U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
POULTRY PROGRAMS

APPLICATION FOR SERVICE

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In accordance with the applicable provisions of the regulation issued by the Agricultural Marketing Service, U.S. Department of Agriculture, application is hereby made for the furnishing of the service(s) checked below to be performed at the plant specified:

"X"	VOLUNTARY SERVICE REQUESTED	TYPE OF SERVICE	REGULATIONS APPLICABLE TO SERVICE REQUESTED
	SHELL EGG GRADING SERVICE	☐ Resident ☐ Non-Resident ☐ Temporary	Grading of Shell Eggs (7 CFR Part 56)
	POULTRY OR RABBIT GRADING SERVICE	☐ Resident ☐ Non-Resident ☐ Temporary	Voluntary Grading of Poultry Products and Rabbit Products (7 CFR Part 70)

NAME, ADDRESS, TELEPHONE NUMBER, AND FAX NUMBER OF PLANT *(Street and No., City, State, and ZIP Code)*

PLANT NUMBER

CERTIFICATION: I agree to comply with the terms and conditions of the regulations applicable to the service(s) requested (*including but not limited to such instructions governing such service as may be issued, from time to time, by the Agricultural Marketing Service).* I also agree to notify the Agricultural Marketing Service of any contaminated or adulterated (chemical, physical, or biological agents) shell eggs in the processing plant and to assure identification and segregation of such product. This notification includes shell eggs that have tested positive for *Salmonella Enteritidis* (SE) or shell eggs from houses determined positive for the presence of SE, or any shell eggs that have been recalled or subject to any recall. I also agree to provide the AMS grader detailed information pertaining to the method of identification and segregation required of any shell eggs that have been determined to be contaminated, or adulterated, including eggs from an identified layer flock that tests positive for the presence of SE. I hereby acknowledge receipt of a copy of Public Law 84-272 (7 U.S.C. 1622(h)) and the regulations under which this application is made.

NAME (*As shown on your income tax return*)

ADDRESS OF APPLICANT *(Street and No., city, State, and ZIP Code)*

NAME OF APPLICANT (*If different from above*)

E-MAIL ADDRESS:

EMPLOYER IDENTIFICATION NUMBER (EIN) _____ (is a 9 digit number assigned to sole proprietorships, corporations, partnerships, estates, trusts, and other entities for filing and reporting purposes).

DATE

SIGNATURE OF APPLICANT

APPLICATION GRANTED

(FOR USE BY USDA, Agricultural Marketing Service)

DATE	TITLE	BY *(Signature)*

*No member of or delegate to Congress, or Resident Commissioner, shall be admitted to any benefit that may arise from this service unless derived through service rendered a corporation for its general benefit.