**Domestic Origin Verification (DOV) APPLICATION FOR SERVICE**

**OMB Approved No. 0581-0125**

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| Name and Address of Facility Where Audit Services Are Requested: |
| Billing Address: |
| **List** the components and products that are requested for DOV program approval (Fruit, nut, or vegetable components and/or products): |
| Check Appropriate Domestic Origin Status:Process and/or handle **ONLY domestic** fruit, nut, and vegetable components or products, including components or products from suppliers that are similar to that delivered to the United States Department of Agriculture (USDA), Agricultural Marketing Service (AMS).Process and/or handle domestic and non-domestic fruit, nut, and vegetable components or products that may include finished product from suppliers that are similar to that delivered to the USDA. Non-domestic components and products and those “not established” as domestic are controlled by a written **Segregation Procedure**. |
| I (we) agree:1. To comply with all applicable provisions of the General Terms and Conditions of the Procurement of Agricultural Commodities or Services,and Commodity Procurement Branch (CPB) announcements, specifications, and invitations.2. To allow reasonable access to facilities and provide all documentation or records within the scope of the DOV program.3. To **immediately** notify the DOV Program Manager when it (1) implements or changes a procedure to control components or products thatare received or purchased, or to segregate domestic from non-domestic including those “not established” as domestic; or (2) changes thedomestic origin status as stated on the application; or (3) changes the components or products noted in this application.4. To **immediately** notify the USDA, AMS, Specialty Crops Program (SCP), CPB and the nearest PPB Field office when non-conforming components or products are shipped to the USDA.5. To provide a completed *DOV Application for Service* and related verifiable written procedures.6. To respond to Corrective Action Requests.7. To suspension or denial from DOV program approval if deemed in the best interest of the USDA, AMS. Reasons for suspension or denial ofapproval include, but are not limited to, the inability to provide the required domestic origin documentation, a request by CPB to suspend theapplicant for inability to meet contract requirements, or customer complaints.8. To authorize posting of information regarding this approval on the USDA Internet website. Signing this application provides theauthorization to post the applicant’s information on the website. If you do not want your company’s name posted on the web, please check .9. To pay all applicable fees associated with this auditing service. |
| Signature of Applicant or Representative: | Title of Applicant Representative: | Date: |
| Print or Type Name of Signer: | Telephone No.: | E-mail address of Applicant’s Representative: |

**Return the application and related documents to E-mail:** **DOV.fv@ams.usda.gov**

**Or mail to the DOV Coordinator. Find the DOV Coordinator’s address at**  <http://www.ams.usda.gov/DOV>

*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 to average 30 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.*

**SC-DOV-1 ( rev. 06-2016)**

**OMB 0581-0125**

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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.

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.

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**SC-DOV-1 ( rev. 06-2016)**