



**UNITED STATES DEPARTMENT OF  
AGRICULTURE AGRICULTURAL MARKETING  
SERVICE  
FRUIT AND VEGETABLE PROGRAMS**

**REQUEST FOR:**  **INSPECTION**  **REINSPECTION**  **APPEAL INSPECTION**  **AUDIT**

(This is the only acceptable form for fax or electronic submission to USDA for inspection/audit requests)

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. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated to average 2 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 of information.

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**NOTE: Fill in all appropriate blocks; blocks with "\*" must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above.**

*Applicant's (Company) Name:		
*Street Address:		
*City, State & Zip:		
*Contact Person:		
*Phone Number:		
*E-Mail Address:		
Enter when different from Applicant:	*Shipper's Name:	
	City and State:	
	Receiver's Name:	
	City and State:	
*Location of Product(s):		

*Date:	
*Time:	

Type of Carrier:	
Type:	Car Number or License Number:
<input type="checkbox"/> Car:	
<input type="checkbox"/> Trailer:	
<input type="checkbox"/> Lot Inspection	

<b>Applicant's P.O. Number:</b>
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Lots Separated by (Optional):		*Inspection Requested For (Must select at least one):	
<input type="checkbox"/> PLI Numbers		<input type="checkbox"/> Quality and Condition (including size when applicable)	
<input type="checkbox"/> Grower Numbers		<input type="checkbox"/> Condition Only	
<input type="checkbox"/> Size		<input type="checkbox"/> Size	
<input type="checkbox"/> Other, Specify: <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Net Weight	
<b>Digital Images Requested:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Other, Specify:	
		Auditing Services (Please fill out page 2):	

Products To Be Inspected					
*PRODUCTS	BRANDS/MARKS	*QUANTITY	Type Container	*Size	Type/Variety

Remarks/Special Instructions;