



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

REMARKS:

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