

Application Form for Requesting Additional Tariff-Rate Quota (TRQ) Amounts

Enter your Control Number (5 digits): \_\_\_\_\_

Name of the Firm: \_\_\_\_\_

Name of the Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Requests for Additional TRQ Amounts**

License Type	Article	Country of Origin	License Number	Amount Requested in Kilograms
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> SU <input type="checkbox"/> OT <input type="checkbox"/> GR <input type="checkbox"/> LF <input type="checkbox"/> SW	<input type="checkbox"/> Any Country <input type="checkbox"/> Argentina <input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> Switzerland <input type="checkbox"/> Chile <input type="checkbox"/> Costa Rica <input type="checkbox"/> EU <input type="checkbox"/> Israel <input type="checkbox"/> Iceland <input type="checkbox"/> Norway <input type="checkbox"/> New Zealand <input type="checkbox"/> Other Country <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Uruguay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> SU <input type="checkbox"/> OT <input type="checkbox"/> GR <input type="checkbox"/> LF <input type="checkbox"/> SW	<input type="checkbox"/> Any Country <input type="checkbox"/> Argentina <input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> Switzerland <input type="checkbox"/> Chile <input type="checkbox"/> Costa Rica <input type="checkbox"/> EU <input type="checkbox"/> Israel <input type="checkbox"/> Iceland <input type="checkbox"/> Norway <input type="checkbox"/> New Zealand <input type="checkbox"/> Other Country <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Uruguay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter your Control Number (5 digits): \_\_\_\_\_

**Requests for Additional TRQ Amounts – Continuation**

License Type	Article	Country of Origin	License Number	Amount Requested in Kilograms
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> SU <input type="checkbox"/> OT <input type="checkbox"/> GR <input type="checkbox"/> LF <input type="checkbox"/> SW	<input type="checkbox"/> Any Country <input type="checkbox"/> Argentina <input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> Switzerland <input type="checkbox"/> Chile <input type="checkbox"/> Costa Rica <input type="checkbox"/> EU <input type="checkbox"/> Israel <input type="checkbox"/> Iceland <input type="checkbox"/> Norway <input type="checkbox"/> New Zealand <input type="checkbox"/> Other Country <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Uruguay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> M <input type="checkbox"/> SU <input type="checkbox"/> OT <input type="checkbox"/> GR <input type="checkbox"/> LF <input type="checkbox"/> SW	<input type="checkbox"/> Any Country <input type="checkbox"/> Argentina <input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> Switzerland <input type="checkbox"/> Chile <input type="checkbox"/> Costa Rica <input type="checkbox"/> EU <input type="checkbox"/> Israel <input type="checkbox"/> Iceland <input type="checkbox"/> Norway <input type="checkbox"/> New Zealand <input type="checkbox"/> Other Country <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Uruguay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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