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 §
				_	

D. Additiona	l Housing	Information
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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.

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