately 7,103 applications during that time period. Additionally, an employer needing to complete an application for an NIW would only need to complete Appendix A. Accordingly, the Department estimates this burden to be 85,236 total minutes (70 respondents x 82 minutes).

9. Sheepherders – 20 CFR 656.16

Prior to this proposed NPRM, the Form ETA-9089 was used by employers under Schedule A and for sheepherding positions, who previously submitted the application directly to DHS. Under the proposed rule, the frequency of unique filers was not available in data provided by USCIS. The Department is making a good faith estimate that 5 respondents will complete one Sheepherder application annually and submit it to DHS for these positions, and the time it will take to complete the application is the combined time to complete Form ETA-9089 and appropriate appendices as well as requirements or 22 minutes. This estimate is in line with prior submissions and general application data. The Department invites comments on how this figure can be more accurately calculated based on publicly available data. Accordingly, the Department estimates this burden to be 110 minutes (5 responses x 22 minutes).

10. Schedule A – 20 CFR 656.15

Additionally, the Department estimates that DHS would receive 23,835 applications each year, from 1,417 unique employers and that each unique employer sent on average approximately 16.8 applications. Accordingly, the Department estimates the total burden to be 524,370 total minutes (23,835 applications x 22 minutes per respondent).

11. Notice Requirements – 20 CFR 656.10(d)

Employers must provide notice of the filing of the Form ETA-9089 to either their employees directly or to their employees' bargaining representative in a manner specified in 20 CFR 656.10(d). This requirement does not apply to individuals using the form to apply for a NIW, but will for every other application, For employers covered by the requirement, the notice must be posted in a conspicuous place for 10 business days. Producing a notice, posting it, and documenting the dates of posting takes approximately 30 minutes for a total of 5,362,089 third party disclosure minutes (178,736.33 applications x 30 minutes).

A13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected on the burden worksheet)

a) Start-up/capital costs: There are no start-up costs. There is no obligation to own a computer to participate in the program. Anyone without computer access can request the form and appendices from DOL.

b) Annual costs: There are no annual costs involved with the operation and maintenance of the forms because the Department will be responsible for the annual maintenance costs for the free downloadable forms. There is also no filing fee involved with filing a Form ETA-9089 or associated appendices. The Department assumes that employers would incur preliminary costs, such as advertising, even if they were not filing applications for employment certification because they are required to make good faith efforts to recruit U.S. workers, and it is assumed that advertising their job openings is a normal cost of doing business. Therefore, the Department is not including any out-of-pocket expenses as part of its burden estimates for the majority of cases. However, as indicated in the above response to A.12.5, the Department estimates that 17 employers will file an annual average of 138.66 applications to conduct supervised recruitment. The Department estimates that the annual cost of an advertisement over all types of publications and geographic locations will average $500.00 for a total annual burden cost of $69,330 (138.66 * $500.00).

A14. Provide estimates of annualized costs to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of minutes, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.

The Department estimates that the annual costs to the Federal government associated with the ICR are $12,883,902. This total is comprised of $4,635,236 in OFLC federal administration costs, $8,016,230 in state-level costs funded by Wagner-Peyser grants, and $232,446 in USCIS case-review costs. The total annual costs to the Federal government have been revised downward from $24,357,149 due to a decrease in OFLC federal administration and based on Department PRA guidance, removing the salary and benefits costs of federal employees ($9,255,616).

Federal administrative costs include IT systems that support application-filing and case-processing operations; rent; supplies; equipment; and agency indirect costs, which include support for human resources, financial and administrative oversight, and contracts management. The table below provides a detailed breakdown by major cost category of OFLC's annualized costs to administer the permanent employment certification program.

Major Cost Category	Cost Activities	Annualized Costs *(estimated)*
Contracts for Services *(not technology related)*	▪ Mail, data entry, and other clerical support services ▪ Case processing and administrative support for operations	$599,658
Technology (IT) Contracts	▪ Application development services & network infrastructure support ▪ Hardware & software updates	$1,663,706
GSA & DHS Services	▪ Rent payments for office space ▪ Security services	$59,797
DOL Working Capital Assessment	▪ Indirect costs associated with DOL administrative and executive management services	$2,252,756

AILA Doc. No. 26112306. (Posted 11/23/26)

Supplies & Equipment	▪ General office supplies ▪ Computers, printers, and other office related equipment	$2,973
Mail, Printing and Telecommunications	▪ Mail services ▪ Phone and telecommunication charges ▪ Security Paper for transmission of approved applications	$19,318
Other Costs	▪ Travel ▪ Training and other Government Agency Services	$37,018
TOTAL COSTS – OFLC FEDERAL ADMINISTRATION		**$4,635,236**

The Department estimates that staff in the State Workforce Agencies (SWAs) spend one hour on average to process job orders associated with Form ETA-9089. States' costs related to these job orders are funded through Wagner-Peyser grants. The Department also estimates that USCIS staff spend twelve minutes (0.2 hours or XX minutes) on average to read and analyze the information contained in Form ETA-9089, which is attached to applications to USCIS for permanent residency. The table below summarizes the estimated state and USCIS costs associated with Form ETA-9089.

