

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING	APPLICATION TAKEN BY <i>(Initials)</i>	DATE	HOUR
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NAME AND MAILING ADDRESS OF APPLICANT <i>(Include City, State, ZIP)</i> Enter your E-Mail Address here:	NAME AND MAILING ADDRESS OF RECEIVER OR BUYER <i>(Include City, State, ZIP)</i>	
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 <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i>	MAILING INSTRUCTIONS <input type="checkbox"/> FEDEX <input type="checkbox"/> UPS <input type="checkbox"/> AIR MAIL (JAPAN) <input type="checkbox"/> EXPRESS MAIL <input type="checkbox"/> OTHER
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TYPE OF PRODUCT <input type="checkbox"/> CANNED <input type="checkbox"/> FROZEN <input type="checkbox"/> DRIED <input type="checkbox"/> DEHYDRATED <input type="checkbox"/> OTHER NAME OF PRODUCT	LOCATION OF PRODUCT (Name, Address, and Phone)
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TYPE OF CASE <input type="checkbox"/> NONE <input type="checkbox"/> DOMESTIC <input type="checkbox"/> OTHER <i>(Specify)</i>	CASE MARKS <i>(Specify in "Remarks" on reverse)</i> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPECIAL
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PRODUCT PREVIOUSLY GRADED <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes", give Certificate Number)</i>	FIELD OFFICE WHERE GRADED
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REPORT RESULTS IMMEDIATELY AFTER GRADING TO <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER <i>(Specify)</i>	QUALITY REQUIREMENTS OF RECEIVER
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ADDITIONAL REQUIREMENTS <i>(Check all that apply)</i>	
<input type="checkbox"/> Certificate of Date of Pack <i>(Federal or State Agencies)</i>	<input type="checkbox"/> "Officially Sampled" stamp on cases. Stamp this form when accomplished
<input type="checkbox"/> Condition of Container Examination <i>(Federal or State Agencies)</i> Attach Form AD-748 or 741	<input type="checkbox"/> Checkloading Required Date: _____
<input type="checkbox"/> USDA Contracts—Country of Origin Certification and Traceability Documents. <i>(Plant Survey and Food Defense Survey required.)</i>	<input type="checkbox"/> 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.
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LOT NO.	LOT SIZE AND DESCRIPTION	NO. AND TYPE OF CONTAINERS IN CASE	CODE MARKS IN LOT <input type="checkbox"/> EMBOSSED <input type="checkbox"/> INK STAMPED <input type="checkbox"/> INK JET <input type="checkbox"/> OTHER	NO. SAMPLES

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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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 <i>(Include City, State, Zip)</i>		NAME AND LOCATION OF WAREHOUSE <i>(Include City and State)</i>	
PRODUCT		SIZE AND KIND OF CONTAINERS	
TYPE OF CASE <i>(if cased)</i> CORRUGATED HALF CASE OTHER _____			NUMBER PER CASE
CASE MARKINGS <i>(if any)</i>			

LOT NO.	NO. SAMPLES	CODE MARKS				NO. CASES	LOCATION IN WAREHOUSE
		<input type="checkbox"/> EMBOSSSED	<input type="checkbox"/> INK STAMPED	<input type="checkbox"/> INK JET	<input type="checkbox"/> OTHER _____		

REMARKS		
DATE	OFFICIAL SAMPLER PRINT AND SIGN NAME	ADDRESS OF FIELD OFFICE/INSPECTION POINT