

#### C.1. Additional Agricultural Business Information

### Ag Business 1

1.	FEIN (from IRS) *	2. Legal Business Name *					3. Total Workers *
4.	Trade Name/Doing Bu	siness As (DBA), if applicable §	5. Previous DBA	, if applicable §		6. Previous DBA, if app	blicable §
7.	Address 1 *					8. Address 2 (suite/floor a	nd number) §
9.	City *		10. State *	11. Postal code *	12. County	*	

## Ag Business 2

1.	FEIN (from IRS) *	2. Legal Business Name *					3. Total Workers *
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 a	and number) §
9.	City *		10. State *	11. Postal code *	12. County	*	

## Ag Business 3

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

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



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## C.2. Additional Place of Employment Information

1. Legal Business Name *	2. Place of Employment *		3. Additional Place of Employment Information and Crop and Agricultural Activity *	4. Begin Date §	5. End Date §	
	a. Address Location *					
	b. City * c. State*			-		
	d. Postal Code	e. County *				
	a. Address Location *					
	h City t		c. State*	-		
	b. City "		c. State"			
	d. Postal Code	e. County *				
	a. Address Locat	lion *				
a. Addres b. City * d. Postal a. Addres b. City * d. Postal * a. Addres b. City * d. Postal * a. Addres b. City *						
				-		
	b. City *		c. State*			
	d. Postal Code	e. County *				
	a. Address Locat	tion *				
	h City *		c. State*	-		
			c. State			
	d. Postal Code *	e. County *				
d. Pos		tion *				
	b. City * c. State*					
		1	o. Sidio			
	d. Postal Code *	e. County *				
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Case Status:

Determination Date: \_\_\_\_\_



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### D. 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	a. Address Locatio	on *					<ul> <li>Local authority</li> <li>SWA</li> <li>Other State authority</li> </ul>
Rental or public accommodations	b. City * c. State *					<ul> <li>Federal authority</li> <li>Other</li> </ul>	
	d. Postal Code *	e. County *					
<ul> <li>Employer-provided</li> <li>Rental or public</li> </ul>	a. Address Location *						<ul> <li>Local authority</li> <li>SWA</li> <li>Other State authority</li> </ul>
accommodations	b. City * d. Postal Code *	e. Postal Code *	c. State *				<ul> <li>Federal authority</li> <li>Other</li> </ul>
<ul> <li>Employer-provided</li> <li>Rental or public accommodations</li> </ul>	a. Address Location	e. Postal Code *	c. State *				<ul> <li>Local authority</li> <li>SWA</li> <li>Other State authority</li> <li>Federal authority</li> <li>Other</li> </ul>
<ul> <li>Employer-provided</li> <li>Rental or public accommodations</li> </ul>	a. Address Location	e. Postal Code *	c. State *	-			<ul> <li>Local authority</li> <li>SWA</li> <li>Other State authority</li> <li>Federal authority</li> <li>Other</li> </ul>
<ul> <li>Employer-provided</li> <li>Rental or public accommodations</li> </ul>	a. Address Locat b. City * d. Postal Code *	e. Postal Code *	c. State *				<ul> <li>Local authority</li> <li>SWA</li> <li>Other State authority</li> <li>Federal authority</li> <li>Other</li> </ul>

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

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