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

Agricultural Clearance Order Form ETA-790 U.S. Department of Labor



IMPORTANT: In accordance with 20 CFR 653.500, all employers seeking U.S. workers to perform agricultural services or labor on a temporary, less than year-round basis through the Agricultural Recruitment System for U.S. Workers, must submit a completed job clearance order (Form ETA-790) to the State Workforce Agency (SWA) for placement on its intrastate and interstate job clearance systems. Employers submitting a job order in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A) must complete the Form ETA-790 and attach a completed ETA-790A. All other employers submitting agricultural clearance orders must complete the Form ETA-790 and attach a completed ETA-790B. Employers and authorized preparers must read the general instructions carefully, complete ALL required fields/items containing an asterisk (*), and any fields/items where a response is conditional as indicated by the section (§) symbol.

I. Clearance Order Information

| | TOR STATE WO | | E AGENCY (SWA 1 through 17 | I) OSL ONLI | |
|---|--|-------------------------|-------------------------------|--------------------------------------|-----------------------|
| Clearance Order Number * | 2. Clearanc | e Order Issu | ue Date * | 3. Clearance Order Expiration Date * | |
| 4. SOC Occupation Code * | 5. SOC Occ | cupation Title | e * | | |
| | CIMA Ouden | Halding O | ffine Courte et Inf | 4 : | |
| 6. Contact's last (family) name * | SWA Order | | ffice Contact Info | | ddle name(s) § |
| or contacto lact (lamily) have | | (9) | | G | auto riaime(o) s |
| 9. Contact's job title * | | | | | |
| 10. Address 1 * | | | | | |
| 11. Address 2 (suite/floor and number) § | | | | | |
| 12. City * | | | 13. State | * 14. P | ostal code * |
| 15. Telephone number * | 16. Extension | on § 17. I | Email address * | | |
| | | | | | |
| . Employer Contact Information | | | | | |
| Legal Business Name * | | | | | |
| | | | | | |
| Trade Name/Doing Business As (| (DBA), if applicab | ole § | | | |
| 3. Contact's last (family) name * | | 4. First (given) name * | | 5. Mic | ddle name(s) § |
| 6. Contact's job title * | | | | | |
| o. Contact 5 job title | | | | | |
| 7. Address 1 * | | | | | |
| 8. Address 2 (suite/floor and number) § | | | | | |
| 9. City * | | | 10. State | * 11. P | ostal code * |
| 12 Tolophono number + | 10 Evtor-1 | on 5 1.4 | Duoinogo amail a | ddroop t | |
| 12. Telephone number * | 13. Extension | JII 8 14. I | Business email a | uuress * | |
| 15. Federal Employer Identification Number (FEIN from IRS) * | | | 16. NAIC | S Code * | |
| | | | | | |
| II. Type of Clearance Order | | | | | |
| Indicate the type of agricultural cl with the SWA for recruitment of U | ☐ 790A (placed in connection with an H-2A application) | | | | |
| one) * | WUIKEIS. (CNO | use uniy | ☐ 790B (not pla | aced in connection | with an H-2A applicat |

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Temporary Agricultural Clearance Order Form ETA-790



U.S. Department of Labor

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