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U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 TOBACCO PROGRAMS

SERIAL NUMBER

TOBACCO INSPECTION CERTIFICATE

fUnder the Tobacco Inspection Act of 19351

INSPECTED FOR THE ACCOUNT OF *(Name and Street address or P.O. Box, City, State, and ZIP):*

LOCATION OF INSPECTION *(City and State);*

PACKAGE MARKS

NUMBER OF PACKAGES IN LOT

COUNTRY OF ORIGIN

CROP YEAR

TYPE NUMBER

OFFICIAL GRADE

NET WEIGHT

REMARKS

DATE OF INSPECTION

SIGNATURE OF OFFICIAL INSPECTOR

TB-92 (04-2020)
TOBACCO INSPECTION CERTIFICATE

_____ **TO** _____

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