OMB Control Number: 0583-0159 Expiration Date: 12/31/2022.

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 0583-0159. 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 instructions of information.

time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing U.S. DEPARTMENT OF AGRICULTURE					2. EXPORT CERTIFICATE NO. (Attach Copy)	
FOOD SAFETY AND INSPECTION SERVICE  APPLICATION FOR THE RETURN OF EXPORTED PRODUCTS TO THE UNITED STATES					(i.e. MPM-000000 or US-CA-yyyy-000000)	
Λ	_	he completed form to		HE UNITED STATES		
See	e Page 2 for address	and instructions.				
APPLICANT (Name and Address including zip code, contact name, phone number and email)					4. US PORT OF ENTRY	
					5. ESTIMATED DATE C	OF ENTRY (mm/dd/yyyy)
6. EXPORT. EST. NO. 7. U.S. EXPORT EST. NAME AND A			DDRESS		8. DATE OF REQUEST (mm/dd/yyyy)	
9. PRODUCT AS LABELED		10. MARKED WEIGHT	11. NO. OF CARTONS	12. PRODUCTION CODE	13. SHIPPING MARKS (Applied at Time of Export)	14. EST. NO. ON PRODUCT
5. PORTS TRANSITED		16. COUNTRY RETURNED FROM		17. REASON FOR RETURN		
B. REINSPECTION OFFICIAL FSIS ESTABLISHMENT*					19. DATE AT ES	T. (mm/dd/yyyy)
		lishment for reinspec of Field Operations.	tion, if required, and	d a date for the reinspection.	Approval of the establishme	ent and reinspection date

20. COMMENTS/REMARKS

TO BE COMPLETED BY FSIS PERSONNEL ONLY									
21. REINSPECTION REQUIRED (date and initials)	22. APPLICATION DENIED (date and initials)	23. APPLICATION CANCELLED (date and initials)	24. RELEASED (date and initials)						
25. SIGNATURE OF STAFF OFFICER		26. DAT	E (mm/dd/yyyy)						

## **INSTRUCTIONS FOR PREPARATION OF FSIS FORM 9010-1**

## Note: The information on the form can be typed or written to be completed by Applicant

1. Submit Form: Click the "Submit via E-mail" button at the bottom of the form **or** the form may be printed and scanned or saved as a .pdf and emailed to: <a href="USReturnedExports@usda.gov">USReturnedExports@usda.gov</a>

## For assistance, please call (202) 720-9904

- 2. **Export Certificate Number -** As identified on certificate and shipping cartons
- 3. **Applicant** Information regarding applicant's company, including the company's address, phone number, and email address. Include the name of person filling out application (the applicant's representative)
- 4. US Port of Entry City and State of US Port of Entry either entering sea or ground/air
- 5. Estimated Date of Entry Estimated Date when the product is to arrive in the US (Month, Day, and Year)
- 6. Originating Export Establishment Establishment number where export originated from
- U S Establishment Export Establishment Name and Address Full address (street, city, state and zip code ) where export originated from
- 8. Date of request Date application is completed and submitted
- 9. Product as labeled Species, Total Ship Weight and Product as described on Label or Export documents, e.g. "Beef Boneless Rounds"
- 10. Marked Weight Total Shipment Weight in pounds
- 11. No. of Cartons The numeric count of product returning
- 12. **Production Code** Date produced or other production codes. Information in this field is not required if that information is unavailable.
- 13. Shipping Marks (Applied at Time of Export) Export Stamp number
- 14. Establishment No. on Product Producing establishment number of the returned product
- 15. Ports Transited All ports visited by the shipment leaving and returning to the U.S.
- 16. Country Returned from Country product was exported to as listed on export certificate
- 17. **Reason for Return** Reason product is returning the US (e.g. Refused for contamination, Returned because not up to specifications, etc.)
- 18. **Reinspection: Official FSIS Establishment** The FSIS Establishment proposed for reinspection, should it be required, pending concurrence from the appropriate District
- 19. Date Estimated date the shipment will arrive for reinspection (at the establishment listed in block 18)
- 20. Comments/Remarks Comments by the applicant and/or FSIS personnel

## **BLOCKS 21 through 26 FOR FSIS PERSONNEL USE ONLY**

- 21. **Reinspection Required** Date and initials of the FSIS staff officer if shipment must be reinspected at location specified in block 18.
- 22. Application Denied Date and initials of the FSIS staff officer if the shipment is denied entry in the US.
- 23. Application Cancelled Date and initials of the FSIS staff officer if the shipment has been cancelled by the applicant.
- 24. **Released** Date approved to move if reinspection is not required or acceptable results are reported by DO after reinspection
- 25. Signature of Staff Officer signature of FSIS staff officer completing the return.
- 26. **Date** date final action is taken by the FSIS staff officer.