

RAISIN ADMINISTRATIVE COMMITTEE  
2445 Capitol Street, Suite 200  
Fresno, California 93721  
Phone: (559) 225-0520

REQUEST FOR USDA APPEAL INSPECTION

I hereby request an appeal inspection of the raisins covered by Inspection Certificate No. \_\_\_\_\_, (Form SC-489 or Form SC-490) and Weight Certificate No. \_\_\_\_\_, in accordance with the regulations governing Inspection and Certification of Processed Fruits and Vegetables and Related Products, and paragraph 989.158(a)(5) or 989.158(h) of Marketing Order No. 989, as amended. These raisins are located at \_\_\_\_\_ (original inspection point), California.

<hr/> <i>Name of Handler</i>	<hr/> <i>Name of Producer</i>
By: _____	By: _____
<i>Handler Representative</i>	<i>Authorizing Agent</i>
Title _____	Title _____
Inspectors performing appeal inspection:	Worksheet No.: _____
1. _____	Variety: _____
2. _____	Box Count: _____
	Fee: _____
	Net Weight: _____

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 0581-0178. The time required to complete this information collection is estimated to average 5 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.

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