

0581-0126

**U. S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
DAIRY PROGRAMS**

EQUIPMENT REVIEW REQUEST

Applicant (Name and Address)		Party Responsible for Payment if other than Applicant (Name and Address) Confirmation Required (Letter or Fax) Received <input type="checkbox"/>	Equipment Located at (Name and Address)
Website			
Tax Identification No. (TIN)	Tax Identification No. (TIN)	Inspection Date(s) Requested:	
Contact	Contact	Contact	
Telephone	Telephone	Telephone	
Fax	Fax	Fax	
Type of Equipment:		Review for: <input type="checkbox"/> Dairy <input type="checkbox"/> Livestock and Poultry <input type="checkbox"/> 3-A Third Party Verification <input type="checkbox"/> Appeal	
Signature of Applicant	Date	Email	

Domestic Inspection:
A minimum of seven (7) working days notification is required to insure specialists have ample time to make arrangements for the trip. If specialists are unavailable, the next available date acceptable to all parties will be assigned.

Foreign Inspection:
A minimum of thirty (30) working days advance notice is required for any foreign travel. The 30 days will start from the date this request form is received by the Dairy Grading Branch. If specialists are unavailable, the next available date acceptable to all parties will be assigned.

Hotel accommodations (USDA Dairy must pay): _____ Best mode of transportation from airport (train, taxi, company pickup...): _____
Does the Hotel accept Visa credit cards: Yes No

Mail or Fax this form for All Reviews to:

USDA/AMS/DAIRY PROGRAMS
Dairy Grading Branch
Design Review Section
Room 2746 – South Building
1400 Independence Ave. SW STOP 0230
Washington, DC 20250-0230

Tel: 202 720-3171
Fax: 202 720-2643

The Following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

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 0581-0126. The time required to complete this collection of information is estimated to average 3 minutes per person including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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FOR OFFICIAL USE ONLY

Date Received: _____

Specialist Assigned: _____

Date Assigned: _____

Project Number (s): _____

DA-162 Form Completion Instructions

1. Applicant
 - a. Enter Your Company name as you want it to be listed.
 - b. Enter your mailing address, a second line is provided for longer street addresses
 - c. Enter your City name
 - d. Enter your State two letter code, or Country name if other than the USA.
 - e. Enter your Zip or Postal code
 - f. Enter your company E-mail.
 - g. Enter your company website as you want it listed.
 - h. If you are a new applicant, enter you Tax I.D. Number.
 - i. Enter the contact person's name.
 - j. Enter your company's telephone number. If you wish enter the contact person's extension number.
 - k. Enter your Company's fax number
 - l. Sign the document. This is required to guarantee payment for services rendered.
2. Party Responsible for Payment if other than Applicant
 - a. Confirmation Required – USDA will complete
 - b. Received - USDA will complete
 - c. Enter Your Company name as you want it to be listed.
 - d. Enter your mailing address, a second line is provided for longer street addresses
 - e. Enter your City name
 - f. Enter your State two letter code, or Country name if other than the USA.
 - g. Enter your Zip or Postal code
 - h. Enter your company E-mail address.
 - i. If you are a new applicant, enter you Tax I.D. Number.
 - j. Enter the contact person's name.
 - k. Enter your company's telephone number. If you wish enter the contact person's extension number.
 - l. Enter your Company's fax number
3. Equipment Location –Complete this section only if equipment is at a location other than listed in “Applicant” or “Party Responsible for Payment”.
 - a. Enter Your Company name as you want it to be listed.
 - b. Enter your mailing address, a second line is provided for longer street addresses
 - c. Enter your City name
 - d. Enter your State two letter code, or Country name if other than the USA.
 - e. Enter your Zip or Postal code
 - f. Enter your company E-mail address.
 - g. Enter the contact person's name.
 - h. Enter your company's telephone number. If you wish enter the contact person's extension number.
 - i. Enter your Company's fax number

4. Type of Equipment: Select Dairy, Meat and Poultry, or 3-A Third Party Verification
5. Domestic Inspection check box: Check if inspection is within the United States or territories
6. Foreign Inspection check box: Check if inspection is to be outside of the United States or territories.
 - a. Hotel Accommodations – Provide Hotel name and Telephone number, including city and country codes.
 - b. Best mode of transportation from the airport – Please advise of the best way to get from the airport to the hotel or inspection site.