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 * | | - | | M | 8. Address 2 (suite/floor a | and number) § | |
| 9. City * | | 10. State * | 11. Postal code * | 12. County | * | | |
| Ag Business 2 | | | 6 |) | | | |
| 1. FEIN (from IRS) * | 2. Legal Business Name * | | 2 | | | 3. Total Workers * | |
| 4. Trade Name/Doing Bo | usiness As (DBA), if applicable § | 5. Previous DBA, | if applicable § | | 6. Previous DBA, if app | blicable § | |
| 7. Address 1 * | | | <u> </u> | | 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 * | <i>y y</i> | | | | 3. Total Workers * | |
| 4. Trade Name/Doing Bo | usiness As (DBA), if applicable § | 5. Previous DBA, | if applicable § | | 6. Previous DBA, if app | blicable § | |
| 7. Address 1 * | 0 | | | | 8. Address 2 (suite/floor a | and number) § | |
| 9. City * | | 10. State * | 11. Postal code * | 12. County | * | | |
| | Y | | | | | | |

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

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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 * | | (65) | | |
| | b. City * d. Postal Code e. County * | c. State* | | | |
| | a. Address Location * | | | | |
| | b. City * | c. State* | | | |
| | d. Postal Code e. County * a. Address Location * | Q | | | |
| | b. City * | c. State* | | | |
| | d. Postal Code e. County * | Y | | | |
| | a. Address Location * | | | | |
| | b. City * d. Postal e. County * Code * | c. State* | | | |
| | a. Address Location * | | | | |
| | b. City * d. Postal Code e. County * | c. State* | | | |
| | * | | | | |

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D. Additional Housing Information

| 1. Type of Housing * | 2. Physical Location * | 3. Additional Housing Information § | | 5. Total Occupancy * | 6. Inspection Entity * | |
|---|--|-------------------------------------|----|-------------------------|---|--|
| ☐ Employer-provided☐ Rental or public accommodations | a. Address Location * b. City * c. State * d. Postal Code * e. County * | | 5) | | □ Local authority □ SWA □ Other State authority □ Federal authority □ Other | |
| □ Employer-provided □ Rental or public accommodations | a. Address Location * b. City * c. State * d. Postal Code * e. Postal Code * | SIB | | | □ Local authority □ SWA □ Other State authority □ Federal authority □ Other | |
| □ Employer-provided □ Rental or public accommodations | a. Address Location * b. City * c. State * d. Postal Code * e. Postal Code * | | | | □ Local authority □ SWA □ Other State authority □ Federal authority □ Other | |
| □ Employer-provided □ Rental or public accommodations | a. Address Location * b. City * c. State * d. Postal Code * e. Postal Code * | | | | □ Local authority □ SWA □ Other State authority □ Federal authority □ Other | |
| □ Employer-provided □ Rental or public accommodations | a. Address Location * b. City * c. State * d. Postal Code * e. Postal Code * | | | | □ Local authority □ SWA □ Other State authority □ Federal authority □ Other | |

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

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|--------------------------|---|---------------------|------------------|---------------|--|--|
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