

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-490) and Weight Certificate No. _____, in accordance with the regulations governing Inspection and Certification of Processed Fruits and Vegetables and Related Products, and paragraph 989.158(a)(5) or 989.158(h) of Marketing Order No. 989, as amended. These raisins are located at _____ (*original inspection point*), California.

_____ <i>Name of Handler</i>	_____ <i>Name of Producer</i>
By: _____	By: _____
<i>Handler Representative</i>	<i>Authorizing Agent</i>
Title _____	Title _____
Inspectors performing appeal inspection:	Worksheet No.: _____
1. _____	Variety: _____
2. _____	Box Count: _____
	Fee: _____
	Net Weight: _____

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