## FORM APPROVED O.M.B. 0583-0092

CERTIFICATE NUMBER

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### **AUTHORIZATION CERTIFICATE**

The response to this information collection is voluntary. This information is needed before FSIS can grant approval to manufacture brands or other marking devices bearing official inspection legends. This information is used to control and monitor the brands or devices to prevent them from being illegally manufactured. (9 CFR Parts 317.3 (b) and 381.131 (b)(1))

	SECTION 1 -	ITEMS 1-12 C	OMPLETED	BY ESTABLIS	SHMENT.	TEMS 13-20 C	OMPLETED BY	MANUFACTURER	
1. ESTABLISHMENT NO		2 ESTABLISH		D. HOINDER					
3. STREET ADDRESS		J							
4. CITY				5. STATE				6. ZIP CODE	
7. SIGNATURE OF EST	TABLISHMENT	OFFICIAL						8. DATE	
•									
9. NAME AND ADDRE	SS OF FIRM BR	ANDS OR DEVIC	ES BEING ORD	ERED FROM	450. Ab-				
			مکر. منگار	PART	MENT				
	T		<u> </u>	C),	m 9				
IO. NUMBER OF BRANDS/ DEVICES	DEVICES								
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			No.		AND COMMERCE IS				
					A Comment of the Comm				
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							,		
14. NAME OF MANUFA	CTURER								
15. STREET ADDRESS									
16. CITY		1110 - 21		17. STATE				18. ZIP CODE	
19. SIGNATURE OF BR	AND MANUFAC	TURER						20. DATE	
(CO) NO	TE TO MAN	IUFACTURE	R: Send Bran	d(s)/Device(s)	and Copy	1 of this certif	ficate to the add	dress below.	
	SE	CTION II - AU	THORIZATIO	N - TO BE CO	OMPLETE	D BY FSIS, IO,	PROGRAM EM	PLOYEE	
1. NAME OF USDA, FSI	S, IO, EMPLOYE	E (To receive br	ands / devices	from manufacti	ırer)				
2. STREET ADDRESS									
3. CITY				4. STATE				5. ZIP CODE	
6. NAME OF FSIS, IO, E	MPLOYEE MAK	ING AUTHORIZA	TION		7. TITLE				
8. SIGNATURE OF FSI	S, IO, EMPLOYE	E MAKING AUTH	ORIZATION					9. DATE	

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				BY ESTABLIS	SHMENT. ITEMS 13-20	COMPLETED BY MA	NUFACTURER
1. ESTABLISHMENT NO	<b>D.</b>	2. ESTABLISH	MENT NAME				
3. STREET ADDRESS							
4. CITY		a iv		5. STATE			6. ZIP CODE
			*				
7. SIGNATURE OF EST	ABLISHMENT	OFFICIAL		*5			8. DATE
9. NAME AND ADDRES	S OF FIRM BF	RANDS OR DEVIC	CES BEING ORD	ERED FROM			
			ور المراجعة	DEPART	MENT		
IO. NUMBER OF BRANDS/ DEVICES	n. size ( <i>Ij</i>	f applicable)	12 TYPE	Hot cold)		NUMBER(S) (To be compl	eted by manufacturers)
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			N.	CASSICULIUM DIN	ND COMPLETED AND		
				FOUNDATION OF	MATERIAL STATES		
					,		
14. NAME OF MANUFAC	CTURER					7.	
15. STREET ADDRESS							
16. CITY				17. STATE			18. ZIP CODE
9. SIGNATURE OF BR	AND MANUFA	CTURER					20. DATE
NO NO	TE TO MAI	NUFACTURE	R: Send Bran	d(s)/Device(s)	and Copy 1 of this ce	ertificate to the address	below.
1. NAME OF USDA, FSIS	SIO EMBLOYE	ECTION II - AU	THORIZATIO	N - TO BE CO	MPLETED BY FSIS,	IO, PROGRAM EMPLO	YEE
	s, ro, emercore	(10 receive Di	unus / uevices	угот танизасти			
2. STREET ADDRESS						b.	
3. CITY				4. STATE			5. ZIP CODE
6. NAME OF FSIS, IO, E	MPLOYEE MAI	KING AUTHORIZA	ATION	1	7. TITLE		
8. SIGNATURE OF FS:	S, IO, EMPLOYS						9. DATE
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### FORM APPROVED O.M.B. 0583-0092

