**FORM APPROVED BY OMB No. 0581-0125**

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|  | | **UNITED STATES**  **DEPARTMENT OF**  **AGRICULTURE**  **Agricultural Marketing Service**  **Specialty Crops Program** | | | | | **REQUEST FOR AUDIT SERVICES** | | |
| **(This is the only acceptable form for fax or electronic submission to USDA for audit requests)**  NOTE: Fill in all appropriate blocks. Requested services may be delayed because of incomplete information. Type of service requested must be selected below. | | | | | | | | | |
|  | | | | | | | | | |
| **DATE OF REQUEST:** | | | |  | **ANTICIPATED DATE OF AUDIT:** | | | |  |
|  | | | | | | | | | |
| **AUDITEE INFORMATION** | | | | | | **FARM / FACILITY INFORMATION** | | | |
| Company Name: | | |  | | | Location: | |  | |
| Street Address: | | |  | | |
| City, State & Zip: | | |  | | | Total Acres / Total Sq Feet to be audited: | |  | |
| Phone Number: | | |  | | |
| Contact Person: | | |  | | |
|  | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | **COMMODITIES TO BE COVERED BY AUDIT** (Please List) | | | |
| Company Name | | |  | | |  | | | |
| Phone Number: | | |  | | |
| Fax Number: | | |  | | |
| E-mail: | | |  | | |
| Contact Person: | | |  | | |
|  | | | | | | | | | |
| **TYPE OF AUDIT SERVICES REQUESTED** (Please choose at least one) | | | | | | | | | |
| |  | | --- | | **□** Produce GAPs Harmonized Audit - *Field Operations & Harvesting* | | **□** Produce GAPs Harmonized Audit- *Field Operations & Harvesting  w/ Global Markets Primary Production Addendum* | | **□** Produce GAPs Harmonized Audit - *Post Harvest* | | **□** Produce GAPs Harmonized Audit– *Post Harvest  w/ Global Markets Primary Production Addendum* | | **□** Mushroom Specific GAP Audit (M-GAP) | | **□** Tomato Audit Protocol - *Open Field Production, Harvest & Field   Packing* | | □ Tomato Audit Protocol - *Packinghouse* | | □ Tomato Audit Protocol - *Greenhouse* | | □ Tomato Audit Protocol – *Repacking and Distribution* | | □ Leafy Greens Audit (LGMA) | | □ Identity Preservation Audit (IP) | | | | | | | | |  | | --- | | □USDA Good Agricultural Practices and Good   Handling Practices (GAP&GHP) Audit   (choose scopes below) | | □ Part 1 – Farm Review | | □ Part 2 – Field Harvest & Field Packing Activities | | □ Part 3 – House Packing Facility | | □ Part 4 – Storage & Transportation | | □ Part 6 – Wholesale Distribution Center /   Terminal Warehouse | | □ Part 7 – Preventative Food Defense Procedures | | □ Other: | | | |
| **ADDITIONAL REMARKS** |  | | | | | | | | |
| Once a request has been received, a USDA representative will make contact within 48 hours of receipt to schedule the audit. | | | | | | | | | |
| **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 0581-0125. The time required to complete this information collection is estimated average 2 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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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](mailto:program.intake@usda.gov).

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