

Agricultural Marketing Service Specialty Crops Program

POSITIVE LOT IDENTIFICATION STAMP(S)/DIE(S) REQUEST FORM

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 number. The valid OMB number for this information is 0581-0125. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing the instruction, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information

	g and reviewing the collection of information								
A. Sta	np Description	1		1 0.					
-	Stamp Location (Applicant):		Stamp Manufacturer:						
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Stami	Manufacturer: Dlease reproduce at the Applicant	'c evnence	hand s	 tamne	or in-lin	e coder printing	lies hearing the a	nnroved	
Stamp Manufacturer: Please reproduce, at the Applicant's expense, hand stamps or in-line coder printing dies bearing the approved USDA Federal-State Inspection logo with the following permanently affixed accountability number(s).									
0007	Trederal State Inspection logo with the following pe	i	incu accounta	inity ilu	iiiibci(3).	1			
l l				ıse	District	Inspection	Office/Market		
. 6			Nur	nber	Number	Number	Number		
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		S							
1		Inches							
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<u>ا ا</u>				-					
◀	Inches								
	'								
	licant's Request								
As a duly authorized agent of the above firm (Applicant), I hereby request that the above stamp/die order be approved and produced. I/We agree to be									
responsible for all charges assessed by the stamp manufacturer for this order. I also acknowledge that all stamps/dies ordered are the exclusive property									
of the United States Department of Agriculture and/or theFederal-State Inspection Service.									
	Applicant's Authorization Signature					Date	of Request		
E Mai	.,					Daic	or request		
	l Address:								
C. State/District Authorization									
I have	reviewed the above request and give approval for	the order to b	oe processed.						
State/District Authorization Signature Date of Request									
D. Federal Authorization									
		roduct has he	een LISDA or E	aderal-	State inspected a	re accountable it	ems and are the	property of	
All stamps/dies which make reference to or imply that a product has been USDA or Federal-State inspected are accountable items and are the property of the United States Department of Agriculture. No stamps/dies shall be produced without specific written consent of the Federal Program Manager/									
Super		ales shall be	produced with	at Spc	cine written conse	int of the reactar	r rogram manage	,,,	
Сарсі	VICO11								
	Fodoral Dragram Managar / Sunanciparia Sign	nturo.				Data of A	thorization	-	
		leral Program Manager / Supervisor's Signature				Date of At	<u>ithorization </u>		
NOTE									
	mailed to the Federal-State District			TO.					
		TAMPS/DIES	S 10						
	them.								
								'	
	ufacturer's Statement								
	y that each stamp/die produced by this firm bears a	permanent a	accountability n	umber	and the only stan	ps/dies produce	d by this firm with	markings	
refere	ncing the USDA and/or the	Federal-S	State Inspection	Servi	ce are those that	nave been autho	rized in writing by	the USDA.	
							 		
/	lanufacturer's Signature of Compliance		Title				Date of Ship	ment	
F. Loc	al/District Receipt								
	received (quantity) stamp/dies k	nearing the fo	ollowing nerman	ently a	offived accountable	lity number(s)			
THAVE	(quantity) stamprates t	bearing the lo	bilowing permai	critiy a	ilineu accountabl	iity Hulliber(3).			
_									
_									
	District Supervisor's Signature					Date Received	d		
G. Aut	G. Authorized PIQ-PLIDS Firm Representative/Inspector's Receipt								
I have received the above listed stamps/dies and they are now my responsibility.									
rnave	received the above listed stamps/dies and they are	- now my res	คบเเรเมแเง.						
	Authorized Signature					Date Receive	a		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2) fax: (202) 690-7442; or
- 3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.