

United States Department of Agriculture
BIOLOGICAL SHIPMENT RECORD -NON.QUARANTINE
Form AD-943

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This form is for use in recording details concerning living material for biological control and pollination studies, and other beneficial uses (biological control agents, parasitized or diseased hosts, pollinators, competitors, antagonists, and other material required for biological control studies) that are -

1. Released from U.S. non-quarantine cultures or recolonized from established populations in the U.S., or
2. Shipped interstate between U.S. non-quarantine locations in the 48 contiguous states.

Note: Use Form AD-94 1 for shipments (1) to U.S. locations outside the 48 contiguous states (Hawaii, Alaska, U.S. territories), (2) to all foreign locations (including Canada and Mexico), and (3) to U.S. quarantine facilities *for studies in quarantine*.

Information from this form will be computerized and published by the U.S. Department of Agriculture, Agricultural Research Service Insect Identification and Beneficial Insect Introduction Institute, Beneficial Insect Introduction Laboratory (Biological Control Documentation Center), Beltsville, Maryland 20705. Full credit will be given to the individuals and organizations responsible for collection, shipment, culture and release of the organisms included in these records. Completion of the form is voluntary.

INSTRUCTIONS

.Use a separate AD-943 set for *each* beneficial species or *each* parasitized/diseased pest species shipped.

.Type or print firmly with a ball point pen to record on all copies.

.Fill out all blocks as completely as possible. Use "N/A" for those not applicable, "UNK" for unknown. Shaded blocks are for Documentation Center use only.

.Use Form AD-943A, "Supplemental Data" on reverse of this cover sheet for recording additional information; note "943A" in the applicable block on the AD-943.

.Codes for invertebrate stages, plant parts, and microbial organisms on reverse of form may be used.

.See reverse of form for Routing and Copy Distribution Information.

SECTION I

To be completed by Originator of Shipment or Release

Block Number

2. Beneficial shipped -If parasitized host material is shipped or released, give name and order: family of *beneficial species* in blocks A and B. For block C, give name and institutional affiliation of last known identifier of the cultured or field -collected material being shipped or released.

3. Shipper/Releaser File No. -Use acronym of facility and shipper/releaser's full initials in parentheses, and the year and the consecutive number of shipment/release *by that shipper/releaser for that year* (e.g., BIIL (RFWS). 83 -2).

4. Type of Organism -*Parasites, predators, and weed feeders* include nematodes. *Other* includes competitors (e.g., dung beetles) and plants used for biological control. *Microbials* include cultures and isolates of microbial (fungal, bacterial, viral, rickettsial, protozoan) pathogens, antagonists, competitors, etc.

5-8. Part A: From U.S. Field Collection -Complete if organism to be shipped or released has been field collected in the U.S. for recolonization elsewhere or for culture. In block 5, give original shipment/release file numbers, if known. If maintained in culture for more than one generation before release, also complete Part B.

9-13. Part B: From Laboratory Culture -Complete if organism is being shipped or released from a laboratory culture at a non-quarantine facility. In block 9, list file numbers from block 3 of *all* quarantine (AD-942) and/or non-quarantine (AD-943) forms for shipments which provided material for the culture. If culture includes domestically collected material listed in Part A, check appropriate box. Complete blocks 10 and 11, especially if culture is from other sources.

SECTION 11- SHIPMENT INFORMATION

Complete *only* in case of shipments; blocks 14-18 are to be completed by originator (shipper), blocks 19-24 (and Section III, if appropriate) by receiver. See codes for invertebrate stages, plant parts, and microbial organisms on reverse of form; *if parasitized hosts are shipped, give estimated % parasitized*.

If count is estimated, use **Est** box. For certain commercial and other facilities with numerous shipments annually who choose *not* to use this form for each shipment, please provide Documentation Center with one form for each species shipped during the year, with Section I completed, and in lieu of Section II, a list of recipients (names, with city and state in lieu of full addresses), with numbers shipped to each, and dates of shipments, or provide other records of shipments.

