

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 0583-0082. The time required to complete this information collection is estimated to average 15 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.

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE APPLICATION / APPROVAL FOR VOLUNTARY REIMBURSABLE INSPECTION SERVICE	INSTRUCTIONS: Submit this application to the District Manager, U.S. Department of Agriculture, Food Safety and Inspection Service. Submit two sets of plans and four sets of specifications of the plant, when required, as indicated below. Complete all sections. If a section is not applicable, enter "N/A". If additional space is needed, use reverse side and number the item.	1. DATE OF APPLICATION
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE/OWNER <input type="checkbox"/> CHANGE/LOCATION <input type="checkbox"/> OTHER (Specify) :	3. EST. NO. ASSIGNED/RESERVED
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------

4. NAME OF APPLICANT	5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOP. ASSOC. <input type="checkbox"/> OTHER (Specify) :	6. IF INCORPORATED, GIVE DATE OF INCORPORATION & STATE
----------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

7. APPLICANT'S MAILING ADDRESS: Street Address (up to 30 characters)	CITY (up to 16 characters)	STATE (2)	ZIPCODE (up to 11 numbers)	8. TELEPHONE NUMBER (include area code)
----------------------------------------------------------------------	----------------------------	-----------	----------------------------	-----------------------------------------

9. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4: STREET ADDRESS (up to 30 characters)	CITY (up to 16 characters)	STATE (2)	ZIPCODE (up to 11 numbers)	10. TELEPHONE NUMBER (include area code)
-------------------------------------------------------------------------------------	----------------------------	-----------	----------------------------	------------------------------------------

SERVICE REQUESTED	REMARKS	COMPLETED BY USDA: District Manager
-------------------	---------	----------------------------------------

11. <input type="checkbox"/> ID SERVICE: Meat <input type="checkbox"/> ID SERVICE: Poultry <input type="checkbox"/> ID SERVICE: Siluriformes		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
-------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------

12. <input type="checkbox"/> CERTIFICATION: Trichinae <input type="checkbox"/> CERTIFICATION: Cysticercus <input type="checkbox"/> CERTIFICATION: Export		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
----------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------

13. <input type="checkbox"/> OFF-PREMISE FREEZING: Meat <input type="checkbox"/> OFF-PREMISE FREEZING: Poultry <input type="checkbox"/> OFF-PREMISE FREEZING: Egg Products <input type="checkbox"/> OFF-PREMISE FREEZING: Siluriformes		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------

14. <input type="checkbox"/> FOOD INSPECTION: (requires plans & specs)		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
------------------------------------------------------------------------	--	------------------------------------------------------------------------

15. <input type="checkbox"/> VOLUNTARY MEAT & POULTRY SLAUGHTER / PROCESSING (Specify):	S = SLAUGHTER <input type="checkbox"/> S-Antelope <input type="checkbox"/> S-Bison <input type="checkbox"/> S-Buffero <input type="checkbox"/> S-Catalo	<input type="checkbox"/> S-Deer <input type="checkbox"/> S-Elk <input type="checkbox"/> S-Poultry <input type="checkbox"/> S-Rabbit <input type="checkbox"/> S-Reindeer	P = PROCESSING <input type="checkbox"/> P-Antelope <input type="checkbox"/> P-Bison <input type="checkbox"/> P-Buffero <input type="checkbox"/> P-Catalo	<input type="checkbox"/> P-Egg Products <input type="checkbox"/> P-Deer <input type="checkbox"/> P-Elk <input type="checkbox"/> P-Poultry <input type="checkbox"/> P-Rabbit <input type="checkbox"/> P-Reindeer	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
--------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

17. <input type="checkbox"/> ANIMAL FOODS INSPECTION (Certified products for Dogs, Cats, and other Carnivora)		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------

18. <input type="checkbox"/> TECHNICAL ANIMAL FATS 9 CFR 351		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
-----------------------------------------------------------------	--	------------------------------------------------------------------------

AGREEMENT AND CERTIFICATION: If inspection service is granted under this application, I (we) expressly agree to conform strictly to the provisions of the Agricultural Marketing Act of 1946 (7 U.S.C. 1621 et seq.) and the respective regulations thereunder. I certify that all statements made herein are true to the best of my knowledge and belief.

19. TYPE NAME OF PERSON SIGNING APPLICATION	20. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (making this application)	21. TITLE	22. DATE
---------------------------------------------	------------------------------------------------------------------------------------	-----------	----------

COMPLETED BY USDA

23. DATE RECEIVED	24. DATE FACILITY REVIEWED	25. EST NO.	26. SIGNATURE OF DISTRICT MANAGER	27. DATE
-------------------	----------------------------	-------------	-----------------------------------	----------