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

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



SUPPLEMENTAL INFORMATION

A.	Supplementar	y Information	1 :	S
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Item Number		Section name or category of supplementary information						
1b. Supplementary information. (up to 1,500 characters)								
B. Supplementar	y Informa	tion 2 §						
1. Section and		1a. Section name or category of						
Item Number		supplementary information						
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PERM Case Number:	Case Status:	Determination Date:	Expiration Date: