

NOAA form 89-814 Prescribed by NOAA Inspection Manual 25	U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION	CONTRACT NUMBER: _____
		FEDERAL TAX ID #: XXXXXXXXXXXXXXXXXXXXXXXXXX
		TODAY'S DATE: _____

REQUEST FOR INSPECTION SERVICES

NAME OF REQUESTER			SERVICING AGENT'S NAME & PHONE NUMBER		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CONTACT NAME	PHONE NO.	FAX NO.	TYPE INSPECTION REQUESTED <input type="checkbox"/> Lot Inspection Certificate <input type="checkbox"/> Export Health Certificate <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> EU Certificate <input type="checkbox"/> Other: _____		
LOCATION OF PRODUCTS - NAME			SPECIAL INSTRUCTIONS (Buyer Specifications, country requirements, etc.) <input type="checkbox"/> Market Specifications: <input type="checkbox"/> Product on FDA Hold?		
LOCATION OF PRODUCTS - STREET ADDRESS					
CITY	STATE	ZIP CODE	DISPOSITION OF SAMPLES: <input type="checkbox"/> Return <input type="checkbox"/> Destroy <input type="checkbox"/> Charity		
ASSESS CHARGES TO:			INSPECT FOR: <input type="checkbox"/> Quality & Condition <input type="checkbox"/> Minimum U.S. Grade Attributes <input type="checkbox"/> U.S. Grade A Attributes <input type="checkbox"/> Net Weight <input type="checkbox"/> Size or Count <input type="checkbox"/> Other: _____ Origin: _____		
STREET ADDRESS Same					
CITY	STATE	ZIP CODE			
CERTIFICATE FORWARDED TO:					
STREET ADDRESS Same					
CITY	STATE	ZIP CODE			

REMARKS

LOT NUMBER	BRAND	PRODUCT	NUMBER OF CARTONS/ CASES & SIZE	TOTAL POUNDS

NAME OF SHIPPER (<i>For export only</i>)		NAME OF CONSIGNEE (<i>For export only</i>)	
ADDRESS		ADDRESS	
PORT OF EXPORT	VESSEL OR AIRLINE	PORT OF DESTINATION	
APPLICANT (<i>Printed Name & Signature</i>)			DATE

Information Collection Notification – NOAA Form 89-814

This information collection is authorized under 50 CFR §260.15. The information will be used to record applicants requesting inspection services on non-contractual basis. Public reporting burden for this collection of information is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to the Seafood Inspection Program, 1315 East-West Highway, Silver Spring, MD 20910. This information is required in order to receive inspection services on non-contract basis. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control Number.