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| **Reproduce Locally**. *Include form number and edition date on all reproductions* | | | | | | | **Form Approved** OMB No. 0581-0126 | | | |
| **U.S. DEPARTMENT OF AGRICULTURE**  AGRICULTURAL MARKETING SERVICE  DAIRY PROGRAMS  **EQUIPMENT REVIEW REQUEST** | | | | | | | | | | |
| Applicant (Name and Address)  Click here to enter text. | | Party Responsible for Payment If other than Applicant (Name and Address)  Confirmation Required (Letter or Fax) Received:  Click here to enter text. | | | | | | Equipment Located At (Name and Address)  Click here to enter text. | | |
| Website  Click here to enter text. | |
| Tax Identification No. (TIN)  Click here to enter text. | | Tax Identification No. (TIN)  Click here to enter text. | | | | | | Inspection Date(s) Requested  Click here to enter text. | | |
| Contact  Click here to enter text. | | Contact  Click here to enter text. | | | | | | Contact  Click here to enter text. | | |
| Telephone  Click here to enter text. | | Telephone  Click here to enter text. | | | | | | Telephone  Click here to enter text. | | |
| Fax  Click here to enter text. | | Fax  Click here to enter text. | | | | | | Fax  Click here to enter text. | | |
| Type of Equipment:  Click here to enter text. | | | | | | | | | Dairy  Livestock or Poultry  3-A Third Party Verification  Appeal | |
| Signature of Applicant (typed signature will suffice)  Click here to enter text. | | | Date  Click here to enter text. | | Email | | | | | |
|  | Click here to enter text. | | | |  |
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| **Domestic Inspection**  A minimum of thirty (30) working days notification is required to insure specialists have ample time to make arrangements for the trip. If specialists are unavailable, the next available date acceptable to all parties will be assigned. | | | | | | | | | | |
| **Foreign Inspection**  A minimum of forty-nine (49) working days advance notice is required for any foreign travel. The 49 days will start from the date this request form is received by the Dairy Grading Branch. If specialists are unavailable, the next available date acceptable to all parties will be assigned. | | | | | | | | | | |
| Hotel accommodations (USDA Dairy must pay)  Does the hotel accept Visa credit cards:  YES  NO  Click here to enter text. | | | | Best mode of transportation from airport (train, taxi, company pick up, etc.):  Click here to enter text. | | | | | | |
| If submitting electronically, please sign and mail or fax a copy of this form to the address below: | | | | | | | | | | |
| USDA/AMS/DAIRY PROGRAMS  Dairy Grading Branch  Design Review Section  Room 2746 – South Building  1400 Independence Ave SW STOP 0230  Washington, DC 20250-0230  Tel: 202 720-3171  Fax: 202 720-2643 | | | |  | | | | | | |
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| **FOR OFFICIAL USE ONLY** | | | | | | | | | | |
| Date Received: |  | | | Specialist Assigned: | | | |  | | |
| Date Assigned: |  | | | Project Number(s): | | | |  | | |
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| Form DA-162 (9-2015) | | | | | | | | | | |