

**US DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 FRUIT AND VEGETABLE PROGRAMS
 REQUEST FOR**

INSPECTION **REINSPECTION** **APPEAL INSPECTION**

(This is the only acceptable form for fax inspection requests to USDA)

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The Agricultural Marketing Act of 1946 and 7CFR Parts 51.7 and 51.25 authorizes the collection of this information. The information collected is used to identify the Food Product requiring inspections. Furnishing this information is voluntary; however, without it, inspection may be delayed because of incomplete information. This information may be furnished to any agency responsible for enforcing the provisions of the Act.

Public reporting for this collection of information is estimated to average .033 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of collection of this information, including suggestions for reducing the burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250 and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0581-0125), Washington, DC 20503. When replying, refer to the OMB Number and Form Number in your letter.

Fax Number For Local Inspection Office	NOTE: Fill in all appropriate blocks. Inspections may be delayed because of incomplete information.
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Applicant, Name of Company and Address	Date requested
	Time Requested <input type="checkbox"/> AM <input type="checkbox"/> PM
Contact Telephone Number	

Shipper's Name and Address	Location of Shipment
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Receiver's Name and Address	Type of Carrier <input type="checkbox"/> Car <input type="checkbox"/> Trailer <input type="checkbox"/> Lot Inspection <input type="checkbox"/> Initial or License Number (show)
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PRODUCT(S)	BRANDS/MARKS	QUANTITY	SIZE	TYPE/VARIETY

Applicant requests inspection for: Condition Grade Weight Size Other (Specify)_____

Applicant's Remarks

Applicant's PO Number