

## 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 $\S$	4. Begin Date §	5. End Date §	6. Total Workers §

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Validity Period:

H-2A Case Number:



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## 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 *
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					Local State
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>
					□ Local □ State □ Federal
					<ul><li>❑ Local</li><li>❑ State</li><li>❑ Federal</li></ul>

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H-2A Case Number:

Case Status:

Determination Date:

Validity Period: