

*FLAG has been optimized to work with Google Chrome, Safari, and Mozilla Firefox.

Note: This document does not replace the OMB approved form instructions. Please reference the OMB approved form instructions for further details in completing the form.

General Instructions:

- Your response to preliminary questions will determine the mandatory fields and/or appendices that you will be required to complete.
- Each question in the form will feature a question mark symbol. Placing your cursor over this symbol will provide further details as documented in the 9089 form instructions.

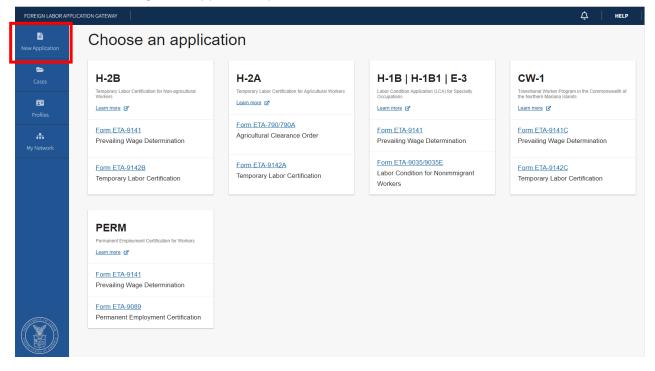
More information on the filing of the petition Form I-140 for an occupation included on Schedule A o <u>Note:</u> This is information will capture the employer's recruitment efforts. Each section is specifically recruitment type was used and that the recruitment and Notice of Filing was conducted within the re 656.10, 656.17, 656.18, and 656.21.	Note: In accordance with 20 CFR 656.20, non-professional occupation means any occupation for which the attainment of a bachelor's or higher degree is not a usual requirement for the occupation. Only mark one box.
H.b. Occupation Type - All must complete this section. Mark ONE appropriate box below: * ③	 Mark this box if the job opportunity is for a professional occupation other than a college or university teacher filing under 20 CFR 656.18
 I.a. This application is for a professional occupation (which includes a conege of university teach using the competitive recruitment process) and the recruiting was conducted in accordance with 1b. This application is for a non-professional occupation and the recruiting was conducted in accordance with 	1b. Mark this box if the job opportunity is for a non-professional occupation.
 1c. This application is for a college or university teacher and the candidate was selected using the in accordance with 20 CFR 656.18. (Skip c. and d. of Section H. and go to Appendix D) 	1c. Mark this box if the job opportunity is for a college or university teacher.
1d. None of the above apply because this application is for a Schedule A or sheepherder occupa	Note: If this option is selected, skip
○ 1e. None of the above apply because this application is for a professional athlete .	

• To upload files in FLAG, select "browse" and select the file you wish to upload. Please note that the file types are limited to pdf, doc, docs, txt, xls, and xlsx. The maximum file size is 30MB.



HOW TO SUBMIT AN ETA-9089 APPLICATION IN FLAG.DOL.GOV

- 1. Ensure that you have created an account using Login.gov. Please use your Login.gov credentials to access Foreign Labor Application Gateway.
- 2. Once logged in, the "New Application" tab will automatically launch. The "New Application" tab is used to begin the application process.





3. Select "Form ETA-9089" under "PERM" to begin filling out an ETA-9089 application.

E New Application	Choose an application			
Cases	H-2B Temporary Labor Certification for Non-agricultural	H-2A Temporary Labor Certification for Agricultural Workers	H-1B H-1B1 E-3	CW-1 Transitional Worker Program in the Commonwealth of
Profiles	Workers	Learn more C	Occupations	the Northern Mariana Islands
🚠 My Network	Form ETA-9141 Prevailing Wage Determination	Form ETA-790/790A Agricultural Clearance Order	Form ETA-9141 Prevailing Wage Determination	Form ETA-9141C Prevailing Wage Determination
	Form ETA-9142B Temporary Labor Certification	Form ETA-9142A Temporary Labor Certification	Form ETA-9035/9035E Labor Condition for Nonimmigrant Workers	Form ETA-9142C Temporary Labor Certification
	PERM Permanent Employment Certification for Workers Learn.more of			
	Form ETA-9141 Prevailing Wage Determination			
	Form ETA-9089 Permanent Employment Certification			

4. **Preliminary Questions**: Select the occupation type (H.b.) for your application by selecting the appropriate radio button.

H.b. Occupation Type - All must complete this section. Mark ONE appropriate box below: * 🛞 Clear

1a. This application is for a professional occupation (which includes a college or university teacher not selected using the competitive recruitment process) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1).

1b. This application is for a non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).

1c. This application is for a college or university teacher 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)

1d. None of the above apply because this application is for a Schedule A or sheepherder occupation.

1e. None of the above apply because this application is for a professional athlete.

H.a. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21? * (?)

Ο	Yes
\bigcirc	No

5. For question H.a., select "No" if you're not subject to supervised recruitment; otherwise select "Yes" and upload the Notice of Supervised Recruitment (NSR).



How to link a Prevailing Wage Determination (PWD) to your ETA-9089 application

- 1. To link a PWD, select "PWD Case Lookup". This will bring up a pop-up window where you can select the appropriate PWD. Select the correct PWD and click "Continue".
- 2. If no PWD has been created, click on "Create ETA-9141 Application".

Form ETA 9141 Case Lookup

E.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.

E.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.

PWD Case Lookup

Create ETA-9141 Application

				age Determination (PWD) obtained for the job opportunity.				CLO
Us	e the search below to	refine by Case Nu	mber, Employ	er Name, FEIN, Job Title or Determined SOC.)				
Тур	pe search term here		Search Res	set				
	Case Number	Employer Name	EEIN	Job Title	Datarmined SOC	Determination Date		
				Financial Quantitative Analyst	13-2099.01	November 8, 2022		
				Director Product Strategy	11-2021.00	November 1, 2022		
				Physical Therapist - Program Director	11-9111.00	September 21, 2022		
		-		Physical Therapist - Program Director	11-9111.00	September 23, 2022		
	P-100-22259-546956	•			25-1123.00	September 20, 2022		
-	P-100-22239-540950 P-100-22244-520586				15-1252.00	November 1, 2022		
	P-100-22244-520560		11-1234567		11-3031.01	November 1, 2022		
					41-9031.00			
				Senior Sales Engineer		September 8, 2022		
0	P-100-22243-520512	SATAD	01-1112212	INTERMEDIATE ENGINEER	17-2051.00	September 9, 2022		
0	P-100-22243-520508	CharityRun	12-3456789	Cost Accountant	13-2011.00	November 2, 2022		
		<		Page 2 of 9			>	
	P-100-22243-520512 P-100-22243-520508	CharityRun			17-2051.00 13-2011.00	September 9, 2022 November 2, 2022	>	



3. The user will receive a notification. Click "Acknowledge & Finish".



4. Once your PWD is linked to the application you will find the PWD identification number as listed in the example below. You may click the link to see the PWD or click "Clear" to remove the Primary PW. When ready, please click "Continue".

Form ETA 9141 Case Lookup
E.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.
E.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.
PRIMARY PW P-100-23030-049332 Clear
Linked 9141
Select the link above if you would like to review the prevailing wage determination you have associated with this application. If you wish to link a different prevailing wage determination, please use the PWD Case Lookup function above to update this link.



Employer Information

1. Fields in this section will be pre-populated from your PWD. Verify information is correct and complete mandatory fields.

	Form ETA-9089 Permanent Employment Certification				
0	Preliminary Questions	A.12. Federal Employer Identification Number (FEIN from IRS) * ⑦ 27-2210533			
A	Employer Information	A.13. NAICS Code * ③	Fairs the	number of employees currently on	
B	Employer Point-of-Contact Information	Q 11121 111219 A.14. Number of current employees on payroll in the area of intended employment *	the employed employed intended e employment	rer's payroll (i.e., employees currently on rer's payroll (i.e., employees by the employer) in the area of mployment. The area of intended nt is the area within normal distance of the address of the	
c	Attorney or Agent Information	This field is required.	place of in	tended employment.	
	Foreign Worker Information	A.15. Year Commenced Business (if household, year issued FEIN) * ⑦			
0	Job Opportunity and Wage Information	This field is required. A.16. Is the employer a closely held corporation, partnership, or sole preprietorship i	in which the fore	ign worker has an ownership inte	rest? • ③
Fa	Worksite Information	○ Yes ○ No			
Fb	Additional Worksites	This field is required. A.17. Is there a familial relationship between the foreign worker and the owners, stor ©	ckholders, partne	ers, corporate officers, and/or inc	orporators?
F.c	Other Definable Geographic Area(s)	○ Yes ○ No			
G	Additional Job Opportunity Information and Other Requirements	This field is required.			
H.c	Professional/Non-Professional Recruitment Information	Save & Quit		Back Con	tinue



Employer Point-of-Contact Information

1. Fields in this section will be pre-populated from your PWD. Verify information is correct and complete mandatory fields.

Form ETA-9089 Permanent Employment Certification	Employer Point-of-Contact Information
Preliminary Questions	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 circumstances of the permanent
Employer Information	employment offered through this application.
B Employer Point-of-Contact Information	Note: The employer point of contact information in this Section—specifically, the name, telephone number, and email address— <u>must</u> 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.
C Attorney or Agent Information	Name & Title
D Foreign Worker Information	Select an Employer Point of Contact profile to populate this section (optional) -Select-
E Job Opportunity and Wage Information	B.1. Contact's Last (family) Name * 🛞
Fa Worksite Information	Milliard B.2. First (given) Name * ③
ED Additional Worksites	Amy B.3. Middle Name(s) \$ ③
F.c Other Definable Geographic Area(s)	
Additional Job Opportunity Information and Other Requirements	B.4. Contact's Job Title * ③ Human Resources Manager
HC Professional/Non-Professional Recruitment Information	Address



Attorney or Agent Information

- 1. Fields in this section will be pre-populated from your PWD.
- 2. For question C.1., select the Employer's type of representation.

