

Agricultural Marketing Service, Specialty Crops Program, Specialty Crops Inspection Division

RECORDING INFORMATION ON FORM SC-356

Record the necessary information for inspection of a lot on the "Application for Inspection and Certificate of Sampling" Form SC-356. See the example of the SC-356 on the final pages of this instruction for letter codes shown as red letters that align with the fields described below.

- a. To be completed by USDA,
- b. Name, address and E-mail address of applicant,
- c. Name and address of receiver or buyer,
- d. Name of party requesting the inspection if other than the applicant,
- e. Contract or order number if applicable,
- f. Date available for sampling/inspection,
- g. Where and to whom the certificate and fee bill are to be mailed,
- h. Method of delivery of distribution,
- i. Type and name of product,
- j. Location of product where sampling is to take place and contact information for that location,
- k. Type of packing and packaging,
- 1. Information on previous inspections of the same lot or portions of the lot (if applicable) including certificate numbers and area office where certified.
- m. Quality requirements of the receiver, if applicable.
- n. Additional requirement(s) of inspection request.
- o. Applies to "Unofficial Sample(s) Submitted by Applicant" only. Check box to indicate. The requesting party should also complete the name and title of requestor and signature of requestor blocks on the Certificate of Sampling (reverse side) of the Application for Inspection.
- p. Applies to Section 8e Import Product Inspection only.
 - Enter the following additional information in this section:
 - Importer of record,
 - Date of arrival,
 - Port of entry,
 - Name of vessel and voyage number,
 - Customs entry number,
 - Bill of lading number,
 - Broker's reference number,
 - FCE number,
 - Port of export,
 - Harmonized Tariff Code for the commodity being imported,

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- Container number, and
- Country of origin of the product.
- q. Applies to Export Certification only.
 - Enter the following additional information in this section:
 - Port of export,
 - Port of entry,
 - Vessel name,
 - Voyage number,
 - Date of freezing,
 - Freezing temperature, and
 - Storage temperature of the product.
- r. Lot number,

Size,

Description,

Number and type of containers in each case, and Container code marks.

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U.S. DEPARTMENT OF AGRICULTURE						APPLIC		DATE		HOUR	
AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICAT)E	TAKEN	BY (Initials)				
SAMPLING						1 I	a				
NAME AND MAILING ADDRESS OF APPLICANT (Include City, State, ZIP)						NAME AND MAILING ADDRESS OF RECEIVER OR BUYER (Include City, State, ZIP)					
ь						ç					
Enter your E-Mall Add	ress here:										
IF REQUESTED BY OT				M-0.97	No. 40		RNUMBER		ABLE FOR SAME		151-1
I REQUESTED DI OT	d	n, arcoir	THE ME OF P		e f					eor.	
MAIL OF	RTIFICATE AND FEE		NOT	E: Mark an "X	(" In ap	propriate bi		REPRINTION	INSTRUCTIONS		L.
	OTHER (Specify)	DILL TO	g		DISTRIBUTION INSTRUCTIONS h						
TYPE OF PRODUCT D	CANNED I FROZEN	D DRIED	C DEHYDR/	ATED D OTHE	ER	LOCATIO	ON OF PRODUC	T (Name, Add	ress, and Phone)		
NAME OF PRODUCT	i				j						
TYPE OF CASE						CASE MA	RKS (Specify In	Remarks" on	reverse)		
D NONE DOME	ESTIC DOTHER	(Specify)		k	COMMERCIAL SPECIAL						
PRODUCT PREVIOUS	LY GRADED					FIELD OF	FICE WHERE G	RADED			
□ NO □ YES (If "Yes", give Certificate Number)											
REPORT RESULTS IMMEDIATELY AFTER GRADING TO QUALITY REQUIREMENTS OF RECEIVER											
APPLICANT	OTHER (S								m		
ADDITIONAL REQUIRE	MENTS (Check all that of Pack (Federal or S		n			Officially Sa	moled" stamp o	n nases. Star	np this form when	20000	nlished
		-	1			· ·	1.1.1			300011	pilaricu
Condition of Conta Attach Form AD-7	ainer Examination (Fe 148 or 741	deral or Sta	ate Agencies)	Checkloading Required Date:						
USDA Contracts-	Country of Origin Cer					Inofficial Sa	mple Submitted	by Applicant	. See terms and	signatu	re
Plant System's Aut		-	em Survey re	equired) or		request on	reverse side of t	o ortho			
SECTION 8e IMP	ORT PRODUCT INSI Date of Arrival	PECTION: Port of E	p ntry	Name of Ve	of Vessel/Voyage No. Customs Entry No. Bill of Lading No.						
Importer of Necord	Date of Armai		ing y	manie or ve	vesservoyageno. Custons Lindy no. Dill of Labing no.						
Broker's Reference N	No. FCE No.	Port of E	f Export Harmonized Tariff C		Code	Code Container No.		Country of Origin			
EXPORT CERTIF	Port of Entry	N	lame of Vess	ol		Voyage No		Date of	Freezing	9	orana
Portor Export			Name of Vessel.			vojage no.		Date of Freezing Freezing Temp. °C.		. Te	orage emp. °C.
OTHER: PLEASE SPECIFY IN REMARKS											
LOT SIZE AND NO AND TYPE OF CODE MARKS INLIGT NO.							NO. SAMPL				
			CONTAINERS IN CASE D EMBOSSED D INK STAMPED D INK JET D			K JET DOTHER	ł	ES			
			r								
ADDITIONAL SAMPLE	UNITS FOR: AN	ALYTICAL	USDA R		NONTH	ILY REVIEW					-

REMARKS:

THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described above.

DATE	ADDRESS OF SAMPLER OR FIELD OFFICE OFFICIAL SAMPLER PRINT AND SIGN NAME										
DATE	DRIVING (HRS)	SAMPLING (HRS)	STAMPING (HRS)	CONDITION (HRS)	CHECKLOADING (HRS)	PRODUCT EXAM (HRS)	OTHER (HRS)	HOURS	OVERTIME (HRS)	NIGHT DIFF (HRS)	INSP INT.

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CERTIFICATE OF SAMPLING THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the Inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described below.					
CONTRACT NUMBER	PURCHASE ORDER NUMBER				
NAME AND MAILING ADDRESS OF APPLICANT (Include City, State, Zip)	NAME AND LOCATION OF WAREHOUSE (Include City and State)				
PRODUCT	SIZE AND KIND OF CONTAINERS				
TYPE OF CASE (If cased) CORRUGATED OTHER Tray Pack	NUMBER PER CASE				

CASE MARKINGS (If any)

LOT NO.	NO. SAMPLES	NO. CASES	LOCATION IN WAREHOUSE

REMARKS

DATE	OFFICIAL SAMPLER PRINT AND SIGN NAME	ADDRESS OF FIELD OFFICE/INSPECTION POINT					
	es for inspection of the processed food products described in this application in accordance with the regulations of t						
	iners are not from Jots which have been previously inspected by the U.S. Department of Agriculture and are in no						
NAME	AND TITLE OF REQUESTOR	SIGNATURE OF REQUESTOR					
	0	0					
	information in this application will be used in connection with performing an inspection on the product described in this application (7CFR 52). According to the Paperwork Reduction Act of 1996, 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 0651-0125. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gather						
	and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basi						
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all or part of an Individu	all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communicati						
program information ()	program information (Braille, Jarge print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2000 (voice and TDD). To file a complaint of discrimination, write to USDA. Director, Office or						
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