



**INITIAL INSPECTION REQUEST FOR REGULATED IMPORTED COMMODITIES**  
**8e IMPORT PRODUCTS AND FRESH FRUITS, VEGETABLES, NUTS AND SPECIALTY CROPS**

\* denotes required information

APPLICATION		DATE:		TIME:	
*PRODUCT LOCATION and AVAILABILITY for INSPECTION		DATE:		TIME:	
*COMPANY NAME					
*ADDRESS					
*PHONE		FAX		*CITY	
				*STATE	
*EMAIL		*CONTACT PERSON			

SECTION 8e IMPORT PRODUCT INSPECTION – QUALITY AND CONDITION (SIZE INCLUDED WHEN APPLICABLE)  
 FRESH  CANNED  FROZEN  DRIED  DEHYDRATED  OTHER: \_\_\_\_\_

IMPORTER/BROKER	
*IMPORTER OF RECORD	BROKER'S REFERENCE No.
*ENTRY DATE	FCE NUMBER
*PORT OF ENTRY	PORT OF EXPORT
*NAME OF VESSEL/VOYAGE NUMBER	COUNTRY OF ORIGIN
*CUSTOMS ENTRY NUMBER	*CONTAINER NUMBER(S)
BILL OF LADING NUMBER	

FRESH FRUITS, VEGETABLES OR NUTS:  INSPECTION  RE-INSPECTION  APPEAL INSPECTION  
 QUALITY AND CONDITION  CONDITION ONLY  SIZE  NET WEIGHT  DIGITAL IMAGES  OTHER: \_\_\_\_\_

*APPLICANT		<input type="checkbox"/> SHIPPER <input type="checkbox"/> RECEIVER <input type="checkbox"/> BUYER	
*COMPANY NAME		*COMPANY NAME	
*ADDRESS 1		ADDRESS 1	
ADDRESS 2		ADDRESS 2	
*CITY		*CITY	
*STATE	*ZIP	*STATE	ZIP
		*COUNTRY	
*CONTACT PERSON		CONTACT PERSON	
*PHONE	*FAX	PHONE	FAX
EMAIL		EMAIL	

PRODUCTS TO BE INSPECTED							
LOT/PO/PLI NUMBER	*PRODUCT	*HTS CODE	*QUANTITY	*NET WT (LBS)	CONTAINER TYPE	*SIZE	*TYPE/VARIETY
CODE MARKS							
CODE MARKS							
CODE MARKS							
CODE MARKS							
CODE MARKS							
CODE MARKS							
CODE MARKS							
CODE MARKS							
CODE MARKS							

SEND CERTIFICATE AND FEE BILL TO: (CERTIFICATES FOR PROCESSED PRODUCTS WILL BE EMAILED UNLESS OTHERWISE SPECIFIED)  
 APPLICANT  OTHER: \_\_\_\_\_

REMARKS:

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