



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

C.1. Additional Agricultural Business Information

Ag Business 1

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 and 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 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 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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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 §						
	<table border="1"> <tr> <td colspan="2">a. Address Location *</td> </tr> <tr> <td>b. City *</td> <td>c. State*</td> </tr> <tr> <td>d. Postal Code *</td> <td>e. County *</td> </tr> </table>	a. Address Location *		b. City *	c. State*	d. Postal Code *	e. County *			
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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 *
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations	a. Address Location * <hr/> b. City * c. State * <hr/> d. Postal Code * e. County *				<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	a. Address Location * <hr/> b. City * c. State * <hr/> d. Postal Code * e. Postal Code *				<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	a. Address Location * <hr/> b. City * c. State * <hr/> d. Postal Code * e. Postal Code *				<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	a. Address Location * <hr/> b. City * c. State * <hr/> d. Postal Code * e. Postal Code *				<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	a. Address Location * <hr/> b. City * c. State * <hr/> d. Postal Code * e. Postal Code *				<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.