Form ETA-9089 Permanent Employment Certification	Select an Attorney/Agent profile to populate this section (optional) -Select-
Preliminary Questions	C.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) * ③ <u>Clear</u> (● Attorney)
Employer Information	Agent None
Employer Point-of-Contact	C.2. Attorney or Agent's Last (family) Name § * ③
C Attorney or Agent Information	Gotcher
D Foreign Worker Information	C.3. First (given) Name § ⑦ James
E Job Opportunity and Wage Information	C.4. Middle Name(s) § ⑦
F.a Worksite Information	<u>K</u>
Eb Additional Worksites	C.5. Address 1 § ⑦ 26775 Malibu Hills Road
Ec Other Definable Geographic Area(s)	C.6. Address 2 (apartment/suite/floor and number) § ③ Ste. 150
G Additional Job Opportunity Information and Other Requirements	Ste. 150 C.10. Country § ③
Professional/Non-Professional Recruitment Information	UNITED STATES OF AMERICA

3. Otherwise, you may select an attorney/agent from your profiles to populate this section or manually enter the information. If unrepresented, select "None." Click "Continue."

	Form ETA-9089 Permanent Employment Certification	Note: The attorney/agent information in this section—specifically the name, telephone number, and email address— <u>must</u> 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.
0	Preliminary Questions	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 any.
Ø	Employer Information	
- -	Employer Point-of-Contact Information	Select an Attorney/Agent profile to populate this section (optional) -Select-
С	Attorney or Agent Information	
	Foreign Worker Information	C.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) * (?) Clear Agent
E	Job Opportunity and Wage Information	() None
F.a	Worksite Information	C.2. Attorney or Agent's Last (family) Name § · ③ Conditional fields
F.b	Additional Worksites	This field is required. appear when
F.c	Other Definable Geographic Area(s)	C.3. First (given) Name § ⑦ Attorney/Agent is selected
		This field is required



Foreign Worker Information

1. The foreign worker section ties into Appendix A, where information is collected about the Foreign Worker and their education, qualifications, skills, and experience.

2. Choose the appropriate answer for question D.2.

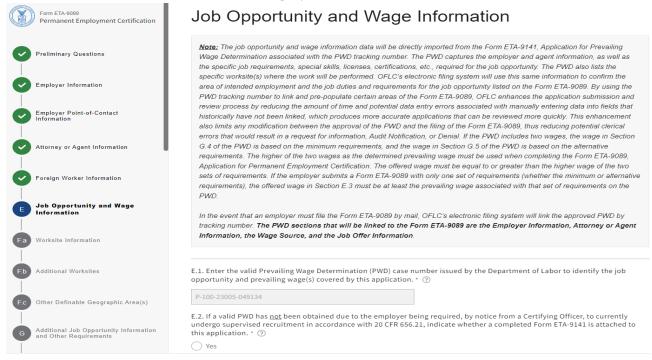
Form ETA-9089 Permanent Employment Certification	Foreign Worker Information
Preliminary Questions	D.1. A completed Appendix A identifying the foreign workers being sponsored for permanent employment by the employer named in section A of this application is attached. * ③
Employer Information	Go to Appendix A D.2. Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application? * ③
Employer Point-of-Contact Information	○ Yes ○ No
Attorney or Agent Information	Save & Quit Back Continue
D Foreign Worker Information	

Link to Appendix A section of User Guide.



Job Opportunity and Wage Information

1. Under Job Opportunity and Wage Information, fields E.1 and E.2 were pre-populated by the linked PWD. Note that these fields are grayed out and cannot be edited.



2. Enter the wage data into the Offered Wage fields (E.3. – E.5.) and click "Continue".

A COLORADO	Tour 9141 Prevailing wage
Form ETA-9089 Permanent Employment Ce	etification 63918
	Your 9141 Prevailing Wage Rate
Preliminary Questions	Annual
	E.3. Offered Wage * ③
Employer Information	From *
Employer Point-of-Contact	\$000.000.00
Information	То
Attorney or Agent Information	n \$000.000.00
	E.4. Per (Choose only one) * ⑦
Foreign Worker Information	Hour
Job Opportunity and Wa	ge Bi-Weekly
Information	Month
Ea Worksite Information	Vear
	E.5. Additional conditions about the offered wage (Enter up to 500 characters) § ③
F.b Additional Worksites	
Ec Other Definable Geographic	Area(s)
G Additional Job Opportunity Ir and Other Requirements	ntormation

Worksite Information

1. If your PWD has one worksite identified, the worksite information from your PWD should be pre-populated for you. Enter the appropriate response to question F.a.1. Click Continue.

Form ETA-9089 Permanent Employment Certification	Worksite Information
Preliminary Questions	There is 1 field level error on this page Field F.a. 1: This field is required.
Employer Information	Note: It is important for the employer to define the area of intended employment with as much geographic specificity as possible by identifying <u>every</u> worksite location where work will be performed. This information is used for purposes of reviewing and verifying regulatory compliance with advertising,
Employer Point-of-Contact	notice posting, and prevailing wage requirements.
Attorney or Agent Information	F.a.1. Type of worksite location that best describes where work will be performed (Choose Only One) * 💿 Business Premises
Foreign Worker Information	Employer's private household (includes live-in and domestic household worker) Employee's private residence (when work is performed directly out of the residence)
Job Opportunity and Wage Information	 No <u>one</u> specific worksite address or physical location This field is required.
Ea Worksite Information	F.a.2. Worksite Address * ⑦ 123 Main St
Additional Worksites	F.a.3. Worksite Address (apartment/suite/floor and number) § ③
Other Definable Geographic Area(s)	F.a.4. City * ③
Additional Job Opportunity Information and Other Requirements	City F.a.6. State/District/Territory * ⑦
Professional/Non-Professional Recruitment Information	FLORIDA Ø

2. If your PWD has multiple worksites identified, you will see a blue bar as shown below with button "Select Worksite". Click "Select Worksite".

Form ETA-9089 Permanent Employment Certification	Worksite Information
Preliminary Questions	Note: It is important for the employer to define the area of intended employment with as much geographic specificity as possible by identifying <u>every</u> worksite location where work will be performed. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, notice posting, and prevailing wage requirements.
Employer Information	
Employer Point-of-Contact Information	Select a worksite location to populate this section Select Worksite
Attorney or Agent Information	
Foreign Worker Information	F.a.1. Type of worksite location that best describes where work will be performed (Choose Only One) * ③ O Business Premises O Employer's private household (includes live-in and domestic household worker) O Employee's private residence (when work is performed directly out of the residence)
Job Opportunity and Wage Information	O No <u>one</u> specific worksite address or physical location
	This field is required.
F.a Worksite Information	F.a.2. Worksite Address * ③



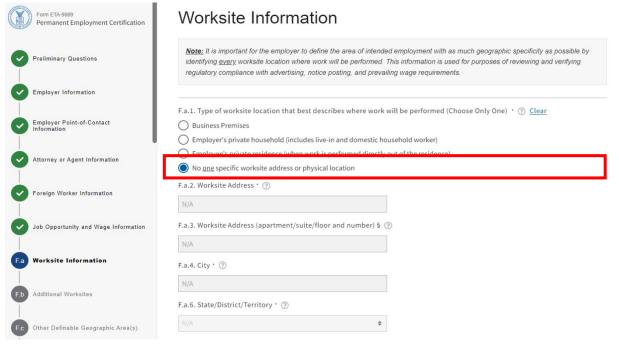
3. Select the worksite you want and click "Finish". The worksite information from your PWD should be pre-populated for you. To add additional worksites, select Yes in Section F.b.1.

	City	State	County	MSA Name / OES
0	Atlanta	GEORGIA	FULTON	Atlanta-Sandy Spri
0	City 1	TEXAS		Dallas-Fort Worth
0	City 4	DISTRICT OF COL	DISTRICT OF COL	Washington-Arlingt
0	City 3	DELAWARE	KENT	Dover, DE
0	city 2	GEORGIA		Augusta-Richmond
	<	Page 1 of	1 5 rows 🗸	>

4. Complete field F.a.1 to indicate the type of worksite location. Click Continue.

Form ETA-9089 Permanent Employment Certification	Worksite Information
Preliminary Questions	<u>Note</u> : It is important for the employer to define the area of intended employment with as much geographic specificity as possible by identifying <u>every</u> worksite location where work will be performed. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, notice posting, and prevailing wage requirements.
Employer Information	
Employer Point-of-Contact Information	F.a.1. Type of worksite location that best describes where work will be performed (Choose Only One) * ⑦ Business Premises Employer's private household (includes live-in and domestic household worker)
Attorney or Agent Information	 Employee's private residence (when work is performed directly out of the residence) No <u>one</u> specific worksite address or physical location

5. If you choose "No one specific worksite address or physical location" the other fields will be marked N/A and you will skip to section F.b. Additional Worksites. Click "Continue".





Additional Worksites

 If you have multiple worksites, they should have been identified in your Appendix A of your PWD. If you have multiple worksites, select "Yes" to question F.b.1. You will also have to complete Appendix B.

Form ETA-9089 Permanent Employment Certification	Additional Worksites
Preliminary Questions	 There is 1 field level error on this page Field F.b.1: This field is required.
Employer Information	Note: Additional worksites must be one or more of the additional worksites identified in Appendix A of the Form ETA-9141 for this specific job opportunity and must have the appropriate wage offer rate. Worksites within the same Bureau of Labor Statistics (BLS) Area (Metropolitan or Non-
Employer Point-of-Contact	Metropolitan Statistical Areas) should also be listed if a Notice of Filing will be posted at that location.
Attorney or Agent Information	F.b.1. Will work be performed in geographic areas other than the one identified in Section F.a? * ⑦ O Yes
Foreign Worker Information	○ No This field is required.
Job Opportunity and Wage Information	F.b.2. If "yes" is marked in question F.b.1 indicate whether a completed Appendix B is attached to this application. § ⑦ Go to Appendix B
Worksite Information	
ED Additional Worksites	Save & Quit Back Continue

Note: if you selected "No one specific worksite address or physical location" in question F.a.1, the system automatically puts in a "Yes" in question F.b.1 and the "No" response is grayed out.

