OMB Approval: 1205-0466 Expiration Date: 07/31/2027

H-2A Case Number:

Case Status:

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Validity Period:

Determination Date: _____

C.1. Additional Agricultural Business Information

Ag Business 1						
1. FEIN (from IRS) * 2. Legal Business Name *	2. Legal Business Name *					
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	 nty *		
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 DE	5. Previous DBA, if applicable § 6. Previous DBA, if applicable §			l plicable §	
7. Address 1 *	I			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)			and number) §	
9. City *	10. State *	11. Postal code *	12. County	y *		
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C.2. Additional Place of Employment Information

1. Legal Business Name *	2. Place of Employme	ent *	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 *				
	b. City *	c. State*			
	d. Postal Code * e. County *				
	d. I ostal code e. codility				
	a. Address Location *				
	b. City *	c. State*			
	d. Postal Code * e. County *				
				l	

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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 □ Rental or public accommodations	a. Address Location b. City * d. Postal Code *	e. County *	c. State *				□ Local authority□ SWA□ Other State authority□ Federal authority□ Other
□ Employer-provided □ Rental or public accommodations	a. Address Location b. City * d. Postal Code *	e. Postal Code *	c. State *				□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
□ Employer-provided □ Rental or public accommodations	a. Address Location b. City * d. Postal Code *	e. Postal Code *	c. State *				□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
□ Employer-provided □ Rental or public accommodations	a. Address Location b. City * d. Postal Code *	e. Postal Code *	c. State *				□ Local authority □ SWA □ Other State authority □ Federal authority □ Other
□ Employer-provided □ Rental or public accommodations	a. Address Local b. City * d. Postal Code *	e. Postal Code *	c. State *				□ 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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