A15. Explain the reasons for any program changes or adjustments reported on the burden worksheet.

OMB Control Number *(1205-0451)*	**Previous Estimates**	**Current Estimates**	**Change**
Total Annual Responses	954,186.66	1,032,321	+78,134,34
Burden Hours (Minutes)	342,449.42 hours	115,619,952.00 minutes)	Using minutes instead of hours
Cost of Time	$18,639,521.42 (multiplied by hours)	$$6,293,193,987.36 (multiplied by minutes)	Previous year, multiplied by hours, now multiplied by minutes.

The estimated burden minutes and associated costs have changed due to updated projections based on more recent programmatic experience and now implemented processing efficiencies due to technology improvements, as well as adjustments to anticipated annual application volumes. The answer provided to A.12 provides more information regarding this burden.

ETA recognizes the significant increase in annual responses and burden minutes. These changes are due to a number of factors, including: (1) being able to rely on actual figures for respondents and responses to the Form ETA-9089, its appendices, and related burdens, rather than making a good faith estimate that was necessary for the previous ICR, in which ETA changed its forms to create a new appendix, and are now accepting applications that previously was sent directly to USCIS, etc.; (2) greatly increased overall filing volumes for PERM applications since the previous ICR, which has seen baseline Form ETA-9089 applications rise over 38.6% over the previous ICR, and accordingly, has led to much larger increases in overall responses (35.13% increase) for all related downstream PERM requirements; (3) lower figures than previously

estimated for USCIS-related figures, due to USCIS being able to provide more accurate and complete data, for Form ETA-9089 applications filed directly with USCIS; and (4) a marginal decrease in the total cost of time of 2.87%, due to factors explained below.

Although the number of responses and burden substantially increased, OFLC has standardized its ICs, as the job duties required for the burdens identified in the IC more appropriately fall under the Standard Occupational Classification (SOC) Code 13-1071, Human Resources (HR) Specialist, rather than SOC Code 11-3121, HR Manager. As the difference in the mean hourly wages between the two occupations is substantial, the change in the hourly rate has resulted in marginally reduced burden costs of time, despite the substantial increase in program burdens in responses received and total burden minutes. In addition, ETA is also standardizing the applicable benefits factor that applies for its ICs. The benefits factor is determined by dividing the most recent BLS Employer Costs for Employee Compensation (ECEC) by the wages and salary costs for a worker population. BLS provides three ECEC rates based on the worker population: (1) civilian workers; (2) private sector workers; and (3) state and local (*i.e.*, certain public sector) workers. OFLC has determined that the private sector worker ECEC is correct, as the burdens listed in A.12 being performed by HR Specialists are almost exclusively performed by employers in the private sector. Accordingly, as it relates to this rulemaking, the ECEC has been adjusted in our calculations. (*See* Section A.12 above.) Accordingly, for this PRA package, as explained above, the hourly rate changed from $81.91 in the previous Supporting Statement for HR Directors to the new rate of $54.43 for HR Specialists. This reduction in the hourly rate of $27.48 ($81.91 - $54.43) per hour for human resources activities is responsible for the overall slight reduction in total burden costs, despite significant increases in both responses and burden minutes, by $551,642.32, under this ICR. ETA will ensure that the HR Specialist SOC is the basis for calculating all of its future burden costs in all future ICs requiring human resources functions. Additionally, where the Department used hourly calculation to assess the burden in section A.12 above, to accurately reflect burden, the Department is calculating burden by minutes.

A16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

No collection of information will be published.

A17. If seeking approval not to display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

The Department displays the expiration date for OMB approval on the form and instructions.

A18. Explain each exception to the topics of the certification statement identified in "Certification for Paperwork Reduction Act Submissions."

The Department is not seeking any exception to the certification requirements.

AILA Doc. No. 26112306. (Posted 11/23/26)

B. Collections of Information Employing Statistical Methods

This information collection does not employ statistical methods.