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U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE APPLICATION FOR THE RETURN OF EXPORTED PRODUCTS TO THE UNITED STATES				1. APPLICANT SUBMIT TO (USDA, FSIS): (See page 2 for address)	
3. APPLICANT (Name and Address including zip code, phone number, fax number and email)				2. EXPORT CERTIFICATE NO. (Attach Copy) (i.e., MPA-000000)	
				4. US PORT OF ENTRY	
				5. DATE OF ENTRY (mm/dd/yy)	
6. ORIGINATING EXPORTING ESTABLISHMENT NO.		7. U.S. ESTABLISHMENT NO.		8. DATE OF REQUEST (mm/dd/yyyy)	
9. PRODUCT AS LABELED	10. MARKED WEIGHT	11. NO. OF CARTONS	12. PRODUCTION CODE	13. SHIPPING MARKS (Applied at Time of Export)	14. EST. NO. ON PRODUCT
15. PORTS TRANSITED		16. COUNTRY RETURNED FROM		17. REASON FOR RETURN	
18. REINSPECTION: *ESTABLISHMENT			19. IMPORT FACILITY		20. DATE (mm/dd/yyyy)
TO BE COMPLETED BY FSIS PERSONNEL ONLY					
21. REINSPECTION: REQUIRED			22. RELEASE IN COMMERCE		
23. COMMENTS/REMARKS					
24. PRINT NAME OF STAFF OFFICER				25. SIGNATURE OF STAFF OFFICER	
26. DATE (mm/dd/yyyy)				26. DATE (mm/dd/yyyy)	

*Applicants should identify an official FSIS establishment for reinspection, a date for the reinspection, and an Import Facility for sealing of the shipment. Approval of the establishment and reinspection date pending concurrence from the District Office, Office of Field Operations. Product must be sealed at an approved FSIS Import Facility prior to shipment moving to approved reinspection facility.

INSTRUCTIONS FOR PREPARATION OF FSIS FORM 9010-1

Note: The information on the form can be typed or written to be completed by Applicant

1. Applicant Submit to: **U.S. Department of Agriculture
Food Safety and Inspection Service
Office of International Affairs
1400 Independence Avenue SW
Room 2137-South Building
Washington, DC 20250**

**Phone: (202) 720-9904
FAX: (202) 720-6050
E-Mail: importinspection@fsis.usda.gov**
 2. **Export Certificate Number** - As identified on certificate and shipping cartons
 3. **Applicant** - Information regarding applicants company and the companies address including phone and fax numbers, including applicants representative - name of person filling out application
 4. **U S Port of Entry** - City and State of U S Port of Entry either entering sea or ground/air
 5. **Date of Entry** - Date when the product arrived in the US (Month, Day, and Year)
 6. **Originating Export Establishment** - Establishment number and full address (street, city, state and zip code) where export originated from
 7. **U S Establishment** - Where Product was Originally Produced - Producing establishment name, number and full address (street, city, state and zip code)
 8. **Date of request** - Date application is completed and faxed to Import Inspection Division, Headquarters at (202) 720-6050
 9. **Product as labeled** - Species and Product as described on Label or Export documents, e.g. "Beef Boneless Rounds"
 10. **Marked Weight** - Weight in pounds
 11. **No. of Cartons** - The numeric carton count
 12. **Production Code** - Date produced
 13. **Shipping Marks** (Applied at Time of Export) - Export Stamp number
 14. **Establishment No. on Product** - Original Establishment number of the returned product
 15. **Ports Transited** - All ports visited by the shipment on its return to the US
 16. **Country Returned from** - Country product was exported to as listed on export certificate
 17. **Reason for Return** - Reason product is returning the US (e.g. Refused for contamination, Returned because not up to specifications, etc.)
 18. **Reinspection - *Establishment** - The FSIS Establishment approved by the District where the product will be reinspected
 19. **Import Facility** - Import establishment where shipment will be sent for sealing or review
 20. **Date** - Estimated date the shipment will arrive for reinspection
- 21 to 26 FOR FSIS PERSONNEL USE ONLY**
21. **Reinspection Required** - Checked if shipment must be reinspected at location specified by applicant
 22. **Release into Commerce** - if reinspection is not required as determined by FSIS
Or
 23. **Comments/Remarks** - Comments by the FSIS personnel
 24. **Print Name of Staff Officer** - FSIS Staff Officer handling return
 25. **Signature of Staff Officer** - Signature of Staff Officer handling return
 26. **Date** - Date action is taken by the FSIS Staff Officer