**Form Approved** OMB No. 0581-NEW

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| U. S DEPARTMENT OF AGRICULTURE  AGRICULTURAL MARKETING SERVICE  **SANITARY CERTIFICATE REQUEST-CUBA** | | | | 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. This valid OMB control number for this collection is *0581-NEW*. The time required to complete this information collection is estimated to average 12 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 information. | | | | |
| *I acknowledge that by checking this box that the information provided is factual and accurate.* | | | | | | | | |
| 1. CONTACT NAME | |  | | | **MAIL CERTIFICATE TO:** | | | |
| 1. CUSTOMER NUMBER | |  | | | 7. COMPANY |  | | |
| 1. BILLING REFERENCE | |  | | | 8. CONTACT |  | | |
| 1. E-MAIL ADDRESS | |  | | | 9. STREET |  | | |
| 1. CONTACT PHONE | |  | | | 10. CITY |  | | |
| 1. 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 | | | | |  | | | |
| 21. REQUIRED TEMPERATURE DURING STORAGE AND TRANSPORTATION | | | | |  | | | |
| **MANUFACTURER** | | | | | | | | |
| 22. PLANT NUMBER | | | *;* *;* | | | | | |
| **DESTINATION** | | | | | | | | |
| 23. NAME OF RECEIVER | | |  | | | | | |
| 24. CITY | | |  | | | | | |
| 25. SIGNATURE OF AGENT FOR APPLICANT | | | | | 268. DATE | | | |
| *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.* | | | | | | | | |