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U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE <b>APPLICATION / APPROVAL FOR VOLUNTARY REIMBURSABLE INSPECTION SERVICE</b>		<b>INSTRUCTIONS:</b> Submit this application to the District Manager, U.S. Department of Agriculture, Food Safety and Inspection Service. Submit two sets of plans and four sets of specifications of the plant, when required, as indicated below. Complete all sections. If a section is not applicable, enter "N/A". If additional space is needed, use reverse side and number the item.		1. DATE OF APPLICATION	
2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE/OWNER <input type="checkbox"/> CHANGE/LOCATION <input type="checkbox"/> OTHER (Specify) :				3. EST. NO. ASSIGNED/RESERVED	
4. NAME OF APPLICANT		5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOP. ASSOC. <input type="checkbox"/> OTHER (Specify) :		6. IF INCORPORATED, GIVE DATE OF INCORPORATION & STATE	
7. APPLICANT'S MAILING ADDRESS: Street Address (up to 30 characters)		CITY (up to 16 characters)	STATE (2)	ZIPCODE (up to 11 numbers)	
8. TELEPHONE NUMBER (include area code)					
9. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4: STREET ADDRESS (up to 30 characters)		CITY (up to 16 characters)	STATE (2)	ZIPCODE (up to 11 numbers)	
10. TELEPHONE NUMBER (include area code)					
SERVICE REQUESTED		REMARKS		COMPLETED BY USDA: District Manager	
11. <input type="checkbox"/> ID SERVICE: Meat <input type="checkbox"/> ID SERVICE: Poultry <input type="checkbox"/> ID SERVICE: Siluriformes				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
12. <input type="checkbox"/> CERTIFICATION: Trichinae <input type="checkbox"/> CERTIFICATION: Cysticercus <input type="checkbox"/> CERTIFICATION: Export				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
13. <input type="checkbox"/> OFF-PREMISE FREEZING: Meat <input type="checkbox"/> OFF-PREMISE FREEZING: Poultry <input type="checkbox"/> OFF-PREMISE FREEZING: Egg Products <input type="checkbox"/> OFF-PREMISE FREEZING: Siluriformes				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
14. <input type="checkbox"/> FOOD INSPECTION: (requires plans & specs)				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
15. <input type="checkbox"/> VOLUNTARY MEAT & POULTRY SLAUGHTER / PROCESSING (Specify):		S = SLAUGHTER <input type="checkbox"/> S-Deer <input type="checkbox"/> S-Elk <input type="checkbox"/> S-Antelope <input type="checkbox"/> S-Poultry <input type="checkbox"/> S-Bison <input type="checkbox"/> S-Rabbit <input type="checkbox"/> S-Bufferalo <input type="checkbox"/> S-Reindeer <input type="checkbox"/> S-Catalo		P = PROCESSING <input type="checkbox"/> P-Egg Products <input type="checkbox"/> P-Deer <input type="checkbox"/> P-Elk <input type="checkbox"/> P-Poultry <input type="checkbox"/> P-Rabbit <input type="checkbox"/> P-Reindeer	
16. <input type="checkbox"/> VOLUNTARY EGG PRODUCTS INSPECTION/PROCESSING (Specify):				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
17. <input type="checkbox"/> ANIMAL FOODS INSPECTION (Certified products for Dogs, Cats, and other Carnivora)				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
18. <input type="checkbox"/> TECHNICAL ANIMAL FATS 9 CFR 351				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
<b>AGREEMENT AND CERTIFICATION:</b> If inspection service is granted under this application, I (we) expressly agree to conform strictly to the provisions of the Agricultural Marketing Act of 1946 (7 U.S.C. 1621 et seq.) and the respective regulations thereunder. I certify that all statements made herein are true to the best of my knowledge and belief.					
19. TYPE NAME OF PERSON SIGNING APPLICATION		20. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (making this application)		21. TITLE	
				22. DATE	
<b>COMPLETED BY USDA</b>					
23. DATE RECEIVED	24. DATE FACILITY REVIEWED	25. EST NO.	26. SIGNATURE OF DISTRICT MANAGER		27. DATE