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

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|  | **UNITED STATES**  **DEPARTMENT OF**  **AGRICULTURE**  **Agricultural Marketing Service**  **Specialty Crops Program** | | | **LOGO USE REQUEST**  **FOR AUDIT PROGRAMS** |
| **FEDERAL AUTHORIZATION: This form is to be completed by authorized personnel in accordance with the specified Specialty Crops Inspection Division audit program(s). All materials which make reference to the audit program(s) design or language are accountable items. Their use is authorized by a contract between the USDA and the participant company. No materials shall bear reference to the audit program(s) design or language without prior written consent of the Specialty Crops Inspection Division.** | | | | |
| **A. Logo Description** | | | | |
| **SPECIALTY CROPS PROGRAM** | |  |  | **Type of Logo: □ Black □ Color\*\***  \*\*( GAP&GHP and IP color logos must use Pantone Matching System (PMS) color Green 348. PIQ color logos must use the colors red, white and blue in specified areas. Any other colors used will not be considered an approved audit program logo and will be in violation of the agreement.) |
| **B. Company Information** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of Company Mailing Address of Company*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name and Title of Person Requesting Logo Use Phone Number Email Address* | | | | |
| **C. Logo Use** | | | | |
| **Commodities**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Select type(s) of use and specify the number of materials that will contain the audit programs logo (Attach Additional Documentation):  **□ Containers : \_\_\_\_\_\_\_\_\_\_ □ Publication(s) \_\_\_\_\_\_\_\_\_\_ type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□ Labels/Stickers \_\_\_\_\_\_\_\_\_\_ □ Website(s) \_\_\_\_\_\_\_\_\_\_ web address(es):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **□ Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **D. Manufacturer’s Information** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Manufacturer’s Name Manufacturer’s Phone Number*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Manufacturer’s Mailing Address* | | | | |
| **E. Applicant’s Request** | | | | |
| As an authorized participant in the Specialty Crops Inspection Division audit program(s), I hereby request that the above materials be approved and produced with the audit program(s) logo. I agree to be responsible for all charges assessed by the manufacturer of the materials for this order. I also acknowledge that all materials containing the audit program(s) logo are in compliance with the audit program(s) logo use requirements and are for the exclusive use as a participant in good standing in the audit program(s) as authorized by the USDA. A copy of the manufacturers’ invoice bearing the exact number of preprinted materials produced with the audit program(s) logo and a signed copy of **Section F** will be forwarded to the Specialty Crop Inspection Division immediately after the time of receipt.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Applicant’s Signature Date*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Federal Authority Signature Date* | | | | |
| **F. Applicant’s Receipt** | | | | |
| I have received the above listed materials and they are now my responsibility. I certify that only the materials in the above list have been produced and will only be used in accordance with a audit program(s) in good standing.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Applicant’s Signature Date*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Federal Authority Signature Date* | | | | |
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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.

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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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