



How to Complete the Application for Service (LP-109)

1. Place a check mark in the appropriate box to indicate if this is a New Application, Change of Address, or Revision.
 - a. Use New Application if you have not received service before.
 - b. Use Change of Address when you are reporting changes in an address for the company.
 - c. Use Revision when submitting a form that identifies a change in the company name, services requested, etc.
2. **Commodity:** Place a check mark in the appropriate box to identify ONLY the commodity type you are requesting service for at this time. Other commodities that are not listed may be identified on the blank line.
3. **Type:** Place a check mark in the type of request applicable to the applicant. Check only one box.
 - a. **Scheduled** service request is one in which the applicant is entering into an agreement for services as outlined in:
 - i. [7 CFR Part 54, Meats, Prepared Meats, and Meat Products \(Grading, Certification and Standards\)](#) Section 54.27(c).
 - ii. [7 CFR Part 56, Voluntary Grading of Shell Eggs](#) Section 56.28 (b).
 - iii. [7 CFR Part 70, Voluntary Grading of Poultry Products and Rabbit Products](#) Section 70.37(b).

Scheduled service requests require the submission of Form LP-110, Work Schedule Request in addition to the LP-109, Application for Service.
 - b. **Unscheduled** service request is one in which the applicant is entering into an agreement of services on an as needed basis or for a warehouse or cold storage facility as outlined in:
 - i. [7 CFR Part 54, Meats, Prepared Meats, and Meat Products](#) (Grading, Certification and Standards), Section 54.27(c).
 - ii. [7 CFR Part 62, AMS Audit Verification and Accreditation Programs](#), Section 62.202.
 - iii. [7 CFR Part 56, Voluntary Grading of Shell Eggs](#), Section 56.28 (a) or (c).
 - iv. [7 CFR Part 70, Voluntary Grading of Poultry Products and Rabbit Products](#), Section 70.37 (a) or (c).



4. **Grading Services:** Place a check mark in the type of services applicable to this Application for Service. Multiple boxes may be checked. Other services that do not meet any of the services listed can be identified on the blank line.
5. **Auditing Services:** If applicable, place a check mark in the type of Auditing Service applicable to this Application for Service. Multiple boxes may be checked. Other audit services that do not meet any of the services listed can be identified on the blank line.
6. **Regulations Applicable to Requested Service(s):** Check the box applicable to this Application for Service. Multiple boxes may be checked.
7. **Applicant Information:**
 - a. Name of Applicant. Enter the name of the company requesting service(s). The name entered must match the IRS records for the Tax ID Number identified below.
 - b. Tax ID Number. Enter the 9 digit IRS Tax Identification number for the company requesting service(s). This is the corporate tax identification number sometimes also referred to as a Tax Identification Number (TIN) or Employer Identification Number (EIN). If the entity submitting the application is an individual, then the social security number is required.
 - c. Small Business. Is the applicant considered a small business according to the U.S. Small Business Administration's Table of Small Business Size Standards, place a check in the appropriate box.
 - d. Billing Address of Applicant. Enter the address where the invoice(s) for service(s) provided should be mailed.
 - e. Phone Number. Enter the applicant's telephone number and fax number (if applicable).
 - f. E-mail Address. Enter the e-mail address of the representative that completed the form.
 - g. Plant Number. For poultry and shell egg plants, enter the official plant number if a plant number has already been assigned. If this is a new poultry or shell egg plant requesting service and does not have a plant number assigned, leave this field blank. It will be assigned by the Business Operations Branch.
 - h. FSIS or NFI Establishment Number. If applicable, enter the FSIS or NFI establishment number where service will be performed.
 - i. Name and Physical Address Where Service(s) Will Be Performed. Enter the address of the location where service(s) will be performed. In instances where the entity requesting services is different than the entity where service(s) are provide, include the name of the company.



- j. **Phone Number.** Enter the telephone number available at the physical address and fax number (if applicable).
8. **** Certification:** If the applicant is requesting Shell Egg service(s), place a check mark in the box to acknowledge agreement with the certification statement.
9. **I (We) agree to:** Place a check mark in the box to acknowledge agreement with the statements. CFR's can be found: [7 CFR 54](#), [7 CFR 56](#), [7 CFR 62](#), [7 CFR 70](#), and [PL 272 can be found here](#).
10. **Print Name & Title of Applicant:** Enter the printed name and printed title of the representative submitting the application.
11. **Signature of Applicant:** Enter the signature of the representative completing application. Include a contact number by the signature.
12. **Date:** Enter date the application was signed.
13. **Submit Completed Application for Service to:**

USDA, MRP, AMS, L&P, QAD
Business Operations Branch
10809 Executive Center Drive, Suite 318
Little Rock, AR 72211-6022
QAD.BusinessOps@usda.gov

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