

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



C. Additional Place of Employment Information

| 1. Name of Agricultural Business § | 2. Place of Employment * | 3. Additional Place of Employment Information § | 4. Begin Date § | 5. End Date § | 6. Total Workers § |
|------------------------------------|--------------------------|---|-----------------|---------------|--------------------|
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D. Additional Housing Information



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| 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 | | | | | <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 | | | | | <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 | | | | | <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 | | | | | <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 | | | | | <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.