**Form Approved** OMB No. 0581-NEW

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| U. S DEPARTMENT OF AGRICULTURE  AGRICULTURAL MARKETING SERVICE  **SANITARY CERTIFICATE REQUEST-BRAZIL** | | | | 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. This valid OMB control number for this collection is *0581-NEW*. The time required to complete this information collection is estimated to average 12 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 information. | | | | | |
| *I acknowledge that by checking this box that the information provided is factual and accurate.* | | | | | | | | | |
| 1. CONTACT NAME | |  | | | | **MAIL CERTIFICATE TO:** | | | |
| 1. CUSTOMER NUMBER | |  | | | | 7. COMPANY |  | | |
| 1. BILLING REFERENCE | |  | | | | 8. CONTACT |  | | |
| 1. E-MAIL ADDRESS | |  | | | | 9. STREET |  | | |
| 1. CONTACT PHONE | |  | | | | 10. CITY |  | | |
| 1. FAX | |  | | | | 11. STATE |  | 12. ZIP |  |
| **EXPORTER** | | | | | | | | | |
| 13. NAME |  | | | | | | | | |
| 14. ADDRESS |  | | | | | | | | |
| 15. CITY, STATE |  | | | | | | | | |
| **IDENTIFICATION OF DAIRY PRODUCTS** | | | | | | | | | |
| 16. DESCRIPTION OF COMMODITY | | | | |  | | | | |
| 17. DATE OR PERIOD OF PRODUCTION | | | | |  | | | | |
| 18. LOT NUMBER | | | | |  | | | | |
| 19. NUMBER OF PACKAGING UNITS | | | | | 0 | | | | |
| 20. NET WEIGHT | | | | |  | | | | |
| 21. IDENTIFICATION MARKS | | | | |  | | | | |
| **MANUFACTURER** | | | | | | | | | |
| 22. PLANT NUMBER | | | *;* *;* | | | | | | |
| **DESTINATION** | | | | | | | | | |
| 23. EXPORTER NAME | | |  | | | | | | |
| 24. EXPORTER ADDRESS | | |  | | | | | | |
| 25. NAME OF RECEIVER | | |  | | | | | | |
| 26. CONSIGNEE ADDRESS | | |  | | | | | | |
| 27. PLACE OF LOADING | | |  | | | | | | |
| 28. PLACE OF DESTINATION | | |  | | | | | | |
| 29. SIGNATURE OF AGENT FOR APPLICANT | | | | | | 30. DATE | | | |
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