

**U.S. DEPARTMENT OF AGRICULTURE**  
 AGRICULTURAL MARKETING SERVICE  
 Livestock, Poultry, and Seed Program  
 Quality Assessment Division

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**APPLICATION FOR SERVICE**

Submit Completed Form to: USDA, MRP, AMS, LPS, QAD  
 Business Operations Branch  
 10809 Executive Center Drive, Suite 318  
 Little Rock, AR 72211-6022

Email: [QAD.BusinessOps@ams.usda.gov](mailto:QAD.BusinessOps@ams.usda.gov)  
 Telephone: 501-312-2962  
 Fax: 501-312-2968

- New Application
- Change of Address
- Revision

In accordance with the applicable provisions of the regulation issued by the Agricultural Marketing Service, U.S. Department of Agriculture, application is hereby made for the furnishing of the service(s) checked below to be performed at the plant specified:

COMMODITY	TYPE	SERVICES	AUDIT SERVICES
<input type="checkbox"/> Beef	<input type="checkbox"/> Commitment	<input type="checkbox"/> Grading	<input type="checkbox"/> Export Verification
<input type="checkbox"/> Lamb	<input type="checkbox"/> Non-Commitment	<input type="checkbox"/> Further Processing	<input type="checkbox"/> National Organic Program
<input type="checkbox"/> Pork	<input type="checkbox"/> Resident	<input type="checkbox"/> Processing	<input type="checkbox"/> Non-Hormone Treated Cattle
<input type="checkbox"/> Poultry	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Product Certification	<input type="checkbox"/> Pork for the European Union
<input type="checkbox"/> Rabbit	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temperature Verification	<input type="checkbox"/> Process Verified Program
<input type="checkbox"/> **Shell Egg	<input type="checkbox"/> Fee	<input type="checkbox"/> Test Weight	<input type="checkbox"/> Seed Accreditation Programs (ASL,AFIP,ASSP)
<input type="checkbox"/> Veal/Calf	<input type="checkbox"/> _____	<input type="checkbox"/> Product Examination	<input type="checkbox"/> Quality System Assessment Program
<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> USDA ISO Guide 65 Program
			<input type="checkbox"/> _____

**REGULATIONS APPLICABLE TO REQUESTED SERVICE(S):**

- Grading of Shell Eggs (7 CFR Part 56)
- Grading of Poultry Products and Rabbit Products (7 CFR Part 70)
- Meats, Prepared Meats, and Meat Products (Grading, Certification, and Standards) (7 CFR Part 54)
- Livestock, Meat, and other Agricultural Commodities (Quality Systems Verification Programs) (7 CFR Part 62)

**APPLICANT INFORMATION**

NAME OF APPLICANT (As shown on your income tax return)

**Tax ID Number:**

*This is the Corporate Tax ID number unless the entity submitting the application is an individual, then the Social Security Number is Required. (Required by IRS).*

BILLING ADDRESS OF APPLICANT (Street and No., City, State, and ZIP Code)

PLANT NUMBER:

FSIS or NFI Est. NUMBER:

NAME & PHYSICAL ADDRESS WHERE SERVICE(S) WILL BE PERFORMED (Street and No., city, State, and ZIP Code)

E-MAIL ADDRESS:

\*\*CERTIFICATION: I agree to comply with the terms and conditions of the regulations applicable to the service(s) requested (including but not limited to such instructions governing such service as may be issued, from time to time, by the Agricultural Marketing Service). I also agree to notify the Agricultural Marketing Service of any contaminated or adulterated (chemical, physical, or biological agents) shell eggs in the processing plant and to assure identification and segregation of such product. This notification includes shell eggs that have tested positive for *Salmonella Enteritidis* (SE) or shell eggs from houses determined positive for the presence of SE, or any shell eggs that have been recalled or subject to any recall. I also agree to provide the AMS grader detailed information pertaining to the method of identification and segregation required of any shell eggs that have been determined to be contaminated, or adulterated, including eggs from an identified layer flock that tests positive for the presence of SE. I hereby acknowledge receipt of a copy of Public Law 84-272 (7 U.S.C. 1622(h)) and the regulations under which this application is made.

I (We) agree to:

- To comply with all applicable provisions of the Code of Federal Regulations (CFR) identified under "Regulations Applicable to Service(s) Requested," a copy of which has been received and read.
- To notify the Business Operations Branch immediately when a change occurs in the legal status of the applicant, see contact information above.
- To notify the Business Operations Branch, in advance and in writing, of cancellation of this application, see contact information above.
- Any service requested via this application may be denied or withdrawn at any time as provided in the applicable CFR, program policies & procedures.

PRINT NAME & TITLE OF APPLICANT:

SIGNATURE OF APPLICANT:

DATE:

**FOR OFFICIAL USE ONLY**

DATE:	APPROVED BY (Signature)	TITLE
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\*No member of or delegate to Congress, or Resident Commissioner, shall be admitted to any benefit that may arise from this service unless derived through service rendered a corporation for its general benefit.