

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 §

Form ETA-790A Addendum B

H-2A Case Number:

Case Status: ____

Determination Date:

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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 *
					Local
					□ State
					□ Federal
					LocalState
					Grane State
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					Local
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					Local
					State
					Federal

H-2A Case Number:

_to _

Case Status: _____

Validity Period: