

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING	APPLICATION TAKEN BY <i>(Initials)</i>	DATE	HOUR
---	---	------	------

NAME AND MAILING ADDRESS OF APPLICANT <i>(Include City, State, ZIP)</i> Enter your E-Mail Address here:	NAME AND MAILING ADDRESS OF RECEIVER OR BUYER <i>(Include City, State, ZIP)</i>
--	---

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 <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i> TYPE OF PRODUCT <input type="checkbox"/> CANNED <input type="checkbox"/> FROZEN <input type="checkbox"/> DRIED <input type="checkbox"/> DEHYDRATED <input type="checkbox"/> OTHER NAME OF PRODUCT TYPE OF CASE <input type="checkbox"/> NONE <input type="checkbox"/> DOMESTIC <input type="checkbox"/> OTHER <i>(Specify)</i> PRODUCT PREVIOUSLY GRADED <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes", give Certificate Number)</i> REPORT RESULTS IMMEDIATELY AFTER GRADING TO <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i>	DISTRIBUTION INSTRUCTIONS <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> EXPRESS GROUND MAIL <input type="checkbox"/> OTHER LOCATION OF PRODUCT <i>(Name, Address, and Phone)</i> CASE MARKS <i>(Specify in "Remarks" on reverse)</i> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPECIAL FIELD OFFICE WHERE GRADED QUALITY REQUIREMENTS OF RECEIVER
--	--

ADDITIONAL REQUIREMENTS (Check all that apply)

<input type="checkbox"/> Certificate of Date of Pack <i>(Federal or State Agencies)</i> <input type="checkbox"/> Condition of Container Examination <i>(Federal or State Agencies)</i> Attach Form AD-748 or 741 <input type="checkbox"/> USDA Contracts—Country of Origin Certification and Traceability Documents. <i>(Plant Survey and Food Defense System Survey required) or PSA</i>	<input type="checkbox"/> "Officially Sampled" stamp on cases. Stamp this form when accomplished <input type="checkbox"/> Checkloading Required Date: _____ <input type="checkbox"/> Unofficial Sample Submitted by Applicant. See terms and signature request on reverse side of this form
--	---

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	Freezing Temp. °C.	Storage Temp. °C.
----------------	---------------	-----------------	------------	------------------	--------------------	-------------------

OTHER: PLEASE SPECIFY IN REMARKS

LOT NO.	LOT SIZE AND DESCRIPTION	NO. AND TYPE OF CONTAINERS IN CASE	CODE MARKS IN LOT <input type="checkbox"/> EMBOSSED <input type="checkbox"/> INK STAMPED <input type="checkbox"/> INK JET <input type="checkbox"/> OTHER	NO. SAMPLES

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.

DATE		ADDRESS OF SAMPLER OR FIELD OFFICE				OFFICIAL SAMPLER PRINT AND SIGN NAME					
DATE	DRIVING (HRS)	SAMPLING (HRS)	STAMPING (HRS)	CONDITION (HRS)	CHECKLOADING (HRS)	PRODUCT EXAM (HRS)	OTHER (HRS)	TOTAL HOURS	OVERTIME (HRS)	NIGHT DIFF (HRS)	INSP INT.

