**UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE**

**FRUIT AND VEGETABLE PROGRAMS**

**REQUEST FOR: INSPECTION REINSPECTION APPEAL INSPECTION AUDIT**

(This is the only acceptable form for fax or electronic submission to USDA for inspection/audit requests)

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 2 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.

**NOTE: Fill in all appropriate blocks; blocks with “\*” must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above.**

|  |  |
| --- | --- |
| \*Date: |  |
| \*Time: |  |

|  |
| --- |
| **Type of Carrier:** |
| Type: | Car Number orLicense Number: |
| Car: |  |
| Trailer: |  |
| Lot Inspection |

**Applicant’s P.O. Number:**

|  |  |
| --- | --- |
| \*Applicant’s (Company) Name: |  |
| \*Street Address: |  |
| \*City, State & Zip: |  |
| \*Contact Person: |  |
| \*Phone Number: |  |
| **\*E-Mail Address:** |  |
| Enter when different from Applicant: | \*Shipper’s Name: |  |
| City and State: |  |
| Receiver’s Name: |  |
| City and State: |  |
| \*Location of Product(s): |  |

|  |  |
| --- | --- |
| **Lots Separated by (Optional):** | **\*Inspection Requested For (Must select at least one):** |
| PLI Numbers | Quality and Condition (including size when applicable) |
| Grower Numbers | Condition Only |
| Size | Size |
| Other, Specify: | Net Weight |
| **Digital Images Requested: Yes No** | Other, Specify: |
|  | Auditing Services (Please fill out page 2): |

|  |
| --- |
| **Products To Be Inspected** |
| **\*PRODUCTS** | **BRANDS/MARKS** | **\*QUANTITY** | **Type Container** | **\*Size** | **Type/Variety** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Remarks/Special Instructions;

 FV-237 (03/07) (Previous editions may be used)