

**Domestic Origin Verification (DOV)  
 APPLICATION FOR SERVICE**

OMB Approved No. 0581-0234

Name and Address of Facility Where Audit Services Are Requested:		
Billing Address		
<b>List</b> the components and products that are requested for DOV program approval (Fruit, nut, or vegetable components and/or products):		
Check Appropriate Domestic Origin Status: <input type="checkbox"/> Process and/or handle <b>ONLY domestic</b> fruit, nut, and vegetable components or products, including components or products from suppliers that are similar to that delivered to the United States Department of Agriculture (USDA), Agricultural Marketing Service (AMS). <input type="checkbox"/> Process and/or handle domestic and non-domestic fruit, nut, and vegetable components or products that may include finished product from suppliers that are similar to that delivered to the USDA. Non-domestic components and products and those "not established" as domestic are controlled by a written <b>Segregation Procedure</b> .		
I (we) agree: 1. To comply with all applicable provisions of the General Terms and Conditions of the Procurement of Agricultural Commodities or Services, and Commodity Procurement Branch (CPB) announcements, specifications, and invitations. 2. To allow reasonable access to facilities and provide all documentation or records within the scope of the DOV program. 3. To <b>immediately</b> notify the DOV Coordinator when it (1) implements or changes a procedure to control components or products that are received or purchased, or to segregate domestic from non-domestic including those "not established" as domestic; or (2) changes the domestic origin status as stated on the application; or (3) changes the components or products noted in this application. 3. To <b>immediately</b> notify the USDA, AMS, Fruit and Vegetable Programs (F&V), CPB and the nearest PPB Field Office when non-conforming components or products are shipped to the USDA. 4. To provide a completed <i>DOV Application for Service</i> and related verifiable written procedures. 5. To respond to Corrective Action Requests. 6. To suspension or denial from DOV program approval if deemed in the best interest of the USDA, AMS. Reasons for suspension or denial of approval include, but are not limited to, the inability to provide the required domestic origin documentation, a request by CPB to suspend the applicant for inability to meet contract requirements, or customer complaints. 7. To authorize posting of information regarding this approval on the USDA Internet website. Signing this application provides the authorization to post the applicant's information on the website. If you do not want your company's name posted on the web, please check <input type="checkbox"/> . 8. To pay all applicable fees associated with this auditing service.		
Signature of Applicant or Representative:	Title of Applicant Representative:	Date:
Print or Type Name of Signer:	Telephone No.:	E-mail address of Applicant's Representative:

**Return the application and related documents to:**  
**USDA, AMS, FV, DOV Coordinator**  
**409 North Street**  
**Seneca, KS 66538**

**E-mail:** [DOVS.fv@usda.gov](mailto:DOVS.fv@usda.gov)  
**Telephone:** (785) 336-0267  
**Fax:** (785) 336-0238

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