Reproduce Locally. Include form number and edu		ns.		FORM APPROVED – OMB NO. 0581-0124
U.S. Department of Agriculture Agricultural Marketing Service Livestock and Seed Program		Grading and Verification Division		
Application for Service		USDA, MRP, AMS, LSP, GV Division 13952 Denver West Parkway Building 53, Suite 350 Lakewood, CO 80401		Fax: 720-497-0571 Email: <u>GVD@ams.usda.gov</u>
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Billing Address (Include P.O. Box or Street, City, State, Physical Address and Zip Code) Box)			of Service Location (no P.O.	then Social Security Number.
		/		Telephone Number Fax Number Email Address
Grading Services Type of Service Required (Check all that apply) Carcass Grading (check applicable species) Beef Pork Veal/Calf Lamb Product Certification Carcass Grade Factor Further Processing Meat Judging Contest Product Examination Service Other (Specify)		Verification Services Type of Service Required (Check all that apply) Process Verified Program (PVP) Quality System Assessment Program (QSA) Export Verification (EV) Program Non-Hormone Treated Cattle (NHTC) Program Pork for the European Union (PFEU) Program USDA ISO Guide 65 Program National Organic Program (NOP) Seed Accreditation Programs (ASL, AFIP, ASSP) Other (Specify)		
Inspection Information: FSIS Est. No. or NFI Est. No.				
Operations Conducted: Slaughter (Identify Species) Cattle Veal Calves Sheep Swine Bison Goats Other				
Processing Fabrication Distribution Breeding Support Services Marketing Feeding Other Legal Status (Check One) Individual Owner Partnership Financial Interest In Owner/Part Owner Other (Specify)				
I (We) agree to: To comply with all applicable provisions of the Federal Meat Grading and Certification Regulations, 7 CFR, Part 54 (Revised), a copy of which I (we) have received and read; 2. To notify the Customer Service Director, in writing and in advance of my (our) cancellation of this application; 3. To notify the Customer Service Director immediately when a change occurs in my (our) legal status/Applicant Representative; and			Product: Contractor I. We agree to: I. To comply with all applicable provisions of the Quality Systems Verification Programs, 7 CFR, Part 62, a copy of which I (we) have received and read; 2. To notify the Audit, Review, and Compliance Branch in writing and in advance of my (our) cancellation of this application; 3. To notify the Audit, Review, and Compliance Branch immediately when a change occurs in my (our) status/Applicant Representative; and 4. That the quality system verification service for which application is hereby made may be denied or withdrawn at any time as provided in the Quality Systems Verification Programs.	
Signature of Applicant or Representative			1	Date
Print or Type Name of Signee				
Title of Signee Information provided in this application is needed to authorize USDA employees to perform the requested service (7 CFR 54, 6, & 7 CFR 62). You may by law, be fined up to \$10,000, imprisoned up to 5 years, or both for knowingly or willfully making false statements within this document (18 U.S.C. Section 1001).				
For Official Use Only				
Date Of Approval Title o	f Approving Officer	[Signature of Approving Offic	
LS-313 (02-2009)	Previous editions mu	st be destroyed.		