SECTION III -RELEASE/RECOLONIZATION

If more than 3 releases of material reported in Section I are made *during a single year and in a single state*, use Form AD-943A on reverse of this cover sheet to record details, and data can be summarized on Form AD-943 as follows:

.Alternative 1 -Multiple releases made at a single location/site (or within an area of 1 square mile) during the year *may* be reported under a *single* site column of a single form, *if* entries for blocks 29 and 30 (host information) remain the same for all releases. Give specific information on AD-943 (and on AD-943 A, Sections A & B as appropriate) on location in block 26, *total* number and stages released at that location/site (use Code; if parasitized hosts are released, give estimated % parasitized) in block 27, and give *inclusive* release dates (*e.g.*, 5/3 -7/16/83), in block 28. Record actual release numbers and dates on Form AD-943A, Section C, on back of this cover sheet.

.Alternative 2 -Multiple releases made at several sites within 5 miles of a locaouon (town or suburb or physical feature locatable on amap) *may* be re- ported under a *single* site column of a single form, *if* entries for blocks 29 and 30 (host information) remain the same for all releases. Give location and number of sites in block 26. Give *total* number and stages released and *inclusive* dates of release in blocks 27 and 28, in the manner noted for Alternative 1 above. Record actual release sites, numbers and dates on Form AD-943A, Section C, on reverse of cover sheet; photocopy and use additional sht:ets as needed.

.Alternative 3 -If material is released at numerous locations within a county or within a state during a single year and against the same target species (and host plant if applicable), blocks 26-28 *may* be used as a single block to record all releases within the county or state. Record the *total* number of individuals released, the stages released, the *inclusive* dates of release, and total number of release sites, for the county or state in which the releases were made. Record actual details of each release on Form AD-943A, Section C, on reverse of cover sheet; photocopy and use additional sheets as needed. Block Number

29. Target hosts/prey -*Be as specific as possible here; i.e.*, give genus-species of host/prey against which this material is actually released. If more than two hosts/prey are present at the release site, or actual host/prey species present is unknown, give generic names (*e.g.*, *Heliothis spp.*, *Lygus spp.*) or if more appropriate, other general term (*e.g.*, aphids, dung flies, etc.; *Note: Recording of family names is most important in this case*). Give further details in block 32 or on Form AD-943A on the reverse of this cover sheet.

:11. Host/prey food -Use common name of plants or animals, or generic names of hosts/prey that lack common names. Also note if food is other than plant or animal (*e.g.*, dung, decayed material, etc.). If more than one food source of target host/prey is present at release site, note here and give details in block 32 or on Form AD-943A on the reverse of this cover sheet.

31. Give name of actual releaser (and of supervisor, if appropriate, in parentheses). For multiple releases, give details on Form AD-943A on the reverse of this cover sheet, as needed.

SUPPLEMENTAL
DATA

WEATHER	
TIME OF RELEASE	

.Township, route no., Farmer's name,etc. .Map of release site.

NOTE: .Do not fold this sheet over form when writing-t:arbons will distort entries.
.If additional copies are needed.,photot:opy and staple to form.

Section A -**RELEASE SITE DETAILS, SITE NO.**

OTHE~ **COMMENTS EPORTED BY 80 DATE**



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Types of release

Section B -DET AtLSDFADqITI(>NAL RELEA~~ (Attachadditi~nal8heets as needed,)
SITE 4 SITE 5

DFleld DGreenhouse Dcage DField DGreenhouse DCage Q61h~r'!;! DOtheri .;

B. *Other-Genus, species* C. Famil.ies

COMD1TION OFCROP FI ELO

Food (plant/animal/other) of target *ho\$t/prey* at release

CONC1TION OF RELEASE MATERIAL

OMBNO. 0518-0013 (EXP. 5/31/96)

Released by, ""

**IP~EDOMINANT TARGET I!'OST/PREY --
STAGE PRESENT
ITARGET HOST/PREY ABUNDANCE**

'Shipper's File Number (From AD'943)

Section C – DETAILS OF MULTIPLE RELEASES *(Attach additional sheets as needed.)*

SITE	Nos. Released (stages)	Dates of release	SITE	Nos. Released (stages)	Dates of release	SITE	Nos. Released (stages)

[Alternative 3]

TEMP.