Link to Appendix B section of this user guide.



Other Definable Geographic Area(s)

1.	In question F.c.1., e	nter the geographic area(s) where work will be performed.
	Form ETA-9089 Permanent Employment Certification	Other Definable Geographic Area(s)
	Preliminary Questions	IMPORTANT: Complete this question only where the specific MSA(s) are not known or the expected area(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 Worksites", otherwise, enter "N/A".
A	Employer Information	podulo relocation, ener ale pinade Pariode Montalea ; oner mot, ener Pari .
9	Employer Point-of-Contact	F.c.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). § ③
9	Attorney or Agent Information	
0	Foreign Worker Information	
0	Job Opportunity and Wage Information	0 / 1500 character limit
	Worksite Information	Save & Quit Back Continue
0	Additional Worksites	
F.c	Other Definable Geographic Area(s)	

Additional Job Opportunity Information and Other Requirements

1. Respond to questions G.1. through G.12. If you decide to change your answer to any of these questions, please select "Clear" next to each question. This will clear the initial and dependent fields.

Form ETA-9089 Permanent Employment Certification	Additional Job Opportunity Information and Other Requirements
Preliminary Questions	IMPORTANT INSTRUCTIONS FOR QUESTIONS 6 THROUGH 12
Employer Information	For each question marked "Yes," the employer <u>must complete one (1) section</u> of the Form ETA-9089 – Appendix C to provide a brief explanation justifying the response.
Employer Point-of-Contact Information	
Attorney or Agent Information	G.1. Is this a permanent position offering full-time employment of generally 35 hours or more? * ⑦
Foreign Worker Information	G.2. Is the employer seeking permanent labor certification for a live-in household domestic service worker? * ③ O Yes
Job Opportunity and Wage Information	No G.2a. If "Yes" is marked in question G.2, indicate whether the foreign worker possesses one year of paid experience as a live-in household domestic service worker? § ③
Worksite Information	○ Yes ○ No
Additional Worksites	 N/A G.2b. If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? 5
Other Definable Geographic Area(s)	○ Yes
G Additional Job Opportunity Information and Other Requirements	 No N/A G.2c. If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? § ⑦



2. Questions G.6. – G.12. will determine if an Appendix C is required as part of the PERM application. If you answer "Yes" to any of these questions, you will need to complete Appendix C to provide additional information for these questions. Click Continue.

Form ETA-0080 Permanent Employment	t Certification	IMPORTANT: If "Yes" is marked in any of the questions below, complete the respective section of the Form ETA-9089, Appendix C to provide a brief explanation justifying response. Go to Appendix C
Preliminary Questions		
Employer Information		G.6. Does the job opportunity require the worker to live on the employer's premises? * ⑦ Ves
Employer Point-of-Contac	Dt	○ No G.7. Does the job opportunity in Section F of the PWD identified in Question E.1 involve a combination of occupations? * ③
Attorney or Agent Informa	ation	○ Yes ○ No
Foreign Worker Informatio	on	G.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.12 · ③ Yes No
Job Opportunity and Wag	e Information	G.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 how in the O*NET Job Zones? * 🔞
Worksite Information		 Yes No NA
Additional Worksites		G.10. Did the employer use a credentialing service to qualify the foreign worker's education and/or experience requirements in Section F of the PWD identified in Question E.1? *
Other Definable Geograph	hic Area(s)	O Yes No
G Additional Job Oppor Information and Othe Requirements		O N/A G.11. Has the employer received payment of any kind for the submission of this application? * ⑦
H.c Professional/Non-Profess Recruitment Information	sional	○ Yes ○ No
H.d Additional Recruitment Re Professional Occupations	equirements for	G.12. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the 6 months immediately preceding the filing of this application in the area of intended employment? * ③ O Yes O Yes
H.e Notice of Posting		○ No
Employer Labor Condition	n Statements	Save & Quit Back Continue

Link to Appendix C section of this user guide.



Professional/Non-Professional Recruitment Information

1. Answer questions H.c.1a through H.C.3b. Click Continue.

Form ETA-9089		Professional/Non-Professional Recruitment Information				
U	Permanent Employment Certification	Note: In accordance with 20 CFR 656.17(e)(1)(I), two (2) of the steps—a job order and two print advertisements — are mandatory for all applications, except applications for college or university teachers selected in a competitive selection and recruitment process, as provided in 20 CFR 656.18.				
	Preliminary Questions	Note: The mandatory recruitment steps for professional occupations must be conducted at least 30 days, but no more than 180 days, before filing the application.				
0	Employer Information	H.c.1a. Start date of SWA job order § ③				
•	Employer Point-of-Contact Information	mm/dd/yyyy				
•	Attorney or Agent Information	H.c.1b. End date of SWA job order § ③ mm/dd/yyyy				
•	Foreign Worker Information	H.c.2. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? § 💮 🔿 Yes				
•	Job Opportunity and Wage Information	O No O N/A				
•	Worksite Information	H.c.2a. Name of the newspaper of general circulation in which an advertisement was placed § ⑦				
•	Additional Worksites	H.c.2b. Advertisement date § ⑦				
•	Other Definable Geographic Area(s)	mm/dd/yyyy				
0	Additional Job Opportunity Information and Other Requirements	Newspaper of general circulation Professional journal N/A				
H.c	Professional/Non-Professional Recruitment Information	H.c.3a. Name of the newspaper or professional journal in which an advertisement was placed § 💮				
H.d	Additional Recruitment Requirements for Professional Occupations	H.c.3b. Advertisement date § ⑦				
H.e	Notice of Posting	mm/dd/yyyy				
0	Employer Labor Condition Statements	Save & Quit Back Continue				

Note: If your selected occupation type is Professional Athlete OR college or university teacher selected using the competitive recruitment process, the system will automatically mark this section "complete" as this section is not needed.



Additional Recruitment Requirements for Professional Occupations

- 1. If you selected professional occupation in the preliminary questions, you will be required to identify at least 3 additional recruitment steps.
- 2. Check the appropriate boxes next to the recruitment event. Enter "From" and "To" dates using the date picker or manually input using the mm/dd/yyyy format.
- 3. If you need to delete an entry, uncheck the box next to the recruitment event and click the x next to date entry in the date fields. Click Continue.

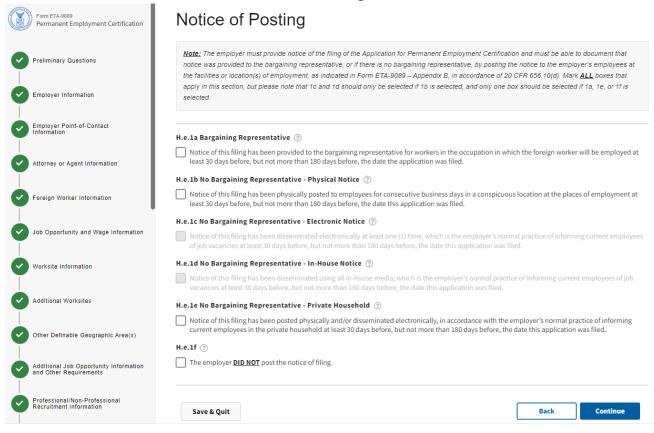
X	Form ETA-9089 Permanent Employment Certification	Ac	lditional Recruitment R	equirements for Profes	sional Occupations
0	Preliminary Questions		There is 1 field level error on this page Field H.d: Please complete at least three.		
0	Employer Information	CFI	R 656.17(e)(1)(ii)(A)-(J). Only one of the additional steps	sional occupation, the employer must select three addition may consist solely of activity that took place within 30 day	
0	Employer Point-of-Contact Information	may have taken place more than 180 days prior to filing the application, in accordance with 20 CFR 656.17(e)(1)(ii).			
0	Attorney or Agent Information	ant Information Important: A minimum of three (3) recruitment events listed below must be completed			
Ø	Foreign Worker Information	gn Worker Information Please complete at least three.			
			Recruitment Event	From	То
	Job Opportunity and Wage Information		Job fair §	1.a mm/dd/yyyy	1.b mm/dd/yyyy
	Worksite Information		Employer website §	2.a mm/dd/yyyy	2.b mm/dd/yyyy ⑦
0	Additional Worksites		Job search website §	3.a mm/dd/yyyy	3.b mm/dd/yyyyy 3
0	Other Definable Geographic Area(s)		On-campus recruiting §	4.a mm/dd/yyyy	4.b mm/dd/yyyy
0	Additional Job Opportunity Information and Other Requirements		Trade or professional organization §	5.a mm/dd/yyyy	5.b mm/dd/yyyy
0	Professional/Non-Professional Recruitment Information		Private employment firm §	6.a mm/dd/yyyy	6.b mm/dd/yyyy
H.d	Additional Recruitment Requirements for Professional		Employee referral program §	7.a mm/dd/yyyy	7.b mm/dd/yyyy
	Occupations		Campus placement office §	8.a mm/dd/yyyy (?)	8.b mm/dd/yyyy

Note: If your selected occupation type is Non-Professional, Professional Athlete OR College or University Teacher selected using the competitive recruitment process, the system will automatically mark this section "complete" as this section is not needed.



