## RAISIN ADMINISTRATIVE COMMITTEE

2445 Capitol Street, Suite 200 Fresno, California 93721 Phone: (559) 225-0520

## REQUEST FOR USDA APPEAL INSPECTION

I hereby request an appeal inspection of the	raisins covered by	Inspection Certificate No.
, (Form FV-489 or Form FV-49	0) and Weight Certific	ate No, in
accordance with the regulations governing Inspec	ction and Certification	of Processed Fruits and
Vegetables and Related Products, and paragraph 98	9.158(a)(5) or 989.158(	(h) of Marketing Order No.
989, as amended. These raisins are located at		(original
inspection point), California.		
Name of Handler	Name of Producer	
_By:	By:	
Handler Representative	Authorizing Agent	
Title	Title	
Inspectors performing appeal inspection:	Worksheet No.:	
1.	Variety:	
2.		
	Fee:	
	Net Weight:	

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