Form Approved OMB No. 0581-NEW

U. S DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE

## SANITARY CERTIFICATE REOUEST-CUBA

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needed, and completing and reviewing the collection information.						
I acknowledge that by checking this box that the information provided is factual and accurate.						
1. CONTACT NAME		MAIL CERTIF	ICATE TO:	}		
2. CUSTOMER NUMBER			7. COMPANY			
3. BILLING REFERENCE			8. CONTACT			
4. E-MAIL ADDRESS			9. STREET			
5. CONTACT PHONE			10. CITY			
6. FAX			11. STATE		12. ZIP	
EXPORTER						
13. NAME						
14. ADDRESS						
15. CITY, STATE						
IDENTIFICATION OF DAIRY PRODUCTS						
16. DESCRIPTION OF COMMODITY						
17. KIND OF HEAT TREATMENT (HTST; PAST.)						
18. TYPE OF PACKAGING						
19. NUMBER OF PACKAGING UNITS		0				
20. NET WEIGHT		lbs				
21. REQUIRED TEMPERATURE DURING						
STORAGE AND TRANSPORTATION						
MANUFACTURER						
22. PLANT NUMBER ; ;						
DESTINATION						
23. NAME OF RECE	IVER					
24. CITY						
25. SIGNATURE OF AGENT FOR APPLICANT		268. DATE				
TT TT C D C A		(TCD 4) 1 11 1 1 1 1				

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