OMB APPROVED NO. 0581-0234

FV356 (X-XX) Previous edition are to destroyed U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION DATE HOUR TAKEN BY (Initials) APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING NAME AND MAILING ADDRESS OF APPLICANT (Include City, State, ZIP) NAME AND MAILING ADDRESS OF RECEIVER OR BUYER (Include City, State, ZIP) Enter your E-Mail Address here: IF REQUESTED BY OTHER THAN APPLICANT, SPECIFY NAME OF PARTY CONTRACTOR ORDER NUMBER DATE AVAILABLE FOR SAMPLING/INSP. NOTE: Mark an "X" in appropriate blocks MAIL CERTIFICATE AND FEE BILL TO DISTRIBUTION INSTRUCTIONS ☐ FAX ☐ USPS ☐ OVERNIGHT ☐ EXPRESS GROUND MAIL ☐ OTHER □ APPLICANT ☐ OTHER (Specify) TYPE OF PRODUCT □ CANNED □ FROZEN □ DRIED □ DEHYDRATED □ OTHER LOCATION OF PRODUCT (Name, Address, and Phone) NAME OF PRODUCT TYPE OF CASE CASE MARKS (Specify in "Remarks" on reverse) □ NONE □ DOMESTIC ☐ OTHER (Specify) □ COMMERCIAL ☐ SPECIAL FIELD OFFICE WHERE GRADED PRODUCT PREVIOUSLY GRADED ☐ YES (If "Yes", give Certificate Number) REPORT RESULTS IMMEDIATELY AFTER GRADING TO QUALITY REQUIREMENTS OF RECEIVER ☐ OTHER (Specify) ☐ APPLICANT ADDITIONAL REQUIREMENTS (Check all that apply) ☐ Certificate of Date of Pack (Federal or State Agencies) ☐ "Officially Sampled" stamp on cases. Stamp this form when accomplished ☐ Condition of Container Examination (Federal or State Agencies) ☐ Checkloading Required Date: Attach Form AD-748 or 741 ☐ USDA Contracts—Country of Origin Certification and Traceability ☐ Unofficial Sample Submitted by Applicant. See terms and signature Documents. (Plant Survey and Food Defense System Survey required) or request on reverse side of this form PSA ☐ SECTION 8e IMPORT PRODUCT INSPECTION: Importer of Record Date of Entry Port of Entry Name of Vessel/Voyage No. Customs Entry No. Bill of Lading No. Broker's Reference No. FCE No. Port of Export Harmonized Tariff Code Container No. Country of Origin □ EXPORT CERTIFICATE: Port of Export Port of Entry Name of Vessel. Voyage No. Date of Freezing Storage Temp. °C Temp. °C. Freezing ☐ OTHER: PLEASE SPECIFY IN REMARKS NO NO. AND TYPE OF LOT SIZE AND CODE MARKS IN LOT LOT NO. **SAMPLES** DESCRIPTION **CONTAINERS IN CASE** □ EMBOSSED ☐ INK STAMPED ☐ INK JET □OTHER ADDITIONAL SAMPLE UNITS FOR: ☐ ANALYTICAL ☐ USDA REVIEW ☐ MONTHLY REVIEW □ OTHER REMARKS: THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described above. ADDRESS OF SAMPLER OR FIELD OFFICE OFFICIAL SAMPLER PRINT AND SIGN NAME DATE **DRIVING** SAMPLING STAMPING CONDITION CHECKLOADING **PRODUCT** OTHER TOTAL **OVERTIME** NIGHT INSP DATE (HRS) (HRS) (HRS) (HRS) EXAM (HRS) (HRS) HOURS (HRS) DIFF (HRS) (HRS) INT.

CERTIFICATE OF SAMPLING

THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described below.

CONTRACT			PURCHASE ORDER NUMBER			
NAME AND	MAILING ADDRI	ESS OF APPLICANT (Include City, State, Zip)	NAME AND LOCATION OF WAREHOUSE (Include City and State)			
PRODUCT			SIZE AND KIND OF CONTAINERS			
TYPE OF C	ASE (if cased) □	CORRUGATED OTHER Tray Pack		NUMBER PER CASE		
CASE MARKINGS (if any)						
LOT NO.	NO. SAMPLES CODE MARKS □ EMBOSSED □ INK STAMPED □ INK JET □ OTHER				NO. CASES	LOCATION IN WAREHOUSE
	 					
REMARKS						
REWARKS						
DATE OF		CIAL SAMPLER PRINT AND SIGN NAME		ADDRESS OF FIELD OFFICE/INSPECTION POINT		
The undersigned applies for inspection of the processed food products described in this application in accordance with the regulations of the Secretary of Agriculture (7 CFR). To the best of my knowled and belief, these containers are not from lots which have been previously inspected by the U.S. Department of Agriculture and are in no way the subject of controversy with any government agency. NAME AND TITLE OF REQUESTOR SIGNATURE OF REQUESTOR						o the best of my knowledge government agency.
NAME AND TITLE OF REQUESTOR				SIGNATURE OF REQUESTOR		

Information in this application will be used in connection with performing an inspection on the product described in this application (7CFR 52). 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 0581-0234. The time required to complete this information collection is estimated to average 20 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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not assistance programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.