

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING				APPLICATION TAKEN BY <i>(Initials)</i>		DATE		HOUR			
NAME AND MAILING ADDRESS OF APPLICANT <i>(Include City, State, ZIP)</i>				NAME AND MAILING ADDRESS OF RECEIVER OR BUYER <i>(Include City, State, ZIP)</i>							
Enter your E-Mail Address here:				IF REQUESTED BY OTHER THAN APPLICANT, SPECIFY NAME OF PARTY		CONTRACT OR ORDER NUMBER		DATE AVAILABLE FOR SAMPLING/INSP.			
NOTE: Mark an "X" in appropriate blocks											
MAIL CERTIFICATE AND FEE BILL TO <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i>				DISTRIBUTION INSTRUCTIONS <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> EXPRESS GROUND MAIL <input type="checkbox"/> OTHER							
TYPE OF PRODUCT <input type="checkbox"/> CANNED <input type="checkbox"/> FROZEN <input type="checkbox"/> DRIED <input type="checkbox"/> DEHYDRATED <input type="checkbox"/> OTHER NAME OF PRODUCT				LOCATION OF PRODUCT (Name, Address, and Phone)							
TYPE OF CASE <input type="checkbox"/> NONE <input type="checkbox"/> DOMESTIC <input type="checkbox"/> OTHER <i>(Specify)</i>				CASE MARKS <i>(Specify in "Remarks" on reverse)</i> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPECIAL							
PRODUCT PREVIOUSLY GRADED <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes", give Certificate Number)</i>				FIELD OFFICE WHERE GRADED							
REPORT RESULTS IMMEDIATELY AFTER GRADING TO <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i>				QUALITY REQUIREMENTS OF RECEIVER							
ADDITIONAL REQUIREMENTS (Check all that apply)											
<input type="checkbox"/> Certificate of Date of Pack <i>(Federal or State Agencies)</i>				<input type="checkbox"/> "Officially Sampled" stamp on cases. Stamp this form when accomplished							
<input type="checkbox"/> Condition of Container Examination <i>(Federal or State Agencies)</i> Attach Form AD-748 or 741				<input type="checkbox"/> Checkloading Required Date: _____							
<input type="checkbox"/> USDA Contracts—Country of Origin Certification and Traceability Documents. <i>(Plant Survey and Food Defense System Survey required) or Plant Systems Audit</i>				<input type="checkbox"/> Unofficial Sample Submitted by Applicant. See terms and signature request on reverse side of this form							
<input type="checkbox"/> SECTION 8e IMPORT PRODUCT INSPECTION:											
Importer of Record		Date of Arrival	Port of Entry	Name of Vessel/Voyage No.		Customs Entry No.		Bill of Lading No.			
Broker's Reference No.		FCE No.	Port of Export	Harmonized Tariff Code		Container No.		Country of Origin			
<input type="checkbox"/> EXPORT CERTIFICATE:											
Port of Export		Port of Entry		Name of Vessel.		Voyage No.		Date of Freezing	Freezing Temp. °C.	Storage Temp. °C.	
<input type="checkbox"/> OTHER: PLEASE SPECIFY IN REMARKS											
LOT NO.	LOT SIZE AND DESCRIPTION		NO. AND TYPE OF CONTAINERS IN CASE		CODE MARKS IN LOT <input type="checkbox"/> EMBOSSED <input type="checkbox"/> INK STAMPED <input type="checkbox"/> INK JET <input type="checkbox"/> OTHER				NO. SAMPLES		
ADDITIONAL SAMPLE UNITS FOR: <input type="checkbox"/> ANALYTICAL <input type="checkbox"/> USDA REVIEW <input type="checkbox"/> MONTHLY REVIEW <input type="checkbox"/> OTHER _____											
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)	TOTAL HOURS	OVERTIME (HRS)	NIGHT DIFF (HRS)	INSP INT.

(OVER)

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 <i>(Include City, State, Zip)</i>		NAME AND LOCATION OF WAREHOUSE <i>(Include City and State)</i>	
PRODUCT		SIZE AND KIND OF CONTAINERS	
TYPE OF CASE <i>(if cased)</i> <input type="checkbox"/> CORRUGATED <input type="checkbox"/> OTHER <input type="checkbox"/> Tray Pack		NUMBER PER CASE	
CASE MARKINGS <i>(if any)</i>			

LOT NO.	NO. SAMPLES	CODE MARKS				NO. CASES	LOCATION IN WAREHOUSE
		EMBOSSED	INK STAMPED	INK JET	OTHER		

REMARKS

DATE	OFFICIAL SAMPLER PRINT AND SIGN NAME	ADDRESS OF FIELD OFFICE/INSPECTION POINT
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The undersigned applies for inspection of the processed food products described in this application in accordance with the regulations of the Secretary of Agriculture (7 CFR). To the best of my knowledge and belief, these containers are not from lots which have been previously inspected by the U.S. Department of Agriculture and are in no way the subject of controversy with any government agency.

 NAME AND TITLE OF REQUESTOR	SIGNATURE OF REQUESTOR
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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 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 30 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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of 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). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.