

Application for Service – Export of Processed Egg and Egg Foods

Export application for service of processed eggs and/or egg foods that are regulated by the FDA intended for human consumption.

Consignor/Exporter (name and address): MF Inc. 123 Street Anywhere, Mn 55305		Producer/Manufacturer (name and address): SAME	
Tax I.D. #: xxxxxxxxxxxx			
Point of Contact: M. O'Conner		Point of Contact:	
Phone number: 651.201.6000		Phone number:	
Fax number: 651.201.6121		Fax number:	
Contact email: moconner@mfinc.com		Contact email:	
Name of Products:	Country of destination:	ISO code:	
Frozen diced whole eggs	Mexico	MX	
Frozen egg patties	Mexico	MX	
<input checked="" type="checkbox"/> I (we) agree to: 1. To notify the Program Manager, in writing and in advance of my (our) cancellation of the application; 2. To notify the Program Manager immediately when a change occurs in my (our) legal status /Applicant Representative; and; 3. That the service for which application is hereby made may be denied or withdrawn at any time as provided in the Certification Regulations.			

Signature of Applicant or Representative:	Date: 1/2/2013
Print or type Name and Title of Applicant or Representative: Mike O'Conner VP-Sales and Marketing	

Application for Service – Export of Processed Egg and Egg Foods

Export application for service of processed eggs and/or egg foods that are regulated by the FDA intended for human consumption.

Consignor/Exporter (name and address): ABC Exporting Services 456 Main Street El Paso, Texas 79077	Producer/Manufacturer (name and address) MF Inc. 123 Street Anywhere, Mn 55305	
Tax I.D. #: xxxxxxxxxxxx		
Point of Contact: J. Salinas	Point of Contact: M. O'Conner	
Phone number: 1.800.835.5832	Phone number: 651.201.6000	
Fax number: 1.800.509.1159	Fax number: 651.201.6121	
Contact email: jsalinas@abcexport.com	Contact email: moconner@mfinc.com	
Name of Products: Frozen diced whole eggs Frozen egg patties	Country of destination: Mexico Mexico	ISO code: MX MX
<input checked="" type="checkbox"/> I (we) agree to: <ol style="list-style-type: none"> 1. To notify the Program Manager, in writing and in advance of my (our) cancellation of the application; 2. To notify the Program Manager immediately when a change occurs in my (our) legal status /Applicant Representative; and; 3. That the service for which application is hereby made may be denied or withdrawn at any time as provided in the Certification Regulations. 		

Signature of Applicant or Representative: Print or type Name and Title of Applicant or Representative: Jerry Salinas VP-Sales and Marketing	Date: 1/2/2013
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