ADDITIONAL HOST P~EY P~ESENT

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~O



SITE 6

IDFie'd DGreenhouse Dc~~e QQther:

@o-

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Countries	Locations	Dates of Release	No. Released (Stages)

REMARKS _____ REPORTED BY [A. Name]

BIOLOGICAL SHIPMENT RECORD – NON-QUARANTINE

M NC (see title)
 a
 b

SECTION I – REPORT OF MATERIAL RELEASED OR SHIPPED

FROM (Name & address of Shipper/Releaser)	2. BENEFICIAL - A. Gen., sp., subsp., auth. <input checked="" type="checkbox"/> M B. Order: Family _____ C. Determined by (Name and affiliation if known) _____	3. SHIPPER / RELEASER FILE NO. (see instructions) 4. TYPE OF BENEFICIAL <input type="checkbox"/> Parasite <input type="checkbox"/> Weed feeder <input type="checkbox"/> Predator <input type="checkbox"/> Pollinator <input type="checkbox"/> Microbial <input type="checkbox"/> OTHER (Explain MI or OT): _____
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Part A. From U.S. Field Collection (Collected for field to field recolonization or laboratory culture) COLLECTION LOCALITY(S) - State, County, nearest Town If more than 2 collection sites, give State & County only	And/Or Part B. From Laboratory Culture 9. SOURCE FILE NOS. <input type="checkbox"/> AD-942, AD-943: Nos. <input type="checkbox"/> Part A <input type="checkbox"/> Other: 10. COUNTRIES/REGION/STATE OF ORIGIN		
DATES OF COLLECTION (m,d,y)	7. COLLECTORS (Names and affiliations)	11. ORIGINAL COLLECTORS (Names and affiliations)	12. NO. LAB GENERATIONS (At shipper/releaser location) <input type="checkbox"/> F 1 - F 10 <input type="checkbox"/> F 51 + <input type="checkbox"/> F 11 - F 50
13. FIELD HOSTS/PREY AT COLLECTION A. Genus, species	B. Stage/part attacked (see codes)	13. LABORATORY HOST / PREY A. Genus, species	B. Stage/part attacked (see codes)

SECTION II – REPORT OF SHIPMENT

SHIPPED TO (Name & address)	15. NO. & STAGES SHIPPED (use codes on reverse) <input checked="" type="checkbox"/> Est	16. DATE SHIPPED (m,d,y)
VIA :	17. SHIPPER'S REMARKS	18. SPECIMENS RETAINED BY SHIPPER <input type="checkbox"/> No <input type="checkbox"/> Yes _____ nos.
DATE RECEIVED (m,d,y)	20. NO. & STAGES (use codes) A. Rec'd, Alive <input checked="" type="checkbox"/> Est B. Emerged (Beneficials) <input checked="" type="checkbox"/> Est	21. RECEIVER'S REMARKS
SPECIMENS RETAINED BY RECEIVER <input type="checkbox"/> No <input type="checkbox"/> Yes _____ nos.	23. INTENDED USE Lab culture/study (complete Blk. 24) A. <input type="checkbox"/> Immediate release (complete Sect. III) B. <input type="checkbox"/> Release intended C. <input type="checkbox"/> No release intended	24. INTENDED LAB HOST / PREY - Gen., sp.

SECTION III – REPORT OF RELEASE / RECOLONIZATION (See instructions on cover sheet; use Form AD-943A for more details)

Types of release	SITE 1 <input type="checkbox"/> Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Cage <input type="checkbox"/> Other:	SITE 2 <input type="checkbox"/> Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Cage <input type="checkbox"/> Other:	SITE 3 <input type="checkbox"/> Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Cage <input type="checkbox"/> Other:
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B. Other -Genus, species C. Families

REMARKS (UseAD-943A-formore details)

(Name and affiliation)

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HEstJ

33. REPORTED BY

A. Name

B. Date (m.d.)

m AD-943 (5/93)

Part! DOCUMENTATION CENTER COPY

BIOLOGICAL SHIPMENT RECORD – NON-QUARANTINE

a.	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>

SECTION I -REPORT OF MATERIAL RELEASED OR SHIPPED

1. FROM (Name & address of Shipper/Releasee) 2. BENEFICIAL A. Gen., sp., subsp., auth. ~ 3. SHIPPER/LEASEE ALE NO.

~ (see Instructions)

