

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 POULTRY PROGRAMS

**RETAIL QUALITY PROGRAM
 AGREEMENT**

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I (We) _____ hereby request to participate in the RETAIL QUALITY PROGRAM (RQP) in accordance with the applicable provisions of the guidelines and regulations issued by the Agricultural Marketing Service (AMS), U.S. Department of Agriculture, to be performed at the facilities specified (attached) and hereby agree to comply with such provisions and the terms of this agreement (*including but not limited to instructions governing such service that may be issued from time to time, by AMS*). I (We) hereby acknowledge receipt of Public Law 84-272 (7 U.S.C. 1622(h)) and applicable instructions under which this agreement is made. I (We) also agree to pay for the services rendered and all related travel expenses incurred while performing such services. The services specified below shall start on _____.

TYPE OF SERVICE REQUESTED

TYPE OF SERVICE REQUESTED		OPTIONAL SERVICES	
	LEVEL 1 - INTERMITTENT BASIS		1. BIOLUMINESCENCE TESTING
	LEVEL 2 - CONTINUOUS BASIS		2. QUALITY EVALUATION OF POULTRY/SHELL EGGS
	LEVEL 3 - MARKETING BASIS		3. FOOD SERVICE EMPLOYEE TRAINING
			4. MICROBIOLOGICAL AND CHEMICAL TESTING
			5. FAT ANALYSIS OF MEAT PRODUCTS
			6. OPERATIONAL PROCEDURES VERIFICATION
			7. OTHER

*NAME AND ADDRESS OF CORPORATE OFFICE (*Street and No., City State, and ZIP Code*)

DESIGNATED CORPORATE CONTACT PERSON

Name _____

Title _____

The above designated contact person will furnish each Quality Inspector (QI) with such information as may be necessary for the performance of the service and to whom the QI or program representative shall address comments, suggestions, or other pertinent information required to maintain compliance with the program. The designee will receive copies of the inspection report for each facility and will be contacted quarterly, or as necessary, regarding program status and other pertinent issues. The **NAME AND ADDRESS** of each facility designated to participate in the retail program must be attached with signature and date by the **CORPORATE CONTACT PERSON**. Also include the names and titles of each **STORE CONTACT PERSON**.

EMPLOYER IDENTIFICATION NUMBER (EIN) - _____ (is a 9 digit number assigned to sole proprietorships, corporations, partnerships, estates, trusts, and other entities for filing and reporting purposes.)

DATE	SIGNATURE
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**APPLICATION GRANTED BY
 (For use by USDA)**

AGRICULTURAL MARKETING SERVICE

DATE	TITLE	BY (<i>Signature</i>)
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