Notice of Posting

1. Select one or more checkboxes for Notice of Posting then click Continue.





Employer Labor Condition Statements

1. Read the employer attestations, check the "I certify" box, and then click Continue.

Y	Form ETA-9089 Permanent Employment Certification	Employer Labor Condition Statements
•	Preliminary Questions	<u>Note</u> : Read the employer attestations carefully before signing. It is the employer's responsibility to verify the accuracy of the application and to understand all of the attestations in this section. Applications for Professional Athletes must attest to only conditions 1 – 7.
0	Employer Information	
0	Employer Point-of-Contact Information	(1) The offered wage equals or exceeds the prevailing wage determined pursuant to 20 CFR 656.40 and 656.41, and the wage the employer will pay to the foreign worker to begin work will equal or exceed the prevailing wage that is applicable at the time the foreign worker begins work or from the time the foreign worker is admitted to take up the certified employment.
0	Attorney or Agent Information	(2) The wage offered is not based on commissions, bonuses, or other incentives, unless the employer guarantees a prevailing wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
•	Foreign Worker Information	(3) The employer has enough funds available to pay the wage or salary offered the foreign worker.
0	Job Opportunity and Wage Information	 (4) The employer will be able to place the foreign worker on the payroll on or before the date of the foreign worker's proposed entrance into the United States. (5) The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
0	Worksite Information	 (6) The employer's job opportunity is not: (i) Vacant because the former occupant is on strike or locked out in the course of a labor dispute involving a work stoppage; or (ii) the main labor dispute involving a work stoppage; or
0	Additional Worksites	 (ii) At issue in a labor dispute involving a work stoppage. (7) The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
0	Other Definable Geographic Area(s)	(8) The job opportunity has been and is clearly open to any U.S. worker.
0	Additional Job Opportunity Information and Other Requirements	(9) The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- 	Professional/Non-Professional Recruitment Information	(10) The job opportunity is for full-time, permanent employment for an employer other than the foreign worker. 1. ③
•	Additional Recruitment Requirements for Professional Occupations	Gertify under penalty of perjury my knowledge of and compliance with the applicable Labor Condition Statements above covering the conditions of employment for the job opportunity and foreign worker covered by this application. 20 CFR 656.10(c). *
•	Notice of Posting	Save & Quit Back Continue



Preparer

 Complete this section only if the Preparer of this application is a person other than the Employer Point of Contact or the Attorney/Agent. This section is not required. Click "Continue."

Form ETA-9089 Permanent Employment Certification	Preparer
Preliminary Questions	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.
Employer Information	J.1. Last (family) Name § ③
Employer Point-of-Contact	J.2. First (given) Name § ③
Attorney or Agent Information	
Foreign Worker Information	J.3. Middle Name(s) § ③
Job Opportunity and Wage Information	J.4. Law Firm/Business FEIN § ③
Worksite Information	I.5. Law Firm/Business Name § ③
Additional Worksites	J.6. Law Firm/Business Email Address § ③
Other Definable Geographic Area(s)	
Additional Job Opportunity Information and Other Requirements	Save & Quit Back Continue



APPENDICES

Appendix A.A - Foreign Worker Contact Information

1. Under Foreign Worker, enter the mandatory information.

Form ETA-9089 Permanent Employment Certification	Appendix A.A - Foreign Worker Contact Information
Preliminary Questions	Note: The foreign worker information in this section must be different from the attorney/agent information listed in Section C and <u>must be different</u> 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
Employer Information	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 656.17(a), the Department will not certify incomplete applications. 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
Employer Point-of-Contact	index the documents included in the mailing.
Attorney or Agent Information	Foreign Worker A.1. Foreign Worker's Last (family) Name * ③
Foreign Worker Information	
Job Opportunity and Wage Information	A.2. Foreign Worker's First (given) Name * ⑦
Worksite Information	A.3. Foreign Worker's Middle Name(s) * ③
Additional Worksites	

2. Enter Foreign Worker address information.

Form ETA-9089 Permanent Employment Certification	Foreign Worker - Address
Permanent Employment Certification	A.4. Address 1 (current) * ⑦
Preliminary Questions	A.5. Address 2 (apartment/suite/floor and number) § ③
Employer Information	
	A.9. Country * 🛞
Employer Point-of-Contact	- Select - 🔶
	A.6. City * 💿
Attorney or Agent Information	
Foreign Worker Information	A.7. State * ③
	- Select -
Job Opportunity and Wage Information	A.8. Postal Code * 🛞
Worksite Information	A.10. Province § ⑦
Additional Worksites	

3. Enter Foreign Work Citizenship Information and click Continue.

Form ETA-9089 Permanent Employment Certification	A.7. State * ⑦		
Preliminary Questions	- Select - A.8. Postal Code *		
Employer Information	A.10. Province § ③		
Employer Point-of-Contact			
Attorney or Agent Information	Foreign Worker - Citizenship A.11. Date of Birth (mm/dd/yyyy) * ③		
Foreign Worker Information	mm/dd/yyyy 🗂		
Job Opportunity and Wage Information	A.12. Class of Admission * ⑦ - Select - •		
Worksite Information	A.13. Alien Registration Number (A#) (if applicable) * ⑦		
Additional Worksites	A.14. Country of Birth * ⑦		
Other Definable Geographic Area(s)	- Select - ◆ A.15. Country of Citizenship or Nationality * ⑦		
Additional Job Opportunity Information and Other Requirements	- Select -		
Professional/Non-Professional Recruitment Information	Save & Quit	Back	Continue



Appendix A.B - Foreign Worker Education

	/permit //e					
Form ETA-9089 Permanent Employment Certification	Appendix	A.B - Fo	reign Worke	r Educatio	n	
Preliminary Questions	the foreign worker for	r the job opportunity fo	educational requirement for the or which the employer is seeking This section will collect five (5) s	permanent labor certifica	ation. List the most recent dip	oloma/degree attained
Employer Information	sets until all required	responses are compl	nment information, the filing sys eted. For mailed or paper filings	, the employer will make	one or more copies of educat	tional attainment sets
Employer Point-of-Contact	in any other form or	r format will not be a	opendix to complete and attach ccepted. U.S. diplomas/degrees or forei			
Attorney or Agent Information	enter "N/A" or leave t equivalent of the diple		Where the foreign worker attain	ed a diploma/degree outs	ide the U.S., mark "Other" ar	nd specify the U.S.
Foreign Worker Information	Foreign Worker Edu	cation				
Job Opportunity and Wage Information	Education	Major	Institution	Country	Month/Year	Actions
Worksite Information	+ Add Foreign Worker Er	<u>ducation</u>				
Additional Worksites	Save & Quit				Back	Continue

1. Click on the blue hyperlink "+ Add Foreign Worker Education".

2. Complete fields 1 – 1.e. for any education relevant to job opportunity and click Save.

<form> 1. Education: U.S Diploma/Degree attained relevant to the job portunity * ① Clear None High School/GED Associate Bachelors Dottorate (PhD) Other Degree (JD, MD, etc.) 1. 10 "Other Degree" in question 1, specify the diploma/degree attained * ③ Diploma ABC 1. Aspecify major(s) and/or field(s) of study (may list more than one field) * ③ 1. Appr ABC 1. Aname of Institution that issued the degree/diploma * ③ Institution ABC 1. Aname of Country of institution identified in question 1 and expression (may list more than one field) * ④ 1. Aname of Country of institution identified in question 1 c ④ MaLAYSIA • 1. 2/2015</form>	Add Foreign Worker Education	\times
 High School/GED Associate Bachetors Masters Doctorate (PhD) Othor Degree" in question 1, specify the diploma/degree attined * (*) Therpome ABC 1. of "Other Degree" in question 1, specify the diploma/degree attined * (*) Diploma ABC 1. Specify major(s) and/or field(s) of study (may list more than one relead) * (*) Major ABC 1. A name of institution that issued the degree/diploma * (*) Institution ABC 1. A name of Country of institution identified in question 1 c * (*) MALAYSIA 1. et Month/year attained * (*) [12/2015 		
 Associate Bachelor's Master's Doctorate (PhD) Other Degree (JD, MD, etc.) 1. If "Other Degree" in question 1, specify the diploma/degree attimed * ? Diploma ABC 1. b Specify major(s) and/or field(s) of study (may list more than one field) * ? Major ABC 1. c Name of Institution that issued the degree/diploma * ? Institution ABC 1. d Name of Country of institution identified in question 1c * ? MaLAYSIA 1. e Month/year attained * ? 	O None	
 Bachelor's Master's Doctorate (PhD) Other Degree (JD, MD, etc.) 1.4 f "Other Degree" in question 1, specify the diploma/degree databactive (PhD) Diploma ABC 1.5 Specify major(s) and/or field(s) of study (may list more than one field) * (PhD) Major ABC 1.6 Name of Institution that issued the degree/diploma * (PhD) Institution ABC 1.6 Name of Country of institution identified in question 1c * (PhD) MALAYSIA 1.6 Month/year attained * (PhD) 1.2/2015 	High School/GED	
 Master's Doctorate (PhD) Other Degree (JD, MD, etc.) 1.a fr "Other Degree" in question 1, specify the diploma/degree tatined * ? Diploma ABC 1.b Specify major(s) and/or field(s) of study (may list more than one field) * ? Major ABC 1.c Name of Institution that issued the degree/diploma * ? Institution ABC 1.d Name of Country of institution identified in question 1c * ? MALAYSIA 1.e Month/year attained * ? 	Associate	
 Doctorate (PhD) Other Degree (JD, MD, etc.) 1.a tr "Other Degree" in question 1, specify the diploma/degree strained * ? Diploma ABC 1.b Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) * ? Major ABC 1.c Name of Institution that issued the degree/diploma * ? Institution ABC 1.d Name of Country of institution identified in question 1c * ? MALAYSIA • 1.e Month/year attained * ? 	O Bachelor's	
 Other Degree (JD, MD, etc.) 1.a if "Other Degree" in question 1, specify the diploma/degree attained * ? Diploma ABC 1.b Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) * ? Major ABC 1.c Name of Institution that issued the degree/diploma * ? Institution ABC 1.d Name of Country of institution identified in question 1c * ? MALAYSIA • 1.e Month/year attained * ? 12/2015 	O Master's	
1.a If "Other Degree" in question 1, specify the diploma/degree attained * ③ Diploma ABC 1.b Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) * ④ Major ABC 1.c Name of Institution that issued the degree/diploma * ④ Institution ABC 1.d Name of Country of institution identified in question 1c * ④ MALAYSIA 1.e Month/year attained * ④ 12/2015	O Doctorate (PhD)	
attained * ③ Diploma ABC 1.b Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) * ③ Major ABC 1.c Name of Institution that issued the degree/diploma * ③ Institution ABC 1.d Name of Country of institution identified in question 1c * ③ MALAYSIA 1.e Month/year attained * ③ 12/2015	Other Degree (JD, MD, etc.)	
1.b Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) * ③ Major ABC 1.c Name of Institution that issued the degree/diploma * ③ Institution ABC 1.d Name of Country of institution identified in question 1c * ③ MALAYSIA 1.e Month/year attained * ③ 12/2015		
one rélated major and more than one field) * ⑦ Major ABC 1.c Name of Institution that issued the degree/diploma * ⑦ Institution ABC 1.d Name of Country of institution identified in question 1c * ⑦ MALAYSIA ¢ 1.e Month/year attained * ⑦ 12/2015	Diploma ABC	
1.c Name of Institution that issued the degree/diploma * ⑦ Institution ABC 1.d Name of Country of institution identified in question 1c * ⑦ MALAYSIA 1.e Month/year attained * ⑦ 12/2015		י
Institution ABC 1.d Name of Country of institution identified in question 1c * ③ MALAYSIA	Major ABC	
1.d Name of Country of institution identified in question 1c * ③ MALAYSIA 1.e Month/year attained * ③ 12/2015	1.c Name of Institution that issued the degree/diploma * ③	
MALAYSIA ¢ 1.e Month/year attained * ⑦ 12/2015	Institution ABC	
1.e Month/year attained * ⑦	1.d Name of Country of institution identified in question 1c * ③	,
12/2015	MALAYSIA 🗢	
	1.e Month/year attained * 💿	
Remove Foreign Worker Education Cancel Save	12/2015	
Remove Foreign Worker Education		
	Remove Foreign Worker Education Cancel Save	