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re:-Order Form, IY

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4. TYPE OF BENEFICIAL

i 0 Parasite 0 Weed feeder i 0 Predator 0 Pollinator

! 0 Microbial 0 Other

! (Explain

MlorOT):

Part A. From U.S. Field Collection

(Collected for field to field recolonization or laboratory culture) :OLLECTION LOCALITY(SJ -State, County, nearest Town
If more than 2 collection sites, give State & County only)

DATES OF COLLECTION (m,d,)' 7. COLLECTORS (Names and affiliations)

1.5. FIELD HOSTS/PREY AT COLLECTION

\. Genus, species

And/Or Part B.From Laboratory Culture it.SOURCE FILE NOS.

0 AO.942. AO-943: Nos.

0 Part A 0 Other:

to. COUNTRIES REGION/STATE OF ORIGIN

IB. Stage/part

I attacked (*see codes*)

II. ORIGINAL COLLECTORS (ames 12. NO. LAB GENERATIONS t, ipper/ : and affiliation,) relealer location)

! OF I -FIO OF51 +

OFII-F50

13. LABORATORY HOST/PREY B.Stage/part

A. Genus, species I attacked (*see*

code,)

I

SECTION II -REPORT OF SHIPMENT

SHIPPED TO (Name & addre..) 15. NO. 80 STAG ES SHIPPED(use codes on rellerse) I 16. DATE SHI PPED (m. .y)

If:st)

17. SHIPPER'S REMARKS

VIA:

-I

DATE RECEIVED (m,d,)' } zo. NO. 8c STAGES (use codes) ..I A. Rec'd. Alive B. Emerged (Beneficials) I
LEs!J ~s!J
D.INTENDED USE Lab culture/study (complete B''~. 24)
Dimmedlat!release ~B.DRe'easelntended I
(complete Sect. .III) .DNo release Intended

SPECIMENS RETAINED BY RECEIVER

DNa
Dyes .

nos

21. RECEIVER'S REMARKS

24. INTENDED LAB HOST / PREY -Gen., sp.

AL SPECIMENS RETAINED BY SHIPPER	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	nos.

~!J

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Types of release

SECTION III -REPORT OF RELEASE / RECOLONIZATION (See instructions on colle-;;he;t; w;F;;-;;;; AD-943A for more detail.)

c SITE 1 ~:il ~ ~ SITE 2 SITE 3 -
0 Field 0 Greenhouse 0 Ca9~'' 0 Field 0 Greenhouse 0 Cage 0 Greenhouse
0 ..
0Other: I Other:

B. Other -Genus, species

C. Families

If;sU

Food (plant/animal/other} of target host/prey at release

(Name and
Released by affiliation)

REMARKS (UaeAD.943A formoredeta/ls)

!

0 Field 0 Other:

IEstJ

0 Cage

i33. REPORTED BY

A. Name

B. Date(m,d,y)

'm AD-943 (5/93)

Part 2 SHIPPER/RELEASER COpy



SECTION I- REPORT OF MATERIAL RELEASED OR SHIPPED

1. FROM (Name & address of Shipper/Releaser) 2. BENEFICIAL - A. Gen., sp., subSp., auth. ; G 3. SHIPPER {RELEASER FILE NO.

(see instructions)

,\C

B. Order: Family

Part A. From U.S. Field Collection

(Collected for field to field recolonization or laboratory culture) **4. COLLECTION LOCALITY(S)- State, County, nearest Town or village name if more than 2 collection sites, give State & County only)**

5. DATES OF COLLECTION (m,d,y) 7. COLLECTORS (Names and affiliations)

1.5. FIELD HOSTS/PREY AT COLLECTION IS.Stage/part

\. Genus. species I attacked (see .codes)

c.Oeterm I ned bY (Name andaffl'liatlOnTt knouiit) --

And/Or Part B. From Laboratory Culture

9.S0URCE FILE NOS.

