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DAIRY PROGRAMS			
EQUIPMENT REVIEW REQUEST			
Applicant (Name and Address)	Party Responsible for Payment if other than Applicant (Name and Address) Confirmation Required (Letter or Fax) Received	Equipment	Located at (Name and Address)
Website			
Tax Identification No. (TIN)	Tax Identification No. (TIN)	Inspection Date	e(s) Requested:
Contact	Contact	Contact	
Telephone	Telephone	Telephone	
Fax	Fax	Fax	
Type of Equipment:			Dairy Livestock and Poultry 3-A Third Party Verification
Signature of Applicant	Date	Email	
☐ Domestic Inspection: A minimum of seven (7) working days notification is required unavailable, the next available date acceptable to all parties		ake arrangem	ents for the trip. If specialists are
☐ Foreign Inspection: A minimum of thirty (30) working days advance notice is req Is received by the Dairy Grading Branch. If specialists are u			
Hotel accommodations (USDA Dairy must pay): Does the Hotel accept Visa credit cards: ☐ Yes ☐ No Best mode of transportation from airport (train, taxi, company pickup):			
If not submitting electronically, mail or fax this form to the address below:			
Dairy Equipment Review , and Livestock and Poultry Eq USDA/AMS/DAIRY PROGRAMS Dairy Grading Branch Design Review Section Room 2746 – South Building 1400 Independence Ave. SW STOP 0230 Washington, DC 20250-0230 Tel: 202 720-3171 Fax: 202 720-2643 According to the Paperwork Reduction Act of 1995, an agency may not conduct		ollaction of inform	ation unlass it displays a valid OMB control
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FOR OFFICIAL USE ONLY			
Date Received:		Specialist	Assigned:
Date Assigned:		Project Nu	ımber (s):

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