



**SPECIALTY CROPS INSPECTION DIVISION
POSITIVE LOT IDENTIFICATION
STAMP(S)/DIE(S) REQUEST FORM**

A. Stamp Description

Stamp Location (Applicant):

Stamp Manufacturer:

Stamp Manufacturer: Please reproduce, at the Applicant's expense, _____ hand stamps or _____ in-line coder printing dies bearing the approved USDA Federal-State Inspection logo with the following permanently affixed accountability number(s).

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____ Inches

House
Number

District
Number

Inspection
Number

Office/Market
Number

____ Inches

B. Applicant's Request

As a duly authorized agent of the above firm (Applicant), I hereby request that the above stamp/die order be approved and produced. I/We agree to be responsible for all charges assessed by the stamp manufacturer for this order. I also acknowledge that all stamps/dies ordered are the exclusive property of the United States Department of Agriculture and/or the _____ Federal-State Inspection Service.

Applicant's Authorization Signature

Date of Request

E-Mail Address:

C. State/District Authorization

I have reviewed the above request and give approval for the order to be processed.

State/District Authorization Signature

Date of Request

D. Federal Authorization

All stamps/dies which make reference to or imply that a product has been USDA or Federal-State inspected are accountable items and are the property of the United States Department of Agriculture. No stamps/dies shall be produced without specific written consent of the Federal Program Manager/ Supervisor.

Federal Program Manager/Supervisor's Signature

Date of Authorization

NOTE: These stamps/dies are to be mailed to the Federal-State District Supervisor who will distribute them.

MAIL STAMPS/DIES TO

E. Manufacturer's Statement

I certify that each stamp/die produced by this firm bears a permanent accountability number and the only stamps/dies produced by this firm with markings referencing the USDA and/or the _____ Federal-State Inspection Service are those that have been authorized in writing by the USDA.

Manufacturer's Signature of Compliance

Title

Date of Shipment

F. Local/District Receipt

I have received _____ (quantity) stamp/dies bearing the following permanently affixed accountability number(s).

District Supervisor's Signature

Date Received

G. Authorized PIQ-PLIDS Firm Representative/Inspector's Receipt

I have received the above listed stamps/dies and they are now my responsibility.

Authorized Signature

Date Received

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 is 0581-0125. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing the instruction, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information.

Non-Discrimination Policy: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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