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U. S. DEPARTMENT OF AGRICULTURE  
 FOOD SAFETY AND INSPECTION SERVICE

**HOURS OF OPERATION REQUEST/APPROVAL**

1. NAME OF APPLICANT	2. DATE OF REQUEST	3. DISTRICT / IID-HEADQUARTER OFFICE
4. MAILING ADDRESS OF APPLICANT		<input type="checkbox"/> New (Attach to application form) <input type="checkbox"/> Update or Revision

**HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 1**

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

**HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 2**

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

5. SIGNATURE OF APPLICANT	6. PRINTED NAME
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**HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 1**

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

**HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 2**

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

7. PRINT NAME OF DISTRICT/ IID - HEADQUARTER MANAGER	8. SIGNATURE OF DISTRICT/ IID-HEADQUARTER MANAGER	9. DATE
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