Domestic Origin Verification (DOV) APPLICATION FOR SERVICE

			OMB Approved No. 0581-0	125
Name and Address of Facility Where Audit Services Are	e Requested:			
Billing Address:				
List the components and products that are requested	ed for DOV program approval (F	ruit, nut, or ve	egetable components and/or products):	
Check Appropriate Domestic Origin Status: Process and/or handle ONLY domestic fruit, n hat are similar to that delivered to the United Stat Process and/or handle domestic and non-domes suppliers that are similar to that delivered to the U controlled by a written Segregation Procedure .	es Department of Agriculture (US tic fruit, nut, and vegetable comp	DA), Agricu onents or pro	Iltural Marketing Service (AMS). oducts that may include finished product fi	om
(we) agree: 1. To comply with all applicable provisions of the and Commodity Procurement Branch (CPB) anno 2. To allow reasonable access to facilities and prov 3. To immediately notify the DOV Program Mana are received or purchased, or to segregate domesti domestic origin status as stated on the application; 4. To immediately notify the USDA, AMS, Fruit conforming components or products are shipped to 5. To provide a completed <i>DOV Application for So</i> 5. To respond to Corrective Action Requests. 7. To suspension or denial from DOV program ap approval include, but are not limited to, the inabili applicant for inability to meet contract requirement	uncements, specifications, and invide all documentation or records ager when it (1) implements or ch c from non-domestic including th or (3) changes the components o and Vegetable Programs (F&V), o the USDA. ervice and related verifiable writte proval if deemed in the best inter- ty to provide the required domest ts, or customer complaints.	vitations. within the sc anges a proce ose "not estal r products no CPB and the en procedures est of the USI ic origin docu	cope of the DOV program. edure to control components or products to blished" as domestic; or (2) changes the oted in this application. nearest PPB Field office when non- s. DA, AMS. Reasons for suspension or der umentation, a request by CPB to suspend	hat ial of
5. To authorize posting of information regarding the authorization to post the applicant's information o authorization to post the applicant's information o 9. To pay all applicable fees associated with this a	n the website. If you do not want	et website. Si your compar	igning this application provides the ny's name posted on the web, please check	<u>د</u>
Signature of Applicant or Representative:	Title of Applicant Representative:	D	ate:	
Print or Type Name of Signer:	Telephone No.:	E-mail address	s of Applicant's Representative:	
Return the application and related docu Or mail to the DOV Coordinator. Find			@ams.usda.gov www.ams.usda.gov/DOV	

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