3. Under "Actions", you can click "Edit" to modify or remove the education information you entered.



Appendix A.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 c through B e 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 Foreign Worker Education

Education	Major	Institution	Country	Month/Year	Actions
Other Degree	Major ABC	Institution ABC	MALAYSIA	12/2015	Edit

Appendix A.C - Foreign Worker Training Qualifications

1.	Click on the blue hyp	erlink "+ A	dd Foreign W	/orker Trainir	ng".			
	Form ETA-9089 Permanent Employment Certification	Append	ix A.C - For	eign Worke	r Trainin	g Quali	fications	
0	Preliminary Questions	programs, course	n is required if training, a cer work, and/or other training e ing permanent labor certificai	xperience (other than emplo	yment) that qualify t	he foreign worker i	for the job opportunity fo	or which the
	Employer Information	information relate	List the most recent training to to training, certifications, a for licensure information, the	nd/or licensure. For electron	ic filings, if the emplo	oyer needs to disc	lose more sections of tr	aining,
	Employer Point-of-Contact Information	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.						
0	Attorney or Agent Information							
	Foreign Worker Information	Foreign Worker T	raining		1			
		Institution	Name of Training	Certification(s)	Start Date	End Date	Awarded Date	Actions
	Job Opportunity and Wage Information	<u>+ Add Foreign Work</u>	<u>er Training</u>					
	Worksite Information	Save & Quit				[Back	Continue

2. Complete fields 1 – 1.e. for the institution, school, or training provider that conducted the foreign worker training and click Save.

×

3. Under Actions, you can click "Edit" to modify or remove the training information you entered.

Form ETA-9089 Permanent Employment Certification	Appendix A.	C - Foreig	n Worker Ti	raining	Qualifi	cations	
Preliminary Questions	programs, coursework, and	/or other training experier	n(s), and/or a license(s) is re nce (other than employment) nis may include, but is not lim	that qualify the for	eign worker for	the job opportunity for	which the
Employer Information	information related to trainin	ng, certifications, and/or li	leted first. Be sure to comple censure. For electronic filings istem will automatically provi	, if the employer r	needs to disclose	e more sections of trai	ning,
Employer Point-of-Contact	responses are completed. F	For mailed or paper filings this section of the Appen	, the employer will make one dix to complete and attach to	or more copies of	f training, certific	ation, and/or licensure	e information
Attorney or Agent Information							
Foreign Worker Information	1 Foreign Worker Training	Name of Training	Certification(s)	Start Date	End Date	Awarded Date	Actions
Job Opportunity and Wage Information	PM Training Institute A	Training A	Training A Certificate	01/2015	12/2017	01/2018	Edit
Worksite Information	+ Add Foreign Worker Training	, ,					
	Save & Quit					Back	Continue
Additional Worksites					L		



Appendix A.D - Foreign Worker Skills

1. Click on the blue hyperlink "+ Add Skills, Abilities, and Proficiencies".

Form ETA-9089 Permanent Employment Certification	Appendix A.D - Foreign Wo	rker Skill	S		
Preliminary Questions	<u>Note:</u> This section is required if there are special skills, abilities, a skills, abilities, and/or proficiencies the foreign worker possesses I permanent labor certification. Identify with whom (e.g., employer, s	or the minimum requir	rements of the	job opportunity for which the empl	oyer is seeking
Employer Information	Maryland) the foreign worker attained these skills, abilities, and/or abilities, and/or proficiencies. For electronic filings, if the employer system will automatically provide the employer with the option of a	needs to disclose mo	re sections of	skills, abilities, and/or proficiencies	s, the filing
Employer Point-of-Contact	filings, the employer will make one or more copies of skills, abilitie and attach to the Form ETA-9089. Submission of additional skil accepted.	· · · · ·			
Attorney or Agent Information					
	Skills, Abilities, and Proficiencies				
Foreign Worker Information	Employer/Institution/School/Training Name	Country	State	Territory/Province	Actions
Job Opportunity and Wage Information	<u>+ Add Skills, Abilities, and Proficiencies</u>				
Worksite Information	Save & Quit			Back	Continue

2. Complete fields 1 - 1.c. for the employer, institution, school, or training provider in which the foreign worker attained the skills, abilities, and/or proficiencies and click Save.

Skills, Abilities, and Proficiencies	×
1. Name of Employer/Institution/School/Training Provider ③	
Employer ABC	
1.a. Country * 💿	
UNITED STATES OF AMERICA 🗢]
1.b. State, Territory, or Province * 💿	
GEORGIA 🗢]
1.c. 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) * (2)	or
Gained specific skills, abilities, and/or proficiencies to meet requirements for the job opportunity.	
101 / 1500 character li	nit
Cancel	•

3. Under Actions, you can click "Edit" to modify or remove the training information you entered.



Appendix A.D - Foreign Worker Skills

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/or 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 Skills, Abilities, and Proficiencies

Employer/Institution/School/Training Name	Country	State	Territory/Province	Actions
Employer ABC	UNITED STATES OF AMERICA	GEORGIA		Edit
+ Add Skills, Abilities, and Proficiencies				

Save & Quit

Back Continue



Appendix A.E - Foreign Worker Work Experience

1. Click on the blue	hyperlink "+ Add Fore	ign Worker Work E	xperience".	
Form ETA-9089 Permanent Employment Certification	Appendix A.E -	Foreign Worker V	Nork Experie	nce
Preliminary Questions	training) that qualify the foreign work	e are experience requirements for the job o er for the job opportunity for which the emp ience, internships, apprenticeships, etc. Li	oloyer is seeking permanent labor	r certification. This may include, but is
Employer Information	automatically provide the employer w	ce. For electronic filings, if the employer ne with the option of adding more sets until all ies of the work experience set E.a of the Aj	required responses are complete	ed. For mailed or paper filings, the
Employer Point-of-Contact		h set and submission of additional work		
Attorney or Agent Information	<u>DO NOT</u> include contact information manager(s).	(e.g., telephone number, email address) o	f the employer and the name(s) o	f the foreign worker's supervisor(s) or
Foreign Worker Information	DO NOT include periods of unemplo	yment.		
Job Opportunity and Wage Information	Foreign Worker Work Experience			
	Employer Name	Country	Job Title	Actions
Worksite Information	+ Add Foreign Worker Work Experience			
Additional Worksites	Save & Quit		٦	Back Continue
Other Definable Geographic Area(s)			L	

2. Complete fields 1 - 1. If or the business, person, association, firm, corporation, or organization, i.e., the employer that employed the foreign worker and click Save.

d Foreign Morker Merk Experience	1.g Job Title * 💿
ld Foreign Worker Work Experience	X Job Title 1
1 Employer Name 💿	1.h Start Date * ⑦
Employer ABC	11/2000
1.a Address 1 * 💿	1.i End Date * ⑦
Address 1	06/2022
1.b Address 2 💿	1.j. Present * ⑦ <u>Clear</u> ○ Yes
N/A	● No
1.c City or Town * 💿	1.k Hours Worked Per Week ③
City1	40
1.d Postal Code * ⑦	1.I Job Duties: Specify details of the job work (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters)* ⑦
12345	Job details
1.e Country * 🛞	11 / 3500 character limit
UNITED STATES OF AMERICA	÷
1.f State, Territory, or Province * 💿	Cancel Save
GEORGIA	÷

3. Under Actions, you can click "Edit" to modify or remove the work experience information you entered.



Appendix 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 will the option of adding more sets until all required responses are completed. For malied 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 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).

<u>DO NOT</u> include periods of unemployment.

