

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 0588-0082. The time required to complete this information collection is estimated to average 15 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.

**U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE**
**APPLICATION / APPROVAL FOR VOLUNTARY
REIMBURSABLE INSPECTION SERVICE**

INSTRUCTIONS: Submit this application to the District Manager, U.S. Department of Agriculture, Food Safety and Inspection Service. Submit two sets of plans and four sets of specifications of the plant, when required, as indicated below. Complete all sections. If a section is not applicable, enter "N/A". If additional space is needed, use reverse side and number the item.

2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE/OWNER <input type="checkbox"/> CHANGE/LOCATION <input type="checkbox"/> OTHER (Specify):		5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOP. ASSOC. <input type="checkbox"/> OTHER (Specify):		6. IF INCORPORATED, GIVE DATE OF INCORPORATION & STATE	
4. NAME OF APPLICANT		7. APPLICANT'S MAILING ADDRESS: Street Address (up to 30 characters)		8. TELEPHONE NUMBER (include area code)	
9. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4: STREET ADDRESS (up to 30 characters)		CITY (up to 16 characters)		STATE (2) ZIP CODE (up to 11 numbers)	
SERVICE REQUESTED		REMARKS		10. TELEPHONE NUMBER (include area code)	
11. <input type="checkbox"/> ID SERVICE: Meat <input type="checkbox"/> ID SERVICE: Poultry		COMPLETED BY USDA: District Manager			
12. <input type="checkbox"/> CERTIFICATION: Trichinae <input type="checkbox"/> CERTIFICATION: Cysticercus		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
13. <input type="checkbox"/> OFF-PREMISE FREEZING: Meat <input type="checkbox"/> OFF-PREMISE FREEZING: Poultry		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
14. <input type="checkbox"/> FOOD INSPECTION: (requires plans & specs)		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
15. <input type="checkbox"/> VOLUNTARY MEAT & POULTRY SLAUGHTER / PROCESSING (Specify): S = SLAUGHTER p = PROCESSING		<input type="checkbox"/> S-Antelope <input type="checkbox"/> S-Deer <input type="checkbox"/> P-Antelope <input type="checkbox"/> P-Deer <input type="checkbox"/> S-Bison <input type="checkbox"/> S-Poultry <input type="checkbox"/> P-Bison <input type="checkbox"/> P-Poultry <input type="checkbox"/> S-Beefalo <input type="checkbox"/> S-Rabbit <input type="checkbox"/> P-Beefalo <input type="checkbox"/> P-Rabbit <input type="checkbox"/> S-Catalo <input type="checkbox"/> S-Reindeer <input type="checkbox"/> P-Catalo <input type="checkbox"/> P-Reindeer		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
16. <input type="checkbox"/> ANIMAL FOODS INSPECTION (Certified products for Dogs, Cats, and other Carnivora)		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
17. <input type="checkbox"/> TECHNICAL ANIMAL FATS 9 CFR 351		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			
18. TYPE NAME OF PERSON SIGNING APPLICATION		19. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (making this application)		20. TITLE	
21. DATE		22. DATE RECEIVED		23. DATE FACILITY REVIEWED	
24. EST. NO.		25. SIGNATURE OF DISTRICT MANAGER		26. DATE	

COMPLETED BY USDA

OMB DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this 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. 0583-0082), Washington, DC 20503. If the OMB number is not present, you are not obligated to complete the form.