OMB Approval: 1205-0466 Expiration Date: XX/XX/XXXX

H-2A Agricultural Clearance Order Form ETA-790A Addendum B U.S. Department of Labor



C. Additional Place of Employment Information

1. Name of Agricultural Business §	2. Place of Employment *	3. Additional Place of Employment Information §	4. Begin Date §	5. End Date §	6. Total Workers §
			<u> </u>		

Form ETA-790A Addendum B	1	FOR DEPARTMENT OF LABOR USE ONLY		Page B.1 of B.2
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	to

OMB Approval: 1205-0466 Expiration Date: XX/XX/XXXX

H-2A Agricultural Clearance Order Form ETA-790A Addendum B U.S. Department of Labor



D. Additional Housing Information

1. Type of Housing *	2. Physical Location *	3. Additional Housing Information §	4. Total Units *	5. Total Occupancy *	6. Applicable Housing Standards *
					☐ Local
					□ State□ Federal
					□ Local □ State
					☐ Federal
					☐ Local
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Form ETA-790A Addendum B		FOR DEPARTMENT OF LABOR USE ONLY		Page B.2 of B.2
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	to