1 Foreign Worker Work Experience

Employer Name	Country	Job Title	Actions
Employer ABC	UNITED STATES OF AMERICA	Job Title 1	Edit
+ Add Foreign Worker Work Experience			

Save & Quit

Back Continue

Appendix B – Additional Worksite Information

1. Click on "Add Worksites". You can only add worksites identified in Appendix A of the Form ETA-9141 PWD application. In the Add Worksite(s) pop-up box, select the worksite(s) and click on Finish.

Form ETA-9089 Permanent Employment Certification	Appendix B - Additional Worksite Information
Preliminary Questions	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 and the application.
Employer Information	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 656.17(a), the Department will not certify incomplete applications. 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.
Employer Point-of-Contact Information	This Appendix will collect five (5) sections of additional worksite information. For electronic filings, if the employer needs to disclose more sections of
Attorney or Agent Information	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 filters must review the Form ETA-9089 for completeness and accuracy prior to submission
Foreign Worker Information	Appendix, on venan or the employer and as applicable. An mers must review the round LTA-3009 for completeness and accuracy prior to submission either by electronic filing or by mail.
Job Opportunity and Wage Information	Submission of additional worksite information in any other form or format will not be accepted. Additional worksites must be one or more of the additional worksites identified in Appendix A of the Form ETA-9141 for this specific job opportunity associated with the PWD tracking number in section E.1 of the Form-ETA-9089 and must have the appropriate wage offer rate. Worksites 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.
Worksite Information	
Additional Worksites	Additional Places of Employment
Other Definable Geographic Area(s)	Note: if you have a large amount of worksites the tables below may take a few moments to load.
Additional Job Opportunity Information and Other Requirements	Add Worksites
Professional/Non-Professional Recruitment Information	
Additional Recruitment Requirements for	Save & Quit Back Continue

Add Worksite(s)							
Select the worksites below from your Prevailing Wage Determination, which are relevant to the employment described in this application. 0 OF 1 SELECTED							
	City	State	County	MSA / OES Area Code	MSA Name / OES Area Title		
	City	FLORIDA	BAY	37460	PANAMA CITY, FL		
				« < Page	1 of 1 → Show 10		
						Finish	



lect the worksites	below from your Prev	vailing Wage Determi	nation, which are relev	ant to the employment described in this application.	
City	State	County	MSA / OES Area Code	MSA Name / OES Area Title	
Woodstock	GEORGIA	CHEROKEE	12060	ATLANTA-SANDY SPRINGS-ROSWELL, GA	
Marietta	GEORGIA	COBB	12060	ATLANTA-SANDY SPRINGS-ROSWELL, GA	
Acworth	GEORGIA	COBB	12060	ATLANTA-SANDY SPRINGS-ROSWELL, GA	
Kennesaw	GEORGIA	COBB	12060	ATLANTA-SANDY SPRINGS-ROSWELL, GA	
			« « Page	e 1 of 1 > >> Show 10 v	

3. You will see all the worksites you've added as shown below. If you added worksites in Appendix A of your PWD that span different states and/or counties within the same MSA/OES area code, you can click on the down arrow to change state and county of the worksite(s) that applies to this application.

Form ETA-9089 Permanent Employment Certifica	incomplete applications. 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.								
Preliminary Questions	syst filing recr	This Appendix will collect five (5) sections of additional worksite 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 malled 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.							
Employer Information									
Employer Point-of-Contact Information	wor ETA	Submission of additional worksite information in any other form or format will not be accepted. Additional worksites must be one or more of the additional worksites identified in Appendix A of the Form ETA-9141 for this specific job opportunity associated with the PWD tracking number in section E.1 of the Form- ETA-9089 and must have the appropriate wage offer rate. Worksites 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.							
Attorney or Agent Information									
Foreign Worker Information		Additional Places of Employment							
Job Opportunity and Wage Informa	Note: if you have a large amount of worksites the tables below may take a few moments to load.								
Worksite Information									
Additional Worksites	53								
		1. Sta	te*	2. County*		3. MSA / OES Area Code*			
Other Definable Geographic Area(s	1	GEORGIA	*	COBB	~	12060	ATLANTA-SANDY SPRING	S-ROSWELL, GA	
	2	GEORGIA	*	COBB	~	12060	ATLANTA-SANDY SPRING	S-ROSWELL, GA	
Additional Job Opportunity Informa	tion 3	GEORGIA	~	CHEROKEE	~	12060	ATLANTA-SANDY SPRING	S-ROSWELL, GA	
Professional/Non-Professional Recruitment Information	~	c Page 1 of 1 > >> Show 10 •							
Additional Recruitment Requirement Professional Occupations	its for								
Notice of Posting	S	ave & Quit						Back	Continue



4. If your application requires more worksites within the same MSA / OES area code, you can select a worksite on the list, scroll right to the Actions column for that worksite, click on the "ellipsis" and click on "Copy".

				1 /						
				with 20 CFR 656.17(a), the Department will not certify if the name, title, address, and phone number of the point of		CLOSE				
0	Preliminary Questions	ve sections	of this Appendix	employer needs to disclose more sections of information, the filing until all required responses are completed. For mailed or paper						
0	Employer Information	omplete this	le and attach to the Form ETA-9089. If the employer is required to undergo supervised mpde the Appendix on obtail of the employer and as applicable. All filters must review the electronic filing or by mail.							
0	Information	ific job opp	ortunity associa	dditional worksites must be one or more of the additional ted with the PWD tracking number in section E.1 of the Form- etropolitan or Non-Metropolitan Statistical Areas) should also						
0	Attorney or Agent Information									
0	Foreign Worker Information									
0	Job Opportunity and Wage Information	w moments	to load.							
0	Worksite Information									
Fb	Additional Worksites									
			3. MSA / OES Area Code*		3a. MSA Name / OES Area Title*	Actions				
0	Other Definable Geographic Area(s)	~	12060	ATLANTA-SANDY SPRINGS-ROSWELL, GA		•••				
-	Additional Job Opportunity Information	~	12060	ATLANTA-SANDY SPRINGS-ROSWELL, GA						
Ý	and Other Requirements	V 12060 ATLANTA-SANDY SPRINGS-ROSWELL, GA								
Ø	Professional/Non-Professional Recruitment Information				Сору					
Ī					Remov	ve				
	Additional Recruitment Requirements for									

5. To remove a worksite you added, click on the "ellipsis" for that worksite and select "Remove".

Appendix C – Supplemental Information

- 1. If you answered "Yes" to any of the questions 6 12 under Section G on the Form ETA-9089, you are required to complete this appendix.
- 2. Click on the blue hyperlink "+ Add Supplemental Information" and click Continue.

Form ETA-9089 Permanent Employment Certification	Appendix C - Sup	plemental Information							
Preliminary Questions	 There is 1 field level error on this page Field Appendix C: Please enter in at least 	ast 2 rows. One row for each answer marked "Yes" for questions G.6 through G.12							
Employer 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.								
Employer Point-of-Contact	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 656.17(a), the								
Attorney or Agent Information	Department will not certify incomplete	applications. Applications and documents submitted by mail should include a co of contact. The cover page should also index the documents included in the mailli	over page with the name, title,						
Foreign Worker Information	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								
Job Opportunity and Wage Information	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.								
Worksite Information									
Additional Worksites	0 Supplemental Information Section and Item Number	Section name or category of supplementary information	Actions						
Other Definable Geographic Area(s)	+ Add Supplemental Information								
Additional Job Opportunity Information and Other Requirements	Save & Quit	Вас	k Continue						



3. Click on the down arrow for question "1 Section and Item Number". You will see the list of questions from Section G for which you answered "Yes".

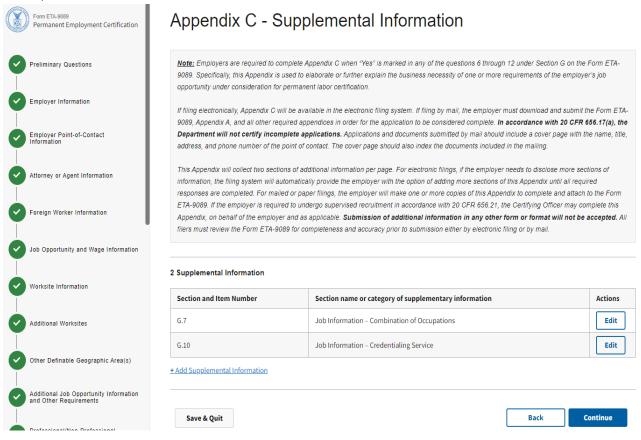
d Supplemental Inform	ation
1 Section and Item Number	* 🕐
- Select -	÷
- Select -	
G.7 G.10	>
- Select -	\$
	ion (up to 1,500 characters) * 📀
	0 / 1500 character limit
	Cancel Save

4. Select the first item on the list and complete question 1.b for the item you selected. You can click on the question mark tooltip "?" for instructions. Click Save when finished. Note that question 1.a has been filled in for you based on the short description for that question in Section G.

Add Supplemental Information	×
1 Section and Item Number * (?)	
G.7	*
1.a Section name or category of supplementary information *	* ⑦
Job Information – Combination of Occupations	Enter a brief explanation or business
1.b Supplementary Information (up to 1,500 characters) * 🕅	necessity justification in the space provided on the form (up to 1,500 characters). No attachments will be accepted.
	0 CFR 656.17(a), the
0 / 1500 character	e with the name, title,
	_
Cancel S	Save ore sections of all required
y supervised residiance in devolution man zo or it bookzin, the option	attach to the Form



5. Repeat steps 2 through 4 until you have provided the required responses for all sections and item numbers on the list. You will see a clean Appendix C section with no error bar on the top of form.



6. You will see a clean Appendix C section with no error bar on the top of form.



There is 1 field level error on this page
 Field Appendix C: Please enter in at least 2 rows. One row for each answer marked "Yes" for questions G.6 through G.12





Appendix D – Special Recruitment for College and University Teachers

Note: This Appendix is required only if you selected the Occupation Type of College or University Teacher and a competitive recruitment process was used.

