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	t Located At (Name and Address) 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.			1 '	Date(s) Requested 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.				to enter text.		
Type of Equipment: Click here to enter text. 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 h		here to enter	nere to enter text.		
	iere to effect text.						
□ 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) Best mode of transportation from airport (train, pose the hotel accept Visa credit cards: ☐ YES ☐ NO up, etc.):					airport (train, taxi, company pick		
Does the hotel accept Visa credit cards: ☐ YES ☐ NO							
If submitting electronically, please sign and	l mail or fa	x a copy of this form to the	address bel	ow:			
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							
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 collection is 0581-0126. The time required to complete this collection of information is estimated to average 10 minutes per person including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.							
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FOR OFFICIAL USE ONLY							

FOR OFFICIAL USE ONLY					
Date Received:		Specialist Assigned:			
Date Assigned:		Project Number(s):			