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 §
	I		]		

D. Additional Housing	Information
-----------------------	-------------

Form ETA-790A Addendum B	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

1. Type of Housing *	2. Physical Location *	3. Additional Housing Information §	4. Total Units *	5. Total Occupancy *	6. Inspection Entity *
□ Employer-provided □ Rental or public accommodations					□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
□ Employer-provided □ Rental or public accommodations					□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
☐ Employer-provided ☐ Rental or public accommodations					□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
☐ Employer-provided☐ Rental or public accommodations					□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
☐ Employer-provided☐ Rental or public accommodations					□ Local authority □ SWA □ Other State authority □ Federal authority □ Other

For Public Burden Statement, see the Instructions for Form ETA-790/790A.

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