	Form ETA-9089 Permanent Employment Certification	the name, title, address and phone number of the point of contact. The co	over page should also index the documents included in the mailing.
~	Preliminary Questions	1. Specify the date the foreign worker was selected for the position. • (mm/dd/yyyy	3
•	Employer Information		
	Employer Point-of-Contact	Name(s) of national professional journal, educational organization publication, or other publication	Start date of advertisement ③
		2.*	2a.* mm/dd/yyyy
Č	Attorney or Agent Information	3.5	3a.\$ mm/dd/yyyy
	Foreign Worker Information	4.5	4a.\$ mm/dd/yyyy
2	Job Opportunity and Wage Information		3
•	Worksite Information	5. Specify additional recruitment information (up to 3,500 characters).	
9	Additional Worksites		
	Other Definable Geographic Area(s)		
2	Additional Job Opportunity Information and Other Requirements		0 / 3500 character limi
•	Professional/Non-Professional Recruitment Information	Save & Quit	Back Continue

1. Enter the date the foreign worker was selected for the position in question 1.

- 2. Enter at least one national professional journal, educational organization publication, or other publication and the date in which advertisement was placed.
- 3. Describe all other recruitment conducted and sources used if applicable.
- 4. If your occupation type is not College or University Teacher, click Continue.



Application Documents

- 1. This section shows a list of all the documents you have uploaded as part of this application, if needed.
- 2. If you want to replace a document, navigate to the section in which the document was uploaded to clear the upload. Click Continue.

Form ETA-9089 Permanent Employment Certification	Application Doc	cuments			
Preliminary Questions	Below, you will find a summary of the additional supplemental documents		led to this application throughout the fo	orm. You may also add and cai	tegorize
Employer Information	0 Uploaded Documents				
Employer Point-of-Contact	Filename		Category		Actions
Attorney or Agent Information					
Foreign Worker Information					
Job Opportunity and Wage Information			ve no documents. ocuments will appear here.		
Worksite Information					
Additional Worksites					
Other Definable Geographic Area(s)	Save & Quit			Back C	ontinue
Additional Job Opportunity Information and Other Requirements					



Review and Submit

1. This is the final step before submission. You will see a list of the incomplete fields and any errors that must be corrected prior to submission. Please complete these required fields.

Form ETA-0089 Permanent Employment Certification	Review & Submit
Preliminary Questions	Submission Errors:
	A: Employer Information There are 2 errors on this page
Employer Information	Field A. 14: This field is required. Field A. 15: This field is required.

2. The submit button will be grayed out, preventing you from submitting the application with incomplete or missing information.

Review & Submit	Save & Quit	Back	Submit
Review & Submit			

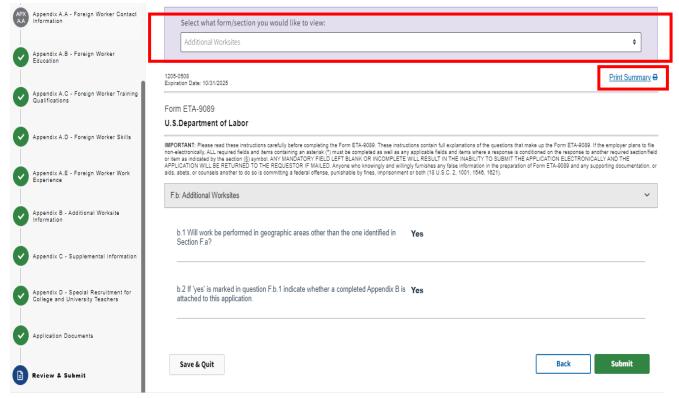
3. If you have no incomplete fields or errors, you will get a list of all the blank fields that will be populated with N/A or 0, as applicable.

	Review & Submit
Form ETA-9089 Permanent Employment Certification	
~	Note: These blank fields will be populated with N/A or 0, as applicable:
Preliminary Questions	A Complexe interview of the populated with terror or as appreciate.
Preliminary Questions	A Employer momentum o Field A2
	• Field A 4
Employer Information	• Field A9
	• Field A 11
Employer Point-of-Contact	Prieta A. II B. Employer Point-of-Contact Information
	B Employer Font-or-Contact montation Field B.3
	• Field B.6
Attorney or Agent Information	reid B.11 Field B.11
	C: Attorney or Agent Information
	C.Auoney or Agent mormation o Field C11
Foreign Worker Information	Field C.13
	Field 0.13 Field 0.13 Field 0.13
Job Opportunity and Wage Information	r.a. vvokste mornauon e Field F.a.3
Job Opportunity and Wage Information	H.d. Additional Recruitment Requirements for Professional Occupations
	r.d. Additional Rectainant Requirements for Professional Occupations o. Field 1a
Worksite Information	• Field 1.b
	• Field 4.a
	• Field 4b
Additional Worksites	• Field 5.a
	• Field 5 b
Other Definable Geographic Area(s)	• Field & a
	• Field & b
Additional Job Constructive Information	Field 9.a
Additional Job Opportunity Information and Other Requirements	Field 9.b
	 Field 10.a
Professional/Non-Professional Recruitment Information	Field 10.b
	J: Preparer
	Field J.1
Additional Recruitment Requirements for Professional Occupations	• Field J.2
	• Field J.3
Notice of Posting	• Field J.4
	Field J.5

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4. You can choose to review each of the sections of your application at this time. Use the drop down box to select a section of the form to review. Select "Print Summary" to print the application you have selected.



5. If you don't select a specific form/section, and you click on "Print Summary", you will receive a print summary of your entire application.



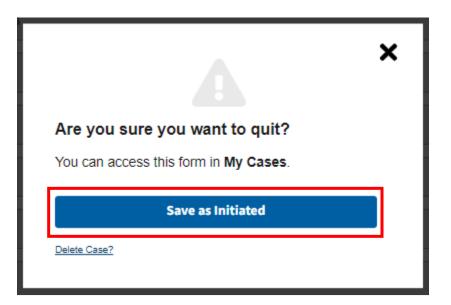


		· · · · · · · · · · · · · · · · · · ·		
Select what form/section you would like to	iour		Print	17 shee
- Select -	¢			-
]		Destination	Adobe PDF
I5-0508 biration Date: 10/31/2025	Print Summa	<u>y</u> 🖶		
orm ETA-9089			Pages	All
I.S.Department of Labor PORTANT: Please road these instructions carefully before co quantations of the questions that make up the Form ETA-9089. Al items containing an asterisk (*) must be completed as well a the response to another required section/field or item as indic	If the employer plans to file non-electronically, ALL required fie s any applicable fields and items where a response is condition	ed	Layout	Portrait
LANK OR INCOMPLETE WILL RESULT IN THE INABILITY TO PPLICATION WILL BE RETURNED TO THE REQUESTOR IF formation in the preparation of Form ETA-9089 and any suppo ommitting a federal offense, punishable by fines, imprisonment	SUBMIT THE APPLICATION ELECTRONICALLY AND THE MAILED. Anyone who knowingly and willingly furnishes any fa ting documentation, or aids, abets, or counsels another to do	e	Color	Color
Preliminary Questions				
			More settings	
H.a Is the employer required, by notice from a	Ne			
Certifying Officer, to currently undergo				
supervised recruitment in accordance with 20				
CFR 656.21?				
H.b Occupation Type - All must complete this				
section. Mark ONE appropriate box below:	1a. Professional Occupation			
Please upload the Notice of Supervised	NO			
Recruitment(NSR).				
You must upload your Player Contract.	NO			
Copies of any written contracts or summaries of				
the terms of oral agreements containing the				
terms of the worker's current employment				
including wage or salary.				
You must upload your Off Season letter.	NO			
Documentation that the job is permanent and				
year-round in nature, not temporary. It should				
indicate the number of hours worked per week				Print

6. The initiated application can be saved for future submission by selecting the "Save & Quit button. Click on "Save as Initiated" in the pop-up menu. If you do not want to save the application, select "Delete Case?".







7. Once you have saved the initiated application, it will be available in the Cases tab.

FOREIGN LABOR APPLI	CATION GATEWAY			С HELP
New Application	FLAG works optimally FLAG works optimally with Goog	with Google Chrome le Chrome, Mozilia Firefox, and Safari.		
Profiles	Choose an applica	tion		
A My Network	H-2B Tempony Labor Certification for Non-egricultural Violents	H-2A Temporary Labor Certification for Agricultural Workers	H-1B H-1B1 E-3 Labor Condition Application (LCA) for Specialty Occupations	CW-1 Transitional Worker Program in the Commonwealth of the Nother Manana Islands
	Form ETA-9141 Prevailing Wage Determination	Form ETA-790/790A Agricultural Clearance Order	Form ETA-9141 Prevailing Wage Determination	Form ETA-9141C Prevailing Wage Determination
	Form ETA-9142B Temporary Labor Certification	Form ETA-9142A Temporary Labor Certification	Form ETA-9035/9035E Labor Condition for Nonimmigrant Workers	Form ETA-9142C Temporary Labor Certification
	PERM Permanent Employment Certification for Workers Learn.more of			
	Form ETA-9141 Prevailing Wage Determination			

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8. Click on Cases and select "9089", and then "Initiated", your case will now be listed with an Application ID and a Case Status of Initiated. Click on the Application ID to open the initiated application and continue completing the application.