0 AD-942. AD-943: Nos.

0 Part A 0 Other:

10. COUNTRIES/REGION/STATE OF ORIGIN

II. ORIGINAL COLLECTORS (ames 12. NO. LAB GENERATIONS tshipper/ and affiliahons) releaser location)

0 F 1 -F 10 0 F 51 +

OF 11- F 50

13. LA.,RATORY HOST/PREY B.Stage/part

A. Genus, species I attacked (see codes)

J

14. TYPE OF BENEFICIAL

0 PARasite 0 WEed feeder 10 PRedator 0 POLLinator 10 Microbial 0 OTHER

(Explain

MlorOT):

SECTION II -REPORT OF SHIPMENT

		15. DATE SHIPPED (m,d,y)
--	--	--------------------------

SHIPPED TO (Name & addreuJ

VIA:

:>ATE RECEIVED (mod,') Izo. NO. 8c STAGES (use codes)

(Uae codea; aee inatructioa
for recording multiple
IWileaes.)

Dates of releases (m,d,y)
(See ImtrucHom for recording multiple
relea8e8.)

Target hosts/prey at release A. Primary -Genus, species

\ 15. NO. 8c STAGES SHIPPED(use codes on reverse)
I [gs 1]

17. SHIPPER'S REMARKS I

B. Other -Genus, spec!es
C. Families

21. RECEIVER'S REMARKS

Food (plant/animal/other) of target host/prey at release

24. INTENDED LAB HOST I PREY -Gen., sp.

(Name and i
Released by affiliation) ,

~ -
REMARKS (UseAD.943A for more de to/Is)

18. SPECIMENS RETAINED BY SHIPPER

ONO
0 Yes nos.

LgstJ

II Est .J

33. REPORTED BY

A.Name
B. Date(m,d.Y)

m AD-943 (5/93)

Part :1 RECEIVER COpy

	M	NC	(see files)
a.	<input type="checkbox"/>	<input type="checkbox"/>	s <input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	b <input type="checkbox"/>

SECTION I -REPORT OF MATERIAL RELEASED OR SHIPPED

FROM (Name & address of Shipper/Releaser) z. BENEFICIAL .A. Gen., sp., subsp., auth. ~
M'; 3. SHIPPER / RELEASER FILE NO.
~; (see Instructions)

BIOLOGICAL SHIPMENT RECORD -NON-QUARANTINE

Part A. From U.S. Field Collection

(Collected for field to field recolonization or laboratory culture)

COLLECTION LOCALITY(S)-State. County, nearest Town
[more than 2 collection sites. Give State & County only]

DATES OF COLLECTION (m,d,y) 7. COLLECTORS (Name. and --
aliases)

1.5. FIELD HOSTS/PREY AT COLLECTION IB. Stage/part

Genus, species I attacked (leave code.)

'B:-Order-;:Family

SECTION II -REPORT OF SHIPMENT

SHIPPED TO (Name I. GddNa) IS. NO. & STAGES SHIPPED(leave code. on reverse) 16. DATE SHIPPED (m. .)1)
[Es[]]

4. TYPE OF BENEFICIAL

0 Parasite 0 Weed feeder 1 0 Predator 0 Pollinator

'c.-Determined by (Name and affiliation known) --

000ThMicrobial er
(E%plaln

MlorOT):



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VIA:

OATE RECEIVED ,,",li,') ~20. NO. a. STAGES (use codes)

A. Rec'd. Alive

IB. Emerged (*Beneficials*) I [EsU fEst I I

D. INTENDED I;JSE Lab culture/study
(complete *BILL. 24*)

DImmedlatE' release B. DRel~ase intended (*complete Sect. III*) DNo release Intended

And/Or Part ~. From Laboratory Culture

I.SOURCE FILE NOS.

0 AD-942, AD.943: Nos.

0 Part A 0 Other:

10. COUNTRIES/REGION/STATE OF ORIGIN

SPECIMENS RETAINED BY RECEIVER

DNo

DYes nos.

