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 *

OMB Approval: 1205-0466
Expiration Date: XX/XX/XXXX

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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				

H-2A Case Number: ____________________ Case Status: __________________ Determination Date: _____________ Validity Period: _____________ to _____________

OMB Approval: 1205-0466
Expiration Date: XX/XX/XXXX

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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 *
❑ 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.

H-2A Case Number: ____________________ Case Status: __________________ Determination Date: _____________ Validity Period: _____________ to _____________