

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> 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 TYPE OF CASE <input type="checkbox"/> NONE <input type="checkbox"/> DOMESTIC <input type="checkbox"/> OTHER <i>(Specify)</i> PRODUCT PREVIOUSLY GRADED <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes", give Certificate Number)</i> REPORT RESULTS IMMEDIATELY AFTER GRADING 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 LOCATION OF PRODUCT (Name, Address, and Phone) CASE MARKS <i>(Specify in "Remarks" on reverse)</i> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPECIAL FIELD OFFICE WHERE GRADED QUALITY REQUIREMENTS OF RECEIVER
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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

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

EXPORT CERTIFICATE:

Port of Export	Port of Entry	Name of Vessel.	Voyage No.	Date of Freezing	Freezing Temp. °C.	Storage Temp. °C.
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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: ANALYTICAL USDA REVIEW MONTHLY REVIEW 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
		EMBOSSSED	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, gender, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited 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.