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OMB Approved
0579-0327
EXP.: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

PROGRAM SITE TAG INFORMATION SHEET

1. STATE _____ 2. DATE _____

3. LOCATION ADDRESS (*Include ZIP Code*) _____ 4. REQUESTOR _____

5. TELEPHONE NUMBER _____

6. TYPE OF TAG (*Check the appropriate box*)

- | | |
|---------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Backtag Cattle | <input type="checkbox"/> Vaccination Tag |
| <input type="checkbox"/> Backtag Swine | <input type="checkbox"/> Reactor Tag BR |
| <input type="checkbox"/> I/D Tag Cattle | <input type="checkbox"/> Reactor Tag TB |
| <input type="checkbox"/> I/D Tag Swine | <input type="checkbox"/> Bangle Tag |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

7. SINGLE/DUPLICATE TAG _____ 8. ASSIGNED LETTER CODE _____

9. ROLLOVER TAG <input type="checkbox"/> Yes <input type="checkbox"/> No	9.a. ROLLOVER SEQUENCE (<i>1 Roll/2 Roll</i>)	9.b. EXCLUSIONS (<i>I, O, etc.</i>)	9.c. BEGIN WITH LETTERS
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10. YEARLY USAGE (<i>HDS Sets</i>)	11. MAXIMUM ISSUE PER ORDER	12. GLUE CONTAINER	13. MAXIMUM ISSUE
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14. REMAINING STOCK
 Use Stock Until Depleted Destroy Stock Old Stock Number _____

15. OTHER _____

16. NEW NATIONAL STOCK NUMBER (*NSN*) (*To be assigned*) _____