



United States Department of Agriculture

AGRICULTURAL MARKETING SERVICE, FRUIT & VEGETABLE PROGRAM

REQUEST FOR: **INSPECTION** **REINSPECTION** **APPEAL INSPECTION**

(This is the only acceptable form for fax or electronic submission to USDA for requesting inspection services)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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NOTE: Fill in all appropriate blocks; blocks with “*” must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above.

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|--------------------------------------|------------------|---------------------------------|--|---|-------------------------------|
| *Applicant's (Company) Name: | | *Date: | | | |
| *Street Address: | | *Time: | | | |
| *City, State & Zip: | | Type of Carrier: | | | |
| *Contact Person: | | | | Type: | Car Number or License Number: |
| *Phone Number: | | | | <input type="checkbox"/> Car: | |
| *E-Mail Address: | | | | <input type="checkbox"/> Trailer: | |
| *Shipper's Name: | | | | <input type="checkbox"/> Lot Inspection | |
| Enter when different from Applicant: | City and State: | Applicant's P.O. Number: | | | |
| | Receiver's Name: | | | | |
| | City and State: | | | | |
| *Location of Product(s): | | | | | |

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|---|--|---|--|
| Lots Separated by (Optional): | | *Inspection Requested For (Must select at least one): | |
| <input type="checkbox"/> PLI Numbers | | <input type="checkbox"/> Quality and Condition (including size when applicable) | |
| <input type="checkbox"/> Grower Numbers | | <input type="checkbox"/> Condition Only | |
| <input type="checkbox"/> Size | | <input type="checkbox"/> Size | |
| <input type="checkbox"/> Other, Specify: | | <input type="checkbox"/> Net Weight | |
| Digital Images Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Other, Specify: | |

| Products To Be Inspected | | | | | |
|---------------------------------|--------------|-----------|----------------|-------|--------------|
| *PRODUCTS | BRANDS/MARKS | *QUANTITY | Type Container | *Size | Type/Variety |
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Remarks/Special Instructions;