



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

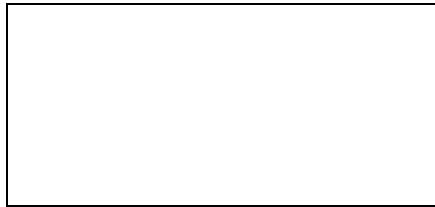
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB number. The valid OMB number for this information is 0581-0125. The time required to complete this information 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.

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).



___ Inches

Inches

Table with 4 columns: House Number, District Number, Inspection Number, Office/Market Number

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