CERTIFICATE NUMBER

A 110145

### **AUTHORIZATION CERTIFICATE**

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		ITEMS 1-12 (	COMPLETED	RV ESTABLI	SHMENT ITE	MS 12 20 CC	MDI ETED DY	MANUFACTURER	
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3. STREET ADDRESS		<u> </u>	······································						
									1.5
4. CITY				5. STATE				6. ZIP CODE	
7. SIGNATURE OF EST	ABLISHMENT	OFFICIAL						8. DATE	<del>: ' </del>
9. NAME AND ADDRES	S OF FIRM BR	ANDS OR DEVIC	ES BEING ORD	ERED FROM					
				55	T. T			**	
				SPERARI	MENTO	A.			
10. NUMBER OF BRANDS/ DEVICES	11. SIZE (If	applicable)	12. TYPE	Hot, cold)		3. SERIAL NUM	BER(S) (To be d	completed by manufacturers)	
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			(A)	ASSECUTION OF THE PROPERTY OF	AND COMPERCE OF	7			
	-								
				,					
14. NAME OF MANUFA	CTURER						a.		
5. STREET ADDRESS									
16. CITY				17. STATE	,			18. ZIP CODE	
19. SIGNATURE OF BR	AND MANUFAC	TURER						20. DATE	
NO NO	TE TO MAN	UFACTURE	R: Send Bran	d(s)/Device(s)	and Copy 1	of this certific	cate to the add	lress below.	
	SE	CTION II - AL	JTHORIZATIO	N - TO BE C	OMPLETED B	Y FSIS, IO, P	ROGRAM EN	PLOYEE	
L NAME OF USDA, FSIS	5, 10, EMPLOYE	E (To receive b	rands / devices	from manufact	urer)		<i>t</i>	ing and the	<u>.</u>
2. STREET ADDRESS									
3. CITY	-			4. STATE			7-	5. ZIP CODE	
6. NAME OF FSIS, IO, E	MPLOYEE MAK	ING AUTHORIZA	ATION	<u> </u>	7. TITLE				
8. SIGNATURE OF FSI	S, IO, EMPLOYE	E MAKING AUTI	ORIZATION					9. DATE	

#### FORM APPROVED O.M.B. 0583-0092

CERTIFICATE NUMBER

A 1101/15

**AUTHORIZATION CERTIFICATE** 

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	SECTION I - ITEM	IS 1-12 COMPLETED	BY ESTABLIS	HMENT. ITEMS	13-20 COMPLE	TED BY MANUF	ACTURER
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						- 1	
3. STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·				
4. CITY			5. STATE				6. ZIP CODE
7. SIGNATURE OF EST	ABLISHMENT OFFICE	AL.					8. DATE
•							S. DATE
9. NAME AND ADDRES	SS OF FIRM BRANDS	OR DEVICES BEING ORDE	RED FROM				The second secon
		Ä	DEPART	MENT			
10. NUMBER OF BRANDS/ DEVICES	11. SIZE (If applic	able) 12. TYPE	lot, cold)	13.	SERIAL NUMBER(S	(To be completed	by manufacturers)
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			LOONDATES OF	Wild Co.			
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- whome							
14. NAME OF MANUFA	CTURER		<u> </u>				
15. STREET ADDRESS							
16. CITY			17. STATE				18. ZIP CODE
19. SIGNATURE OF BR	AND MANUFACTURE	₹					20. DATE
(CO)P NO	TE TO MANUFA	CTURER: Send Brand	l(s)/Device(s)	and Copy 1 of	this certificate to	the address belo	ow.
	SECTIO	N II - AUTHORIZATIOI	N - TO BE CO	MPLETED BY I	FSIS, IO, PROGR	RAM EMPLOYEE	
1 NAME OF USDA, FSI	S, IO, EMPLOYEE (To	receive brands / devices f	from manufactu	rer)		\$ .	
2. STREET ADDRESS							
3. СПҮ			4. STATE				5. ZIP CODE
6. NAME OF FSIS, IO, E	MPLOYEE MAKING A	JTHORIZATION		7. TITLE			1
8. SIGNATURE OF FSI	S, IO, EMPLOYEE MAK	ING AUTHORIZATION		1			9. DATE

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 0583-0092. The time required to complete this information collection is estimated to average 4 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.