

UNITED STATES DEPARTMENT OF AGRICULTURE Agricultural Marketing Service Fruit and Vegetable Programs Fresh Products Branch

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 one hour per response, including the time for reviewing the instruction, searching existing data sources, gathering and maintaining data needed, and

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). Number Num		Description							
USDA Federal State Inspection logo with the following permanently affixed accountability number(s). House District Inspection Office/Market Number				Stamp Manufacturer:					
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Inches B. Applicant's Request As a duly authorized agent of the above firm (Applicant). Hereby request that the above stamp/die order be approved and produced. If We agree to be responsible for all charges passessed by the stamp manufacture 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 Potential State Department of Agriculture and/or the Potential State Inspection Service. Applicant's Authorization Signature Date of Request E-Mail Address: C. State/District Authorization Signature Deteor Request District Authorization Signature Deteor Request District Authorization Agriculture. No stamps/dies shall be produced without specific written consent of the Federal Program Manager/ Supervisor's Signature NOTE: These stamps/dies are to be mailed to the Federal-State District Supervisor's Signature MAIL STAMPS/DIES TO Enderal Program Manager/ Supervisor's Signature MAIL STAMPS/DIES TO Enderal Program Manager/ Supervisor's Signature Date of Authorization MAIL STAMPS/DIES TO Enderal Program Manager/ Supervisor's Signature Date of Authorization MAIL STAMPS/DIES TO Enderal Program Manager/ Supervisor's Signature of Compliance F. Local/District Receipt I have received the above Issted Stamps/dies bearing the following permanently affixed accountability number(s). District Supervisor's Signature G. Authorized Hor-PLDS Firm Representative/Inspector's Receipt I have received the above Issted Stamps/dies and they are now my responsibility. Authorized Signature Date Received				•	` '	Inspection	Office/Market		
B. Applicant's Request As a duty 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				Number	Number	Number	Number		
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E-Mail Address: C. State/District Authorization Thave reviewed the above request and give approval for the order to be processed. State/District 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 Pate of Authorization NOTE: These stamps/dies are to be mailed to the Federal-State District Supervisor who will distribute them. 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 File Date of Shipment File Date of Shipment File Date of Shipment File Date Received Quantity) stamp/dies bearing the following permanently affixed accountability number(s). District Supervisor's Signature Date Received Authorized Pio-PLIDS Firm Representative/Inspector's Receipt I have received the above listed stamps/dies and they are now my responsibility.	01 1110 01	mod States Department of Agriculture				ou	oral Glate mopes	don Corvico.	
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	The U.S. De		in all its programs and activities on th	e basis of race, color, national o	rigin, age. disability			ıl status, parental	

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