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EQUIPMENT REVIEW REQUEST

Applicant (Name and Address)	Party Responsible for Payment if other than Applicant (Name and Address) Confirmation Required (Letter or Fax) Received	Equipment Located at (Name and Address)
Website		
Tax Identification No. (TIN)	Tax Identification No. (TIN)	Inspection Date(s) Requested:
Contact	Contact	Contact
Telephone	Telephone	Telephone
Fax	Fax	Fax
Type of Equipment:		 Dairy Livestock and Poultry 3-A Third Party Verification
Signature of Applicant (typed signature will suffice)	Date	Email
 Domestic Inspection: A minimum of thirty (30) working days notification is require unavailable, the next available date acceptable to all partie Foreign Inspection: A minimum of forty-nine (49) working days advance notice Is received by the Dairy Grading Branch. If specialists are 	es will be assigned.	s will start from the date this request form
Hotel accommodations (USDA Dairy must pay): Does the Hotel accept Visa credit cards: □ Yes □ No	Best mode of transportation from air	rport (train, taxi, company pickup…):
If submitting electronically, please sign and ma	ail or fax a copy of this form to the add	dress below:
USDA/AMS/DAIRY PROGRAMS Dairy Grading Branch Design Review Section Room 2746 – South Building 1400 Independence Ave. SW STOP 0230 Washington, DC 20250-0230 Tel: 202 720-3171 Fax: 202 720-2643		
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	Specialist Assigned:	
Date Received:	Specialist A	Assigned: