## NOTIFICATION OF ENTRY

## 8e IMPORT PRODUCTS and FRESH FRUITS, VEGETABLES, NUTS and SPECIALTY CROPS

**NOTE:  Items with an “\*” must be completed**

|  |  |  |
| --- | --- | --- |
| **APPLICATION**  |  Date: |  Time: |
| **PRODUCT LOCATION and AVAILABILITY for INSPECTION** |  Date: |  Time: |
| Company Name: |
| Address: |
| Ph.: |  Fax: |  City: |  State: |
| E-mail:  |  Contact Person: |
| **SECTION 8e IMPORT PRODUCT INSPECTION – Quality and Condition (size included when applicable)****🞎 FRESH 🞎** **CANNED  🞎 FROZEN 🞎 DRIED****🞎 DEHYDRATED** **🞎 OTHER**

|  |  |  |  |
| --- | --- | --- | --- |
|  Importer of Record |  | Broker’s Reference No. |  |
|  Arrival Date |  | FCE No. |  |
|  Port of Entry |  | Port of Export |  |
|  Name of Vessel/Voyage No. |  | Country of Origin |  |
|  Customs Entry No. |  | Container No(s). |  |
|  Bill of Lading No. |  |

 |
| **FRESH FRUITS, VEGETABLE OR NUTS: 🞎 INSPECTION 🞎 Re-INSPECTION 🞎 APPEAL INSPECTION**  **🞎 Quality and Condition 🞎 Condition only 🞎 Size 🞎 Net Weight 🞎 Digital Images 🞎 Other (specify)**  |
| APPLICANT | **🞎 SHIPPER 🞎 RECEIVER**  **🞎 BUYER** |
| \*Company Name |  |  Company Name |  |
| \*Address 1 |  |  Address 1 |  |
| Address 2 |  |  Address 2 |  |
| \*City |  |  City |  |
| \*State |  |  \*Zip |  State |  |  Zip |
| \*Contact Person |  |  Contact Person |  |
| \*Phone |   |  \*Fax |  Phone |  |  Fax |
| E-mail |  |  E-mail |  |

|  |  |
| --- | --- |
| Lot No., PO No.or PLI No. | **PRODUCTS TO BE INSPECTED** |
| PRODUCTS | \*HTS CODE | \*QUANTITY | LOT WEIGHT  | TYPE CONTAINER | SIZE | TYPE/VARIETY |
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| SEND CERTIFICATE AND FEE BILL TO: **🞎** APPLICANT **🞎** OTHER (Specify) (Certificates for processed products will be e-mailed unless specified below)  |  |

Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 information collection is 0581-NEW. The time required to complete this information collection is estimated to average five 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 of information.

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2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

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