U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICATION SAMPLING							ΓE OF	T.	APPLICATION TAKEN BY (Initials)		Di	ATE		НС	OUR	
NAME AND I	MAILING ADD				e City, State, ZI	P)	NAME	AND MA	LING A	ADDRESS OF	RECEIVER	OR BUYE	R (Include	e City, S	State, ZIP)	
Enter your	· E-Mail Addre	ess here:	·													
IF REQUESTED BY OTHER THAN APPLICANT, SPECIFY NAME OF PARTY							CONTRACT OR ORDER NUMBER DATE AVAILABLE FOR SAMPLING/INSP.									
					NOT	E: Mark	an "X" iı	n appropi	iate bl	ocks						
		RTIFICATE ANI		LL TO							DISTRIBUT					
☐ APPLIC		☐ OTHER (Sp	• • • • • • • • • • • • • • • • • • • •	, DDIE		ATED 0	OTHER	☐ FAX ☐ USPS ☐ OVERNIGHT ☐ EXPRESS GROUND MAIL ☐ OTHER DTHER LOCATION OF PRODUCT (Name, Address, and Phone)								
NAME OF F		CANNED LIFE	OZEN L	JUKIE	ED □ DEHYDR	AIED L	OTHER		CATIC	ON OF PRODU	JCT (Name,	Address, a	and Phone	€)		
TYPE OF C	CASE							CASE MARKS (Specify in "Remarks" on reverse)								
□ NONE	□ DOMES	STIC 0	THER (Sp	ecify)					COMME	ERCIAL	□ SF	ECIAL				
PRODUCT	PREVIOUSL	Y GRADED						FIE	FIELD OFFICE WHERE GRADED							
□ NO	□ YE	ES (If "Yes", giv	e Certifica	ate Nu	mber)											
REPORT RESULTS IMMEDIATELY AFTER GRADING TO								QUALITY REQUIREMENTS OF RECEIVER								
ADDITION/			HER (Spec													
ADDITIONAL REQUIREMENTS (Check all that apply) ☐ Certificate of Date of Pack (Federal or State Agencies)								☐ "Officially Sampled" stamp on cases. Stamp this form when accomplished								
	tion of Contai h Form AD-74		on <i>(Feder</i>	ral or :	State Agencies	s)		☐ Check	loadin	g Required I	Date:					
□ USDA Docum	Contracts-C	ountry of Origi Survey and Fo			and Traceabilit					mple Submitt reverse side d		cant. See	e terms ar	nd signa	ature	
		RT PRODUC														
Importer of Record Date of Arrival Port of Entry Name				Name	of Vesse	el/Voyage	No.	lo. Customs Entry No.		Bill	Bill of Lading No.					
Broker's	Reference No	o. FCE No.	F	Port of	f Export	Harmonized Tariff C		ariff Code	Code Container I		r No.	No. Country		y of Origin		
□ EXPO	RT CERTIFIC	CATE:				1										
Port of E	xport	Port of Entry			Name of Vessel.			Voyage No.).			Freezir Temp.	eezing Storage Temp. °C.		D.
□ OTHE	R: PLEASE SI	PECIFY IN REM	MARKS										l	ı		
LOT NO.		LOT SIZE AND DESCRIPTION			NO. AND TYPE OF CONTAINERS IN CASE			□ EM	CODE MARKS IN LO			OT NO INK JET DOTHER				SAMPL ES
							+									
ADDITION	AL SAMPLE U	NITS FOR:	□ ANAL\	YTICA	L 🗆 USDA F	REVIEW	□ MOI	NTHLY RI	EVIEW	□ OTHER						
REMARKS	:															
					tions of the Sec vn samples beli							ts and ve	getables p	oursuant	to the Agr	icultural
DATE		DRESS OF SA				_	-			CIAL SAMPLE						
DATE	DRIVING (HRS)	SAMPLING (HRS)	STAMP (HRS		CONDITION (HRS)	CHECKLO (HR		PROD EXAM (OTHER (HRS)	TOTAL HOURS		RTIME HRS)	NIGH DIFF	T (HRS)	INSP INT.
		<u> </u>														

CERTIFICATE OF SAMPLING

THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described below.

CONTRACT	NUMBER		PURCHASE ORDER NUMBER							
NAME AND	MAILING ADD	RESS OF APPLICANT (Include City, State, Zip)	NAME AND LOCATION OF WAREHOUSE (Include City and State)							
					-					
PRODUCT			SIZE AND KIND OF CONTAINERS							
TYPE OF C	ASE (if cased) l	☐ CORRUGATED ☐ OTHER ☐ Tray Pack		SE						
CASE MARI	KINGS (if any)									
LOT NO.	NO. SAMPLE	S CODE MAR	RKS ED INK JET OTHER		NO. CASES	LOCATION IN WAREHOUSE				
REMARKS										
DATE	OFF	ICIAL SAMPLER PRINT AND SIGN NAME		ADDRESS O	DDRESS OF FIELD OFFICE/INSPECTION POINT					
The undersign	ned applies for insp ese containers are	pection of the processed food products described in this application not from lots which have been previously inspected by the U.S. De	in accordance with the regulations of the partment of Agriculture and are in no w	ne Secretary of Ag vay the subject of	griculture (7 CFR). To controversy with any	o the best of my knowledge government agency.				
	NAME AND TI	TLE OF REQUESTOR	SIGNATURE OF REQUESTOR							

Information in this application will be used in connection with performing an inspection on the product described in this application (7CFR 52). 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 9581-0125. The time required to complete this information collection is estimated to average 20 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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.