

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



**C. Additional Agricultural Business Information**

*Ag Business 1*

1. Ag Business ID *	2. FEIN (from IRS) *	3. Legal Business Name *			
4. Trade Name/Doing Business As (DBA), if applicable §		5. Previous DBA, if applicable §		6. Previous DBA, if applicable §	
7. Address 1 *				8. Address 2 (suite/floor and number) §	
9. City *	10. State *	11. Postal code *	12. County *		

*Ag Business 2*

1. Ag Business ID *	2. FEIN (from IRS) *	3. Legal Business Name *			
4. Trade Name/Doing Business As (DBA), if applicable §		5. Previous DBA, if applicable §		6. Previous DBA, if applicable §	
7. Address 1 *				8. Address 2 (suite/floor and number) §	
9. City *	10. State *	11. Postal code *	12. County *		

*Ag Business 3*

1. Ag Business ID *	2. FEIN (from IRS) *	3. Legal Business Name *			
4. Trade Name/Doing Business As (DBA), if applicable §		5. Previous DBA, if applicable §		6. Previous DBA, if applicable §	
7. Address 1 *				8. Address 2 (suite/floor and number) §	
9. City *	10. State *	11. Postal code *	12. County *		

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**D. Additional Place of Employment Information**

1. Ag Business ID *	2. Place of Employment *	3. Additional Place of Employment Information §	4. Begin Date §	5. End Date §	6. Total Workers §
	a. Address 1 b. Address 2 (suite/floor and number) § c. City   d. State e. Postal Code   f. County				
	a. Address 1 b. Address 2 (suite/floor and number) § c. City   d. State e. Postal Code   f. County				
	a. Address 1 b. Address 2 (suite/floor and number) § c. City   d. State e. Postal Code   f. County				
	a. Address 1 b. Address 2 (suite/floor and number) § c. City   d. State e. Postal Code   f. County				
	a. Address 1 b. Address 2 (suite/floor and number) § c. City   d. State e. Postal Code   f. County				

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**E. Additional Housing Information**

1. Type of Housing *	2. Physical Location *	3. Additional Housing Information §	4. Total Units *	5. Total Occupancy *	6. Inspection Entity *
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations					<input type="checkbox"/> Local authority <input type="checkbox"/> SWA <input type="checkbox"/> Other State authority <input type="checkbox"/> Federal authority <input type="checkbox"/> Other _____
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations					<input type="checkbox"/> Local authority <input type="checkbox"/> SWA <input type="checkbox"/> Other State authority <input type="checkbox"/> Federal authority <input type="checkbox"/> Other _____
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations					<input type="checkbox"/> Local authority <input type="checkbox"/> SWA <input type="checkbox"/> Other State authority <input type="checkbox"/> Federal authority <input type="checkbox"/> Other _____
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations					<input type="checkbox"/> Local authority <input type="checkbox"/> SWA <input type="checkbox"/> Other State authority <input type="checkbox"/> Federal authority <input type="checkbox"/> Other _____
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations					<input type="checkbox"/> Local authority <input type="checkbox"/> SWA <input type="checkbox"/> Other State authority <input type="checkbox"/> Federal authority <input type="checkbox"/> Other _____

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