

NOAA form 89-814 Prescribed by NOAA Inspection Manual 25		U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION		CONTRACT NUMBER:																															
REQUEST FOR INSPECTION SERVICES				FEDERAL TAX ID #: XXXXXXXXXXXXXXXXXXXXXXX																															
				TODAY'S DATE:																															
NAME OF REQUESTER			SERVICING AGENT'S NAME & PHONE NUMBER																																
STREET ADDRESS			STREET ADDRESS																																
CITY		STATE	ZIP CODE	CITY																															
CONTACT NAME		PHONE NO.	FAX NO.	TYPE INSPECTION REQUESTED																															
LOCATION OF PRODUCTS – NAME			<input type="checkbox"/> Lot Inspection Certificate <input type="checkbox"/> Export Health Certificate <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> EU Certificate <input type="checkbox"/> Other:																																
LOCATION OF PRODUCTS – STREET ADDRESS			SPECIAL INSTRUCTIONS (<i>Buyer Specifications, country requirements, etc.</i>)																																
CITY		STATE	ZIP CODE	<input type="checkbox"/> Market Specifications: <input type="checkbox"/> Product on FDA Hold?																															
ASSESS CHARGES TO:			DISPOSITION OF SAMPLES:																																
STREET ADDRESS			<input type="checkbox"/> Return <input type="checkbox"/> Destroy <input type="checkbox"/> Charity																																
CITY		STATE	ZIP CODE	INSPECT FOR:																															
CERTIFICATE FORWARDED TO:			<input type="checkbox"/> Quality & Condition <input type="checkbox"/> Minimum U.S. Grade Attributes <input type="checkbox"/> U.S. Grade A Attributes <input type="checkbox"/> Net Weight <input type="checkbox"/> Size or Count <input type="checkbox"/> Other: Origin: _____																																
STREET ADDRESS																																			
CITY		STATE	ZIP CODE																																
REMARKS																																			
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">LOT NUMBER</th> <th style="width: 20%;">BRAND</th> <th style="width: 20%;">PRODUCT</th> <th style="width: 20%;">NUMBER OF CARTONS/ CASES & SIZE</th> <th style="width: 20%;">TOTAL POUNDS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						LOT NUMBER	BRAND	PRODUCT	NUMBER OF CARTONS/ CASES & SIZE	TOTAL POUNDS																									
LOT NUMBER	BRAND	PRODUCT	NUMBER OF CARTONS/ CASES & SIZE	TOTAL POUNDS																															
NAME OF SHIPPER (<i>For export only</i>)			NAME OF CONSIGNEE (<i>For export only</i>)																																
ADDRESS			ADDRESS																																
PORT OF EXPORT		VESSEL OR AIRLINE		PORT OF DESTINATION																															
APPLICANT (<i>Printed Name & Signature</i>)				DATE																															

Information Collection Notification – NOAA Form 89-814

This information collection is authorized under 50 CFR §260.15. The information will be used to record applicants requesting inspection services on non-contractual basis. Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to the Seafood Inspection Program, 1315 East-West Highway, Silver Spring, MD 20910. This information is required in order to receive inspection services on non-contract basis. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control Number.