FOREIGN LABOR APPL	LICATION GATEWAY				Ć,	HELP
New Application	View and manage cases throughout to 9141 790A 145	Important Note: The system will update y the latest information on your cases. Once return to this page during your session, you	our Cases Table approximately every 15 minutes with the system updates and you refresh, navigate to, or will see changes to your case information.			
E Profiles	Initiated (31) 1 - 10 OF 31 INITIATED	ber (2) (Assigned Case Num	ber (3) (Historical (0))			Refine results T
🚓 My Network	Application ID	Employer Name	Job Title	Foreign Worker Name	Initiated Date	Case Status
	64302da62acf9b001de436e3				April 7, 2023	INITIATED
	64301b51bd2623001daaf198	Exceptional Stays	Human Resources Manager		April 7, 2023	INITIATED
	642f25884748f6001dab844c				April 6, 2023	INITIATED
	642f2020bd2623001daa53b1	House Atreides	Muad Dib		April 6, 2023	INITIATED
	642eec700e5354001cacce80				April 6, 2023	INITIATED
	642ecf5fbd2623001da88038	Snoopy & Company	ANPC Tester		April 6, 2023	INITIATED
	642ecd9abd2623001da8801a	Olve Corp	Human Resources Manager	FWFirstName N/A FWLastName	April 6, 2023	INITIATED
	642dbca8f46f42001ca401a9				April 5, 2023	INITIATED
	642d89c12acf9b001ddef615		-	-	April 5, 2023	INITIATED
	642d71af1d28f2001c70a79a	King Fuji Ranch-Shah	Muad Dib	FW first Name FW middle name	April 5, 2023	INITIATED
THINT OF						

« < Page 1 of 4 > >> Show 10 •



Form Submission

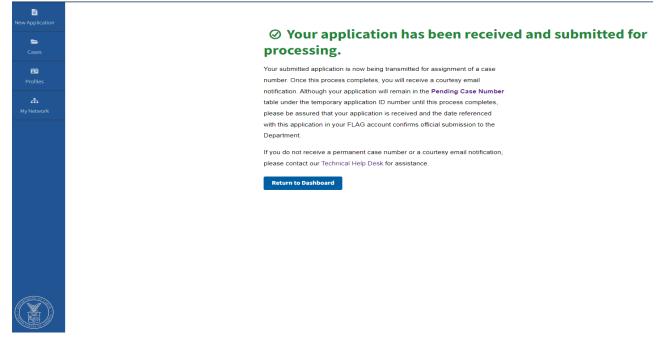
1. When you have completed all the required fields for all of the sections, and you have all green checkmarks, your Submit button is green.

Form ETA-9089	G: Additional Job Opportunity Information and Other Requirements	>
Permanent Employment Certification	H.c: Professional/Non-Professional Recruitment Information	>
Preliminary Questions	H.d: Additional Recruitment Requirements for Professional Occupations	>
Employer Information	H.e: Notice of Posting	>
Employer Point-of-Contact	I: Employer Labor Condition Statements	>
	J: Preparer	>
Attorney or Agent Information	APX A.A: Appendix A.A - Foreign Worker Contact Information	>
D Foreign Worker Information	APX A.B: Appendix A.B - Foreign Worker Education	>
Job Opportunity and Wage Information	APX A.C: Appendix A.C - Foreign Worker Training Qualifications	>
Worksite Information	APX A.D: Appendix A.D - Foreign Worker Skills	>
Additional Worksites	APX A.E: Appendix A.E - Foreign Worker Work Experience	>
	APX B: Appendix B - Additional Worksite Information	>
Other Definable Geographic Area(s)	APX C: Appendix C - Supplemental Information	>
Additional Job Opportunity Information and Other Requirements	APX D: Appendix D - Special Recruitment for College and University Teachers	>
Professional/Non-Professional Recruitment information	Save & Quit Back St	ıbmit

2. Click the green Submit button.



3. You will then get a confirmation saying your application has been received and submitted for processing. You will also receive a courtesy email notification.



4. Click "Return to Dashboard" to go back to the main FLAG page.



5. Click Cases Icon on the left, select "9089", and then "Assigned Case Number". Your case will now be listed with its Assigned Case Number.

E New Application Cases	View and manage cases throughout the application lifecycle. • 9141 770 • 7904 7650 • 91424 7650 9035 1	412) • 91428 (392) • 9141C (164) 9142C (1	D 9089 (C)	Important Note: The system the latest information on your return to this page during you	vill update your Cases Table sporointuite) every 15 cases. Once the system updates and you refeet, na r session, you vill see changes to your case information	minutes with rigate to, or 31.
Profiles	(Initiated (53)) (Pending Case Number (3)) (Assigned Ca 1 - 1 of 1 ASSIGNED CASE NUMBER	se Number (7) (Historical (0))			R	efine results T
My Network	Assigned Case Number Employer N	ame Job Title	Foreign Worker Name	Submitted Date	Case Status	PDF
	G-100-23104-676860 Marvel Studi	Marvel POC	fw first name n/a fw last name	April 14, 2023	ANALYST REVIEW	

6. Click on the Case Number. A page will open with information about the case, links to your documents, and a link to view a PDF of the submitted application.

New Application	Back to Cases					
-	Case Number: G-100-23104-676860	Foreig	Foreign Worker Name: Fw First Name N/a Fw Last Name			
Cases	Employer Name: Marvel Studios	Applic	Application Type: Professional Occupation			
EE Profiles	Job Title: Fundralser Primary Worksite: Manhattan, NY Submitted Date: April 14, 2023 at 1:34 PM	Case (Owner: Suan \	/alentino		View PDF
# My Network	Case Status: Analyst Review					
	Case Documents					
	Date Received Document Name		Document Category		Submitted By	
	April 14, 2023 ETA 9089 For G-100-23104-676860 pdf		±	ETA Form 9089	OFLC Official	
	April 14, 2023 New Case Received Email.html		Ŧ	Correspondence	OFLC Official	
		K K P	age 1 of	1 > >> Show 10 V		



Withdraw Submitted Application

- 1. To withdraw your application, find your assigned case.
- 2. Click on Actions in the upper right hand corner. You will see option to Withdraw this application.

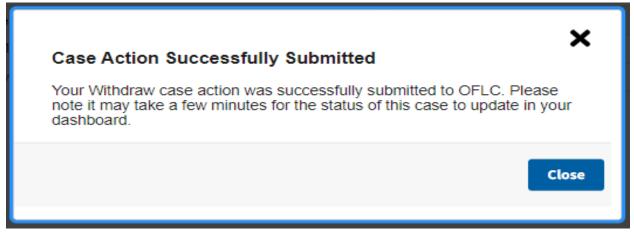
New Application	Back to Cases				
Cases Cases Profiles My Network	Case Number: G-100-23104-677256 Employer Name: Valentino Designs Job Title: Specialty Interior Designer Primary Worksite: Kennesaw, GA Submitted Date: April 14, 2023 at 12:48 PM Case Status: Analyst Review	A	Foreign Worker Name: Fwfirstname N/a Fwlastname Application Type: Professional Occupation Case Owner: Suan Valentino	Actions Withdraw View PDE	
Mynetwork	Case Documents	Document Name	Document Category	Submitted By	
	April 14, 2023	ETA 9089 For G-100-23104-677256.pdf	LETA Form 9089	OFLC Official	
	April 14, 2023	New Case Received Email.html	La Correspondence	OFLC Official	
		> 3)	Page 1 of 1 > >> Show 10 v		



3. Select a Withdraw Reason and click Submit.

	e that submitting thi . An application in V				
that while meeting al the same t application	vithdrawing a case i he employer may fil regulatory requiren oreign worker and ti referenced above v recruitment.	e a "NEW" la nents at any t he same job c	bor certification ime, "ANY" fut opportunity as	n applica ure appl in the wi	ation lication for ithdrawn
ithdraw Re	ason * 🕐				
Select -				¢	
				÷	
Select - Applicant D				÷	
Select - Applicant D Duplicate A	pplication In Proces			÷	
Select - Applicant D Duplicate A Duplicate A	pplication In Proces pplication Pending	with the Boa	rd of Alien Lab	¢	fication (BAL
Select - Applicant D Duplicate A Duplicate A Duplicate A	pplication In Proces pplication Pending pplication Previous	with the Boa	rd of Alien Lab	¢ oor Certi	fication (BAL
Select - Applicant D Duplicate A Duplicate A Duplicate A Employee I	pplication In Proces pplication Pending pplication Previous Jeparture	with the Boa	rd of Alien Lab	¢ oor Certi	fication (BAL
Select - Applicant D Duplicate A Duplicate A Duplicate A Employee I Employee 1	pplication In Proces pplication Pending pplication Previous Departure Terminated	with the Boa ly Certified	rd of Alien Lab	¢	fication (BAL
Select - Applicant D Duplicate A Duplicate A Duplicate A Employee I Employee T	pplication In Proces pplication Pending pplication Previous peparture erminated rror in Application S	with the Boa ly Certified Submission	rd of Alien Lab	\$ Por Certi	fication (BAL
Select - Applicant D Duplicate A Duplicate A Duplicate A Employee I Employee T Employer E	pplication In Proces pplication Pending pplication Previous Departure erminated irror in Application S unity No Longer Ava	with the Boa ly Certified Submission	rd of Alien Lab	\$ Por Certi	fication (BAL
Select - Applicant D Duplicate A Duplicate A Duplicate A Employee I Employee 1 Employee 7 Employer E Dob Opport	pplication In Proces pplication Pending pplication Previous leparture erminated rror in Application S unity No Longer Av- Longer Needed	with the Boa ly Certified Submission	rd of Alien Lab	¢ oor Certi	fication (BAL
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4. You will get a confirmation that the withdrawal was successfully submitted.



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Profiles	(Initiated (50)) (Pending Case Number (0)) (Assigned Case Number (16)) 1 - 1 OF 1 HISTORICAL						
# My Network	Assigned Case Number	Employer Name	Job Title	Foreign Worker Name	Submitted Date	Case Status	PDF
	G-100-23104-677256	Valentino Designs	Owner	fwfirstname n/a fwlastname	April 14, 2023	WITHDRAWN	

Note: Once you withdraw an application, it cannot be reinstated for further processing.