



Non-Criteria Agricultural Clearance Order
 Form ETA-790B Addendum B
 U.S. Department of Labor

C. Additional Agricultural Business Information

Ag Business 1

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

Ag Business 2

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

Ag Business 3

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



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D. Additional Place of Employment Information

1. Place of Employment *		2. Additional Place of Employment Information and crop and agricultural activity *	3. Begin Date §	4. End Date §	5. 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 *				



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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 *
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations				
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations				
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations				
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations				
<input type="checkbox"/> Employer-provided <input type="checkbox"/> Rental or public accommodations				

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