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OMB Approved
0579-0327
EXP: XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**PROGRAM SITE TAG
INFORMATION SHEET**

1. STATE

2. DATE

3. LOCATION ADDRESS *(Include ZIP Code)*

4. REQUESTOR

5. TELEPHONE NUMBER

6. TYPE OF TAG *(check the appropriate box)*

Backtag Cattle

Vaccination Tag

Backtag Swine

Reactor Tag BR

I/D Tag Cattle

Reactor Tag TB

I/D Tag Swine

Bangle Tag

Other *(specify)* _____

7. SINGLE/DUPLICATE TAG

8. ASSIGNED LETTER CODE

9. ROLLOVER TAG

9A. ROLLOVER SEQUENCE *(1 Roll/2 Roll)*

9B. EXCLUSIONS *(I, O, etc.)*

9C. BEGIN WITH LETTERS

Yes

No

10. YEARLY USAGE *(HDS sets)*

11. MAXIMUM ISSUE PER ORDER

12. GLUE CONTAINER

13. MAXIMUM ISSUE

14. REMAINING STOCK

Use Stock Until Depleted

Destroy Stock

Old Stock Number _____

15. OTHER

16. NEW NATIONAL STOCK NUMBER (NSN) *(to be assigned)*