LEst]

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Lg5!J

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Types of release

II. ORIGINAL COLLECTORS (ames 12. NO. LAB GENERATIONS t s ipper/ and affiliahons) releaser location)

OFI -FIO OF51+

OF 11- F 50

13. LA~RATORY HOST /PREY B.Stage/part

A. Genus, species I attacked (see .codes)

SECTION 111- REPORT OF RELEASE/RECOLONIZATION (See InstrucHoM on colJersheet: use Form AD-943A for more detalu)

SITE I SITE 2 SITE 3

0 Field 0 Greenhouse 0 Cage 0 Field 0 Greenhouse 0 Field 0 Greenhouse 0 Cage 0 Other: " LJ Other: 0 Other:

I

17. SHIPPER'S REMARKS

18. SPECIMENS RE:TAINED

BY SHIPPER

DNO

D Yes nos.

21. RECEIVER'S REMARKS

24. INTENDED LAB HOST I PREY -G en., sp.

REMARKSTiL,eAD-943A for more aetail)

m AD-943 (5/93)

(Name and affiliation)

0 Cage

[gstJ

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33. REPORTEO BY

- A. Name
- B. Date (m,d.Y)

Part 4 SHIPPER (PENDING) COpy

-CODES -

NOTE: Use combination of Invertebrates and Plants codes for weed feeders and other phytophages shipped in or with plant host material (e.g., L in SH, A with FO).

INVERTEBRATES PLANTS

- A- adults PL- whole plant ST -stems
- M- male SO- seeds RT -roots
- F- female SH- seed heads TU- tubers E-eggs SP- seed pods FO- foliage
- L- larvae (*fpr* holometabolar RS- rosette LV- leaf, leaves N- nymphs (for heterometabola) FL -flowers
- J- juveniles (for nematodes)
- P- pupae, puparia
- C- cocoons (can also be A in C, or P in C) **MICROBIAL ORGANISMS** -: *not*. including nema
, MI- cultures or Isolates of microbial pathogens, MU- mummies, cadavers antagonists, and competitors; fungi, bacteria,
PH[] -parasitized host -give stage and viruses. rickettsia. Drotozoa

estimated % parasitized
(e.g., PHA, PHL, PHE, etc., 70%)

H- host

todes

D[] -disease suspects for pathogen diagnosis
(e.g., DPL, DFO, etc. -plant and plant parts; DHA, DHE. etc. -invertebrate stages)

-ROUTING AND COpy DISTRIBUTION -

IF NO SHIPMENT IS MADE-

1. Releaser complete Sections I (Part A and/or B) and III (*see instruction coversheet; use Form AD-943A on the reverse of, coversheet to record more details of releases.*)
2. Retain Shipper I Releaser Copy (Part 2).
3. Shipper (Pending) Copy (Part 4) may be discarded.
4. Forward Documentation Center Copy (Part 1) and all copies of AO: '943A Form to:
Beneficial Insect Introduction Laboratory
USDA, Agricultural Research Service
BARC-East
Beltsville, Maryland 20705
5. If Form AO-943A is used -photocopy for your records or request photocopy from Documentation Center.

**IF SHIPMENT IS MADE -
SHIPPER-**

1. Complete blocks 1 .18 as appropriate.
2. Retain Shipper (Pending) Copy (Part 4J).

3. Send remaining copies to Receiver with material.

4. When copies of completed forms are returned by receiver - .

-Retain Shipper / Releaser Copy (Part 2J) for your records, discard Shipper (Pending) Copy (Part 4J) , -Forward Documentation Center Copy (Part 1J) and all copies of AD-943A Form to:

,
; Beneficial Insect Introduction Laboratory
; USDA, Agricultural Research Service
BARC-East
Beltsville, Maryland 20705

-If Form AD-943A is used, photocopy for your records and for Receiver if requested.

RECEIVER -

1. Complete blocks 19 -24, and if immediate release, complete Section III (see instruction cover sheet; use Form AD-943A on reverse of cover sheet to record more details of releases).

2. Retain Receiver Copy (Part 3).

3. Return remaining copies of AD-943A Form used to Shipper.

4. If Form AD-943A is used, photocopy for your records, or request copy from Shipper or Documentation Center.

5. If all or part of material received is cultured for later release, use separate AD-943 forms to record subsequent releases from these cultures.

Public reporting burden for this collection of information is estimated to average 5 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to USDA, Clearance Officer, OIRI1, of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C.; 20503.

Form AD-943 (Reverse)