**REPRODUCE LOCALLY**.  *Include form number and edition date on all reproductions.* **OMB APPROVED NO. 0581-0125**

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| U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING | | | | | | | | | | | | | APPLICATION  TAKEN BY *(Initials)* | | | | | | DATE | | | | HOUR | | | |
| NAME AND MAILING ADDRESS OF APPLICANT *(Include City, State, ZIP)*              Enter your E-Mail Address here: | | | | | | | NAME AND MAILING ADDRESS OF RECEIVER OR BUYER *(Include City, State, ZIP)* | | | | | | | | | | | | | | | | | | | |
| IF REQUEST 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**   🞎 APPLICANT                 🞎 OTHER (Specify) | | | | | | | | | | **MAILING INSTRUCTIONS**  🞎 FEDEX 🞎 UPS 🞎 AIR MAIL (JAPAN) 🞎 EXPRESS MAIL 🞎 OTHER | | | | | | | | | | | | | | | | |
| TYPE OF PRODUCT 🞎 CANNED    🞎 FROZEN    🞎 DRIED  🞎 DEHYDRATED  🞎 OTHER  NAME OF PRODUCT | | | | | | | | | | | | LOCATION OF PRODUCT (Name, Address, and Phone) | | | | | | | | | | | | | | |
| **TYPE OF CASE**   🞎 NONE       🞎 DOMESTIC         🞎 OTHER *(Specify)* | | | | | | | | | | | | CASE MARKS *(Specify in “Remarks” on reverse)*    🞎 COMMERCIAL                      🞎 SPECIAL | | | | | | | | | | | | | | |
| PRODUCT PREVIOUSLY GRADED    🞎 NO                    🞎 YES *(If “Yes”, give Certificate Number)* | | | | | | | | | | | | FIELD OFFICE WHERE GRADED | | | | | | | | | | | | | | |
| REPORT RESULTS IMMEDIATELY AFTER GRADING TO   🞎 APPLICANT                           🞎 OTHER *(Specify)* | | | | | | | | | | | | | | | QUALITY REQUIREMENTS OF RECEIVER | | | | | | | | | | | |
| ADDITIONAL REQUIREMENTS (*Check all that appl*y)   |  |  | | --- | --- | | 🞎 Certificate of Date of Pack *(Federal or State Agencies)* | 🞎 “Officially Sampled” stamp on cases. Stamp this form when accomplished | | 🞎 Condition of Container Examination *(Federal or State Agencies)*  Attach Form AD-748 or 741 | 🞎 Checkloading  Required  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 🞎 USDA Contracts–Country of Origin Certification and Traceability Documents. ***(Plant Survey and Food Defense Survey required.)*** | 🞎 Unofficial Sample Submitted by Applicant. |     🞎Section 8e Import Product Inspection:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Importer of Record | Date of Arrival | Port of Entry | Vessel No. | Customs Entry No. | Bill of Lading No. | | Broker’s Reference No. | FCE No. | Port of Export | Harmonized Tariff Code | Consignee No. | Country of Origin |   🞎Export Certificate:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Port of Export | Port of Entry | Vessel No. | Voyage No. | Date of Freezing | Freezing Temp. °C. | Storage Temp. °C. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOT NO. | | LOT SIZE AND  DESCRIPTION | | | NO. AND TYPE OF  CONTAINERS IN CASE | | | CODE MARKS IN LOT  🞎 EMBOSSED     🞎 INK STAMPED    🞎 INK JET     🞎OTHER | | | | | | | | | | | | | | | | NO.  SAMPLES | | |
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| 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. | |
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| |  | | --- | | *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 20 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.*  *The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**FV-356 (XX-XX) Previous editions are to be destroyed**                                                                                                                                                        (OVER)

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| CERTIFICATE OF SAMPLING 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 below. | | | | | | | | |
| CONTRACT NUMBER | | | | PURCHASE ORDER NUMBER | | | | |
| NAME AND MAILING ADDRESS OF APPLICANT *(Include City, State, Zip)* | | | | NAME AND LOCATION OF WAREHOUSE *(Include City and State)* | | | | |
| PRODUCT | | | | SIZE AND KIND OF CONTAINERS | | | | |
| TYPE OF CASE *(if cased)*  CORRUGATED    HALF CASE    OTHER | | | | | | NUMBER PER CASE | | |
| CASE MARKINGS *(if any)* | | | | | | | | |
| LOT NO. | NO. SAMPLES | | CODE MARKS   EMBOSSED     INK STAMPED    INK JET    OTHER | | | | NO. CASES | LOCATION IN WAREHOUSE |
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| REMARKS | | | | | | | | |
| DATE | | OFFICIAL SAMPLER PRINT AND SIGN NAME | | | ADDRESS OF FIELD OFFICE/INSPECTION POINT | | | |
|  |  |  |  |  |  |  |  |  |

FV-356 (XX-XX) (REVERSE)