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 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	<u> </u>  *		
Ag Business 2							
1. Ag Business ID *	2. FEIN (from IRS) *	3. Legal Busin	ess 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	<u> </u>  *		

Form ETA-790A Addendum B	F	OR DEPARTMENT OF LABOR USE ONLY		Page B.1 of B.
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	to

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

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



# 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 (suit	b. Address 2 (suite/floor and number) §					
	c. City		d. State				
	e. Postal Code	f. County					
	a. Address 1						
	b. Address 2 (suit	te/floor and number) §					
	c. City		d. State				
	e. Postal Code	f. County	I.				
	a. Address 1  b. Address 2 (suite/floor and number) §						
	c. City		d. State				
	e. Postal Code	f. County	I.				
	a. Address 1 b. Address 2 (suite/floor and number) §						
	c. City		d. State				
	e. Postal Code	f. County	1				
	a. Address 1	a. Address 1 b. Address 2 (suite/floor and number) §					
	b. Address 2 (suit						
	c. City		d. State				
	e. Postal Code	f. County	1	1			

Form ETA-790A Addendum B	FOR DEPARTMENT OF LABOR USE ONLY			Page B.2 of B.3	
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	to	

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

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



### 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.

Form ETA-790A Addendum B	FOR DEPARTMENT OF LABOR USE	Page B.3 of B.		
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	_ to