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No inspection or storage in an approved establishment can be made unless a completed application has been received (9 CFR 93, 94, and 95).

FORM APPROVED OMB NO. 0579-0015 EXP. DATE

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES RIVERDALE, MARYLAND 20737 APPLICATION FOR APPROVAL OR REPORT OF INSPECTION OF ESTABLISHMENT HANDLING RESTRICTED ANIMAL BYPRODUCTS OR CONTROLLED		1. CURRENT INSPECTION DATE		2. LAST INSPECTION DATE			
		3. CURRENT AGREEMENT DATE		4. AGREEMENT EXPIRATION DATE			
		5. AREA OFFICE		6. BYPRODUCTS TO BE RECEIVED BY <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> CONTAINER OR TRAILER			
INSTRUCTIONS: Submit an original and one copy to address above. The original will be returned, the copy retained.		7. INSPECTIONS <input type="checkbox"/> INITIAL <input type="checkbox"/> REINSPECTION <input type="checkbox"/> SPECIAL <input type="checkbox"/> ANIMAL				8. TRUCK OR RAIL SHIPPING ADDRESS	
9. NAME AND MAILING ADDRESS OF ESTABLISHMENT <i>(Include ZIP Code)</i>		9. NAME AND MAILING ADDRESS OF ESTABLISHMENT <i>(Include ZIP Code)</i>				10. COUNTRIES WHERE RESTRICTED PRODUCTS ORIGINATE	
Telephone No. ()		GPS NO.				11. APPROXIMATE YEARLY VOLUME	
12A. NAME OF CONTACT AT ESTABLISHMENT		12B. TITLE OF CONTACT PERSON AT ESTABLISHMENT					
13. NAME EACH RESTRICTED BYPRODUCT OR MATERIAL TO BE HANDLED		14. METHOD(S) USED FOR SEWAGE AND EFFLUENT DISPOSAL					
15. IS THERE ADEQUATE SEPARATION OF RESTRICTED/ UNRESTRICTED PRODUCT(S) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. IN YOUR OPINION DOES THIS SEPARATION MEET APHIS REQUIREMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, explain in remarks, Block 25.)</i>					
17. HOW ARE BYPRODUCTS TO BE MOVED TO STORAGE FACILITY		18. HOW ARE BYPRODUCTS TO BE MOVED TO PROCESSING AREA					
19. IF SEPARATE STORAGE FACILITIES ARE MAINTAINED DESCRIBE CAPACITY AND CONSTRUCTION MATERIAL							
20. DESCRIBE IN DETAIL PROCESSING AND/OR DISINFECTION OF THE RESTRICTED MATERIAL <i>(Do not site VS Memo.)</i>							
21. METHODS USED TO CONTROL PROCEDURE IN ITEM 20 <i>(Consider temperature, time recording devices, vacuum or pressure gages, chemical analysis, pH determinations.)</i>							
22. WHAT PERSONS SUPERVISED THE WORK IN ITEM 20 OR CONDUCTED TESTS			23. WHAT DISINFECTANT WAS USED ON CARS, TRUCKS, ETC.				
24. WHAT METHOD WAS USED TO CLEAN AND DISINFECT <i>(Include disinfection or destruction of containers.)</i>							
25. REMARKS							
26. SIGNATURE OF INSPECTOR		27. PLEASE TYPE OR PRINT NAME		28. TITLE			
29. RECOMMEND APPROVAL <i>(Signature)</i> Area Veterinarian-in-Charge		30. DATE	31. APPROVED BY <i>(Signature)</i> Staff Veterinarian Import-Export		32. DATE		